
Sydney Local Health District

Meeting One Hundred and Twenty Four of the Board

Date: Monday 18 July 2022
Time: 9.30am - 11.30am
Venue: SLHD Boardroom / 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
Dr Mary Haines, Member
Mr Richard Acheson, 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

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
(9.30am -10.00am)
Ms Nerida Bransby, Secretariat

2. Welcome and introductions

The Chair acknowledged the traditional owners of the land.

The Chair welcomed members and guests to meeting one hundred and twenty four of the Sydney Local Health District (SLHD) Board.

Presentation: Safety Learning and Improvement

Dr Hallahan presented on the Safety Learning and Improvement including:

- Acknowledgment of Country
- Acknowledgements
- Incidents Reported to ims+ in 2021 – 2022
- Shared Learnings from Pressure Injuries
- Improvements to Medication Safety from Safety Learnings
- Falls Deep Dive and Falls Strategy
- Improvements in Infection Control
- Improving Management of Sepsis through CEC *Sepsis Kills* Program
- Recommendations following Review of Harm Score One and Two
- Covid-19 Cluster Review
- Questions

Following the presentation the Board discussed:

- The use of incident data is to ensure we put time and energy into improvements
- The District's acknowledgement of what goes wrong
- Reporting of near misses is positive
- Look holistically at incidents
- Look at what we do wrong but also what we do right
- Active conversations with the CEC and the Quality and Safety Commission
- Quality benchmarking nationally and internationally
- Use of data for research, teaching and clinical practice.

The Board congratulated Andrew and the team on this work and thanked him for the presentation and for attending the meeting.

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 20 June 2022

The Minutes of the meeting held on 20 June 2022 were moved and seconded as a true and accurate record of the meeting.

The Chair signed the minutes.

4.2 CE Report – June 2022

The Chair declared that the CE Report for June 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:

- Positive feedback has been received from the Enforceable Undertaking review panel.
- A letter has been written to the City of Sydney Council regarding the proposed use of the Post Office site in Redfern. This agenda item can be removed from the action sheet.

6. Patient Story

The Board received, read and noted a very positive feedback received via email in the Board inbox from a patient at RPAH. The Board Chair, on behalf of the Board replied in writing back to the patient acknowledging same.

7. Standing Items

7.1 Acronyms List

The Board received and noted this list.

7.2 Financial Classification Codes

The Board received and noted this list.

7.3 Board Calendar 2022

The Board received and noted the Board Calendar for 2022.

8. Chair's Report

The Chair provided a verbal report including:

- Recent negative media
- Concerns from various Associations
- Waiting times in Emergency Departments

The Board discussed:

- Marquees have been in place outside facilities for over two years
- Patients are triaged and then not waiting for treatment in the Emergency Departments, should they be there? The District has processes in place for patients who do not wait
- Patients need healthcare but are unable to access a GP or unable to afford healthcare

- COVID-19 Screening program is working well for both staff, patients and visitors entering our hospitals and services
- Tolerance levels of some patients is low
- Navigators are placed in Emergency Department Waiting Rooms
- Need to support clinicians and the CE
- Board Members to be invited to the next Sydney Connect all staff webinar.

9. Chief Executive's report

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

- COVID-19 information updates.
 - 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.
- Collaborations with Far West Local Health District in ongoing and will include Rehabilitation, Fracture Clinics and introduce the Graduate Health Management Program.
- The Board noted and agreed to the breakdown of the following HACs:
 - Hospital Acquired Renal Failure
 - Fall Related Injuries
 - Hospital Acquired Respiratory Complications
 - Hospital Acquired Venous Thromboembolism
 - Hospital Acquired Endocrine Complications
 - Hospital Acquired Delirium
- Facility Surgical Taskforce Meetings are continuing. The District has returned to 100% capacity at Canterbury Hospital and Concord Repatriation General Hospital for elective surgery; 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 312 less elective surgeries performed in SLHD facilities in May 2022 when compared to the same period in the previous year. The District is pushing the use of RPAV and District Nursing to assist to decrease the length of stay.
- End of Financial Year results were very positive. MoH has not provided SLHD with a revenue budget for Quarantine Fees in recognition of the contribution from the District. This has resulted in a favourable Own Source Revenue result in FY2122 for the District.
- Sydney Health Pathways is progressing well.
- Sydney Research is progressing well.

9.1 Finance and Performance Reports

9.1.1 SLHD Board reporting pack – May 2022

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

9.1.2 Selected Performance Indicators – May 2021

The Board received, read and noted this report.

9.1.3 HealthPathways Dashboard Report

The Board received, read and noted this report. The Board requested further information relating to the e-referrals pie chart.

- MoH Board Report for the SLHD

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

- HAC Committee Report

The Board received, read and noted this report.

9.2 Project updates

9.2.1 Lifehouse

The Board noted there was no further updates in the Chief Executive's Confidential Report.

9.2.2 Macquarie International Private Hospital

The Board noted there was no further updates 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 thanked the Board Members for their prompt response to the circulating resolution for the Capital Investment Proposals submissions for 2022.

The Board had a five minute break at 11.00am returning at 11.05am.

9.4 Clinical Governance and Risk Reports

(i) Quarterly Report

The Board noted the report for the period April 2022 - June 2022 is due in September 2022.

(ii) Blood Management

The Board received, read and noted this report.

- SLHD Risk Register

The Board noted this report was due in September 2022.

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

The Board received, read and noted this report for the period 14 March 2022 - 16 June 2022 including:

- The Chief Executive explained the District's processes for the suspected misappropriation use of accountable drugs.
- The NSW Audit Office have no concerns, the District has strong controls and management is responsive and well organised.
- The Chief Executive provided a verbal report on the pros and cons of producing an Audit and Risk Attestation Statement covering letter.
- Need to understand where the State and District's responsibilities fall in relation to Cyber Security. A letter is to be written to the MoH.

9.6 Facility Reports – May 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.

(iv) Concord Hospital

The Board received, read and noted the Concord Hospital facility report. Concord Hospital undertook Accreditation in the week commencing 4 July 2022. Feedback from the survey was positive and included strong positive culture, clinician engagement, staff embrace their community and patients, Board active and engaged with high quality of information being provided. A copy of the final report will be provided to the Board.

(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, in particular the difficulty in recruiting to the Quality and Risk Manager position is due to a secondment that has a flow on effect. .

(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 Chief Health Officer thanked the Sydney Dental Hospital for their assistance in reducing the waitlists.

(viii) Population Health

The Board received, read and noted the report.

(ix) Royal Prince Alfred Hospital

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

(x) RPA Virtual Hospital

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

(xi) SLHD Special Health Accommodation

The Board received, read and noted this report.

(xii) Tresillian

The Board received, read and noted the Tresillian report.

(xiii) Lifehouse

The Board received, read and noted the Lifehouse report.

(xiv) Public Health Unit

The Board received, read and noted this report.

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

The Board received, read and noted this report.

(xvi) Croydon / Marrickville / Redfern Community Health

The Board received, read and noted this report.

10. Matters for approval / resolution

Nil to report.

11. Board Committee reports / minutes

11.1 Finance, Risk and Performance Management Committee

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

11.2 Education and Research Committee

The Board received, read and noted the minutes of the meeting held on 18 May 2022.

11.3 Strategic Communication and Partnerships Committee (Previous Communications Committee)

The Board noted the next meeting is to be held on 2 August 2022. The Chair of this Committee advised the Board of the updated terms of reference and the work in progress regarding membership and reports being presented to this Committee.

The Chief Executive provided an update on the re-structure of the Strategic Relations and Communications Team. The Director of Media has resigned, a new Deputy will commence in August 2022 and will act in the Director of Media role until recruitment is finalised.

11.4 Audit and Risk Committee

The Board received, read and noted the minutes of the meeting 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 22 June 2022.

11.6 Health Care – Clinical Council

The Board noted the next meeting is to be held on 24 August 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 next meeting is to be held on 3 August 2022.

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 noted the minutes of the meeting held on 21 June 2022 were not available.

12.2 Medical and Dental Appointments Advisory Committee

The Board received, read and noted the minutes of the meeting held on 11 May 2022.

12.3 Finance Leaders Forum

The Board received, read and noted the minutes of the meeting held on 18 May 2022.

12.4 NSW Health / SLHD Performance Review Meeting

The Board received, read noted the minutes of the meeting held on 18 May 2022.

12.5 Organ Donation for Transplantation

The Board received, read and noted the minutes of the meeting held on 28 June 2022.

12.6 Major Procurement, Assets and Imaging Steering Committee

The Board received, read and noted minutes of the meeting held on 14 June 2022.

12.7 Yaralla Estate Community Advisory Committee (bi-monthly)

The Board noted the next meeting is to be held on 16 August 2022.

12.8 Concord Forensic Mental Health Executive Steering Committee

The Board received, read and the minutes of the meeting held on 18 May 2022.

12.9 RPAH Redevelopment Executive Steering Committee

The Board received, read and the minutes of the meeting held on 18 May 2022.

12.10 Security and Violence Prevention Committee

The Board noted the meeting held on 14 June 2022 was cancelled.

12.11 Contracts Implementation Committee

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

13.1 Correspondence – Case studies on person-centred care and Partnering with Consumers

The Board received, read and noted this correspondence.

13.2 Brief – Aboriginal Demographics of Liver Transplants

The Board received, read and noted this brief.

14. Other Business

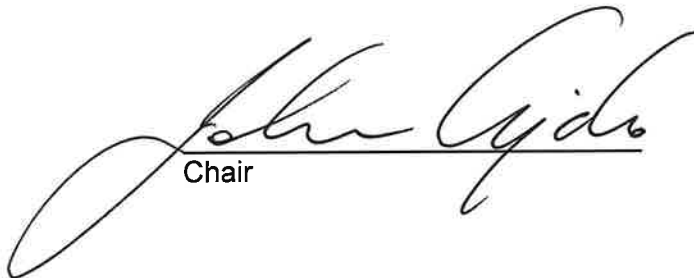
14.1 Maintaining clinical benchmarks and enhancing access to primary care

The Board discussed the need for national health reform to enable ongoing provision of accessible, quality care in the acute and primary care setting. It was noted that the Secretary could be appraised of the impact on health care delivery at the LHD level, including the difficulties of patients accessing local GP services and the ongoing challenges of COVID 19 on the hospital system.

15. Next Meeting

The next meeting will be held on Monday 15 August 2022 at 9.00am in the SLHD Boardroom.

The meeting closed at 11.45am



Chair

15. 08 . 22

Date

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

COVID-19 UPDATE

SLHD

- Central coordination of COVID-19 activities have continued through the SLHD Operations Centre, central coordination of supply and ordering of PPE, equipment and other issues.
- Special Flying Squad Teams continue to support community testing, Special Health Accommodation and other sites including Residential Aged Care Facilities.
- The Mobile Vaccination Clinic continues to provide COVID-19 vaccinations to vulnerable communities.
- The District continues 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.
- Continued Staff and Visitor Screening Stations to check all people entering the health facilities established at all sites. The screening questions have continued to be revised to ensure alignment with the current context.
- Continued facility based COVID-19 Screening Clinics, capable of seeing between 400-1000 people per day.

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:

Vaccines that continue to be 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
- 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.

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 is scheduled to end on 1 August 2022. With the cessation of Police Manged Quarantine Hotels and requirements to international travellers to quarantine, the Special Health Accommodation continues to accommodate community referred patients only. This is helping to 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.

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 ongoing 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 May 2022.

Mental Health services continue to be under significant pressure with the increase in activity and the challenges associated with managing patients on a COVID pathway. There was an increase in the number of Mental Health Readmissions within 28 days for the month of March 2022 to 14.4% compared to same time last year. YTD March there has been a slight increase in readmissions to 15.7% when compared to 15.2% YTD March 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 4.8% for the month of April 2022 and 4.7% YTD April 2022, which is below the State average of 5.4% for the month and 5.4% YTD April 2022. Unplanned Emergency Representations (same ED within 48 hours) were 4.0% for the month of May 2022 and 4.4% YTD May 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 May 2022.

The District is on target (1.0/10,000 bed days) for Staphylococcus Aureus Bloodstream Infections (SABSI), with 1.0 per 10,000 bed days for the month of April 2022. Despite there being 0 Central Line Associated Bloodstream (CLAB) infections reported in April 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.

IPC facilitators continue to be deployed to high risk clinical streams across the District. The Infection Prevention Taskforce has continued to meet leveraging off the learnings during COVID-19. The District aims to have no Hospital Acquired Infection by 2025.

The District continues to perform well in relation to 8 of the 14 Hospital Acquired Complications (HACs), under performing in relation to Hospital Acquired Renal Failure; and continues 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 3.7 per 10,000 episodes, which is above the target of 3.4 for the 12 month rolling period of April 2021 – March 2022. The instances of Hospital Acquired Renal Failure increased by 1 during the period, when compared to the previous 12 month rolling period.

The rate of **Fall Related Injuries** in Hospital was 7.8 per 10,000 episodes, which is above the target of 5.7 for the 12 month rolling period of April 2021 – March 2022. The instances of Fall Related Injuries increased by 13 during the period, when compared to the previous 12 month rolling period.

The rate of **Hospital Acquired Respiratory Complications** was 42.1 per 10,000 episodes, which is above the target of 38.7 for the 12 month rolling period of April 2021 – March 2022. The instances of Hospital Acquired Respiratory Complications increased by 107 during the period, when compared to the previous 12 month rolling period.

The rate of **Hospital Acquired Venous Thromboembolism (VTE)** was 13.9 per 10,000 episodes, which is above the target of 11.0 for the 12 month rolling period of April 2021– March 2022. The instances of Hospital Acquired Venous Thromboembolism increased by 58 during the period, when compared to the previous 12 month rolling period.

The rate of **Hospital Acquired Endocrine Complications** was 42.6 per 10,000 episodes, which is above the target of 29.7 for the 12 month rolling period of April 2021 – March 2022. The instances of Hospital Acquired Endocrine Complications increased by 30 during the period, when compared to the previous 12 month rolling period.

The rate of **Hospital Acquired Delirium** was 63.4 per 10,000 episodes, which is above the target of 55.1 for the 12 month rolling period of April 2021 – March 2022. The instances of Hospital Acquired Delirium increased by 105 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 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 May 2022 despite ongoing furloughed staff that premium staff usage has decreased by 0.20 for Medical staff, decreased by 0.57 for Allied Health staff and decreased by 4.69 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 been working to return to 100% capacity in relation to elective surgery and outpatient clinics across the District; however, this has been impacted by the growing number of COVID19 and influenza cases presenting to hospital.

There has been a decrease of 9.97% in the number of separations (12,945) for the month of May 2022 when compared to the same period last year (14,379), which is consistent with last month. YTD May separations have decreased by 13.56% when compared to the same period last year. This is consistent with the decrease in elective surgery and reduced inpatient activity associated with COVID-19 activity. In May 2022, the District's occupancy rate increased by 0.70% to 92.03% when compared to the 91.32% reported in May 2021, which is an overall increase in occupancy, when compared to last month. There were 15,682 attendances to the District's Emergency Departments in May 2022, which is a 1.96% increase from 15,381 in May 2021. YTD May Emergency Department attendances have decreased by 0.23% to 149,940 when compared to the same period last year (150,285). For the month of May 2022,

case weighted attendances have decreased by 1.76 % 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 4.43% decrease in ETP in the month of May 2022 to 58.99% when compared to the same period last year. This relates to the increase in ED presentations for the month compared to the same time last year. YTD May ETP decreased by 5.24% to 62.33% 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 May 2022 at 31.13%, which is a 5.25% decrease on the same period in the previous year.

Transfer of Care

The District performed below target (90%) for transfer of care (TOC) in May 2022, with 79.03% of all patients transferred from ambulance to our emergency departments in 30 minutes or less. TOC continues to be impacted by the significant 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. Continued monitoring of this is occurring, with TOC a regular discussion point at the District's daily ETP meeting. TOC performance has been further impacted by the increased occupancy rate and decreased rates of separations.

ED Triage

The District achieved triage Categories 1, 4 and 5 targets for the month of May. Triage Category 2 performance is below the target at 83.69% (target 95%). Triage Category 3 performance is below the target at 75.68% (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 312 less elective surgeries performed in SLHD facilities in May 2022 when compared to the same period in the previous year, representing a decrease of 13.42% (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 May 2022, 100% of Category A, 83.73% of Category B, and 82.17% of Category C elective surgery patients were admitted within the clinically appropriate timeframe for their surgery. YTD May surgical patients not ready for care increased by 30.27% (336) 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.

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 231 less emergency surgeries performed in the month of May 2022 when compared to the same month last year, representing a 17.21% decrease which is positive.

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 15.91% when compared to the same period last year.

RPA Virtual

A particular highlight this month was confirmation of Ministry of Health funding for a new community palliative care program for patients with chronic conditions and neurodegenerative diseases focused on the last two years of life. Funding will be provided for three years and will focus on enhanced allied health support.

Summary of key activities from this month:

- Facilitated a consultation and site visit from SA Health which will be followed up by a two-day 'deep dive' site visit in June.
- Contributed to the Ministry of Health Virtual Care Roadshow visit to SLHD.
- Hosted a site visit by the Alliance Leadership Team.
- Planning continued on new virtual models of care which will be implemented throughout this year.

The After-Hours Palliative Care Advice Line went live in the Virtual Care Centre on 11 May. RPA Virtual Hospital is now providing a 24/7 Palliative Care Advice Line for its palliative patients and their carers through Sydney District Nursing (daytime hours) and the Virtual Care Centre (after-hours).

□ Transition of nursing staff from Sydney Olympic Park Vaccination Centre: 4 staff to Virtual Care Centre and 2 staff to Sydney District Nursing

NATIONAL FUNDING REFORM / ACTIVITY BASED FUNDING

NWAU Activity against Target

The District is 4.82% NWAU activity to target excluding Dental and Subacute. The positive variance driven by the non admitted COVID activity.

Stream	Target	Actual	Variation	Variation %
Acute	153,589	131,505	-22,084	-14.38%
ED	22,350	20,698	-1,653	-7.39%
NAP**	46,061	84,470	38,409	83.39%
SNAP***				
MH Admit^	17,655	15,777	-1,879	-10.64%
MH NAP^^	8,713	7,897	-816	-9.37%
Total	248,370	260,347	11,977	4.82%

Board Report



Dental DWAU	58,085	37,625	-20,460	-35.22%
Dental NWAU#	7,293	4,724	-2,569	-35.22%
Total (NWAU)	255,663	265,071	9,408	3.68%

** Inclusive of COVID clinics and the Special Health Accommodation

*** SNAP currently unavailable

^ 180 uncoded

^^ MH NAP is YTD April

NWAU=589/4691*DWAU

REVENUE ENHANCEMENT DEVELOPMENT COMMITTEE

SLHD REVENUE COMMITTEE

Private Health Insurance Usage

For the month of May 2022 15.98% (1,947 separations) of all patients discharged by SLHD facilities were classified as privately insured.

There was a decrease of 393 (16.79%) patients who elected to use their private insurance compared to the same period last year and an increase of 154 (8.59%) in total separations from previous month.

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

- RPAH – a decrease of 243 (20.73%) private patients.
- Concord – a decrease of 99 (10.10%) private patients.
- Canterbury Hospital – a decrease of 39 (28.26%) private patients.
- IRO – a decrease from 30 to 23 private patients.
- Balmain Hospital – a decrease of 5 (25%) private patients.

Single Room Usage

For the month of May 2022, 8.53% of patients were flagged as infection control across the District.

For the month, 15% of all available single rooms were occupied by private patients and 30% of all private patients were accommodated in single rooms.

SLHD Strategic Revenue Network

Key notes:

- SLHD Strategic Revenue Network meeting was held in May 2022. An update on the progress with the implementation of the PRNIP framework was provided. Discussions about further reporting to be tabled at the meeting was discussed. Facilities provided an update on the 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 175 registered users and total \$2.05M has been raised through the portal to date.

REDESIGN AND SERVICE IMPROVEMENT

Innovations

The Pitch

- The June Pitch event was held as part of the Sydney Innovation and Research Symposium at the Hyatt Regency which took a hybrid approach with some face-to-face attendance but the ability to also connect via live-stream.
- The 23rd Pitch was ‘bigger than ever’ with the funding available to be doubled to \$100,000, five pitches presented on the day, and each presenter was only given five (5) minutes to present.
- \$30,000 in prize money was awarded to two pitches:
 - The “Fathers – are they the forgotten parent in NICU?” pitch was awarded \$15,000 (\$10,000 by the panel and an additional \$5,000 as the People’s Choice pitch). The project aims to develop a bespoke program for our NICU fathers – designed and implemented by fathers for fathers and redesign of the images within the neonatal unit to demonstrate more involvement of fathers.
 - The “MyVLED app - supporting patients in obesity management” pitch was awarded \$15,000 and aims to develop a customised app to support our virtual VLED program. The MyVLED app will enable remote patient monitoring using weight loss and exercise tracking, improve safety monitoring through the remote monitoring of blood pressure and blood glucose levels and encourage program adherence by using reminders, direct messaging and the provision of educational content, resulting in increased participant engagement and support

CHR

- Centre for Healthcare Redesign (CHR) Graduate Certificate Program 2022.03 (July intake)
 - Two SLHD projects successfully gained entrance to the CHR Graduate Certificate Program for the July intake. The two approved projects include:
 - *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
 - The program commences on the 19 July 2022.
- GPCanShare Redesign Project
 - The team is finalising the diagnostic phase and report for the GPCanShare project. They have documented a detailed process map for the colorectal cancer service at CRGH and RPA, and have managed to interview 3 current patients to capture the “patient’s voice”. The report will be submitted to the CE for approval before submission to ACI and UTAS. The team also attended the solution design workshop and are planning to embark on the solutions phase on 27 June.

SLHD Community of Practice (Change Management)

- In support of the District's Strategic Goal to 'support our staff to translate evidence and research into day-day practice', The District Redesign Leaders Team identified an opportunity to commence a Community of Practice for Change Management.
- The purpose of the SLHD COP (Change Management) is to bring together like-minded individuals who can meet quarterly to share knowledge, network, support, resources and learn from each other in change management, project management, implementation management and quality improvement.
- This year's theme for the COP is 'From theory to practice', with four key themes to be discussed throughout the year, which include - Implementation, Change Team Dynamics, Sponsorship and Evaluation.
- The inaugural SLHD COP (Change Management) session occurred on 9 May 2022 and consisted of staff that had either participated or been involved in a District initiative through the SLHD Redesign Leaders Team (Performance Unit, SLHD), Accelerating Implementation Methodology (AIM) course, Diploma of Project Management, Clinical Redesign projects, The Pitch or through project coaching provided by the District Redesign Leaders Team. Inclusion to the COP has expanded to interested ICT staff and is open for anyone within the District interested in the above mentioned topics.
- A total of 36 participants joined the first online session to hear about implementation tips and tricks, share lessons learnt, network and resources across the group.
- The next COP is scheduled for 1 August 2022.

Other Projects

- Hands Up Project (RPA Hand Clinic)
 - Solutions Statements continue to be reviewed by the project lead.
 - Implementation of quick wins for the project are being prioritised as the process of reengaging with stakeholders continues.
- RPA Virtual Hospital/SDN Demand Management Strategy Redesign
 - The project team are exploring key data and process measures to capture the current situation within the Diagnostic Phase of the project.
 - The team are collecting data and exploring surveys for staff and referrers to capture the staff views of the current SDN demand management strategies.
- RPAH Transfer of Care Project – 'Good to Go, Discharge by 10 and 2'
 - An implementation plan has been developed for the solutions that were endorsed by the medical stakeholders at the meeting held last month. The meeting to discuss the remaining solutions has not yet been scheduled.
- Diabetes Model of Care Redesign
 - The brief and memo sent for the CE's approval regarding the implementation of the outpatient diabetes model of care has been returned to the author requesting further information. The provision of further information is in progress.
 - 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 18-19 July and has reached capacity.
- A follow up meeting for the participants who attended the 2-day AIM training on 30-31 May has been scheduled for the end of August. This will provide an opportunity for participants to practice and reflect on their learning.

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
- Minor Fractures
- Prader-Willi Syndrome

COVID-19 Specific Content

Minor changes continue to be made to our suite of COVID-19 specific HealthPathways and resources, Updates to our Post COVID1- Conditions clinical pathway and the development of a new service resource to complement the RPAH Post COVID-19 Respiratory Assessment service and the SLHD Multidisciplinary Long COVID Assessment service. Further removal of COVID-19 content continues as we are completing an amalgamation of COVID-19 MBS information with other MBS related content.

Re-Design of our current Periodic Review Process

Confirmation was received that we have been successful in securing an ACI Centre for Healthcare Redesign (CHR) Graduate Certificate (Clinical Redesign) Program for the second half of 2022. Ahead of the Program's commencement in mid-July, the team are completing recruitment to operational staffing and our governance structure etc.

Usage of HealthPathways

Usage remains high, on the back of the ongoing use of COVID-19 content. However, June did see the first significant drop off in COVID-19 pageviews.

	June 1-26 2022	May 2022	April 2022	March 2022
Users	1,527	1,896	1,683	1,986
Sessions of use	9,572	13,292	11,118	13,520
Total Page Views	31,380	42,084	35,787	44,427

COVID-19 Specific Content Usage

	Page views June 1-26 2022	Page views May 2022	Page views April 2022	Page views March 2022
COVID-19 Vaccination Resources	44	101	122	137
COVID-19 Vaccination Procedure	50	69	80	89
Myocarditis and Pericarditis After mRNA COVID-19 Vaccines	18	21	22	39
COVID-19 Active Case Management	1,383	2,385	2,561	2,766
Post-COVID-19 Conditions	295	385	229	243
COVID-19 Virtual Care Requests	90	160	296	302
COVID-19 Isolation Support	12	21	29	67
COVID-19 Assessment & Management in RACFs	11	36	37	55

SLHD e-Referral Project

Service recruitment

Development work is underway to establish e-Referrals for the Long COVID Rehabilitation and Post COVID Respiratory service. Specification development has been finalised for Neurosurgery at Concord Hospital and Virtual Fracture Clinic for rpavirtual.

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. Meetings have been held with facility Ambulatory Care Business Units to review changes.

Service	Deployment	Stage
Engage.Outpatients Program: Fertility, Gynaecology and Maternity – RPAH	April 2022	Live
Virtual Fracture Clinic – rpavirtual	2022	Design
Neurosurgery – CRGH	2022	Design
Hospital in the Home	2022	Design
Endocrinology – RPA	2022	Design
Long COVID Rehabilitation – RPAH	July 2022 - TBC	Build
Post COVID Respiratory Assessment – RPAH	July 2022 - TBC	Build

Platform development

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

Referrer update:

- 600 referrals received in June 2022
- Total referrals received 4680
- 43 new referrers have used e-Referral during June 2022, with 11 new Practices
- 72% of referrers using HealthLink to refer to SLHD have referred more than once
- An ongoing 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 31 May 2022 based on the District's budgeted NCoS.

For the period ended 31 May 2022, GF Expenditure was \$23.785M (1.06%) unfavourable to budget. The District has assessed the YTD May 2022 COVID-19 Incremental cost as \$498.677M. The District's unfavourable result for YTD May 2022 was primarily due to COVID-19 Incremental expense of \$22.647M 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 April 2022 COVID-19 Stimulus Budget of \$4.920M in May 2022. Excluding the impact of COVID-19, the District is \$1.076M unfavourable to YTD May 2022 Expense budget.

YTD May 2022 Expenditure increased significantly (by \$238.045M or 11.69%) compared to YTD May 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 \$206.714M YTD May 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 \$2.769M (1.48%) unfavourable to budget for the month and \$8.435M (0.40%) unfavourable to YTD May 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 \$61.872M unfavourable to May 2022 GF Revenue budget primarily due to the impact of COVID-19.

The District recognised Quarantine Hotel Passenger Fees of \$71.092M YTD May 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 May 2022 was \$20.449M unfavourable to budget. For YTD May 2022, the District's NCoS was \$32.220M unfavourable to budget. Excluding the impact of COVID-19 (Expenditure, Quarantine Hotel Passenger Fees and Doubtful Debts) SLHD is \$63.010M unfavourable to NCoS budget. This

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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 May 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)	2,273,852	2,250,067	-23,785	Unfav	
Pending COVID-19 budget supplementation	498,677	476,030	-22,646	Unfav	MoH provides COVID-19 incremental budget one month in arrears
GF Expense (excl COVID-19 impact)	1,775,175	1,774,037	-1,138	Unfav	
Own Source Revenue	-258,307	-243,322	14,985	Fav	
Quarantine Hotel Passenger Fees	-71,092	0	71,092	Fav	
GF Revenue (excl the impact of Quarantine Hotel Passenger Fees)	-187,214	-243,322	-56,108	Unfav	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)	23,228	706	-22,522	Unfav	
Loss on Sale of Asset	898	0	-898	Unfav	
Doubtful Debts (Quarantine Hotel Passenger Fees)	17,656	0	-17,656	Unfav	
Doubtful Debts & Loss on Sale of Asset (excl the impact of Quarantine Hotel Passenger Fees)	6,470	706	-5,764	Unfav	
NCoS (excl the impact of Quarantine Hotel Passenger Fees)	1,594,431	1,531,421	-63,010	Unfav	Unfavourable to budget primarily due to the impact of COVID-19

The District, based on MoH requirement to show full year COVID-19 impact, projects the NCoS to be unfavourable for the 2021/22 financial year by \$20M relating to unfavourable results for: Expense (\$6M) related to the management of the COVID-19 response and Doubtful Debts (\$25M) offset by a favourable result for Own Source Revenue (\$11M) 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 May 2022 was \$17.680M (9.86%) unfavourable to budget. The result for the month was primarily attributable to unfavourable results for Employee Related Expenses (\$4.396M), Goods and Services Expenses (\$4.683M), VMOs (\$3.543M), RMR (\$5.048M) offset by favourable results for Grants (\$0.067M).
- YTD May 2022, GF Total Expenditure was \$23.785M unfavourable to budget, primarily reflecting unfavourable results for Overtime (\$31.040M), Annual Leave Provision (\$22.275M), Superannuation (\$21.664M) and RMR (\$5.519M) offset by favourable results for Salaries & Wages (\$29.388M), Goods & Services (\$25.760M) and VMO Payments (\$2.939M). Excluding the impact of COVID-19, the District is \$1.076M unfavourable to YTD May 2022 expense budget.

Revenue

- GF Total Revenue for the month of May 2022 was \$2.769M (1.48%) unfavourable to budget, reflecting the unfavourable results from Patient Fees (\$3.209M), Other Sources of Revenue (\$0.906M), Grants and Contributions (\$0.002M) offset by favourable results in User charges (\$0.384M) and Doubtful Debts (\$0.965M).
- YTD May 2022 GF Revenue was \$8.435M (0.4%) unfavourable to budget. This result reflects favourable variance in Quarantine Hotel Passenger Fees (\$71.092M), Pharmacy Sales (\$0.617M) and High Cost Drugs (\$2.156M) offset by unfavourable variances in Grants and Contributions (\$0.652M), Facility Fees (\$5.046M), Prosthesis Income (\$3.284M), Car Park Fees (\$3.993M), Patient Fees (\$26.972M) and Doubtful Debts \$22.522M. 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 \$61.872M unfavourable to May 2022 GF Revenue budget primarily due to the impact of COVID-19.

SPECIAL PURPOSE AND TRUST (SP&T)

SP&T NCoS was \$7.209M unfavourable to budget for the period of May 2022. This result reflects favourable budget variance for Expenditure (\$0.268M) and unfavourable for Revenue (\$7.477M).

CONSOLIDATED RESULT

For the period ended 31 May 2022, the consolidated YTD NCoS result for the General Fund and SP&T was \$39.429M unfavourable to budget. The result comprises unfavourable variances for Expenditure (\$23.517M), Doubtful Debts (\$22.522M), Loss on Sale of Asset (\$0.898M) and favourable variances for Own Source Revenue (\$7.508M).

FINANCIAL PERFORMANCE – BASED ON NEW MOH REPORTING FORMAT

For the period ended 31 May 2022, SLHD recorded a Total Net Result of \$112.702M which was \$39.310M unfavourable to budget. The Net Direct Operating Result (GF and SP&T) for YTD May 2022 was \$11.237M unfavourable to budget, reflecting an unfavourable budget variance for Expenditure (\$18.712M) offset by favourable variance for Revenue (\$7.475M).

For the YTD May 2022, Total Direct Revenue was \$7.475M favourable to budget, comprising a favourable variance for the General Fund (\$14.833M) and unfavourable variance for SP&T Fund

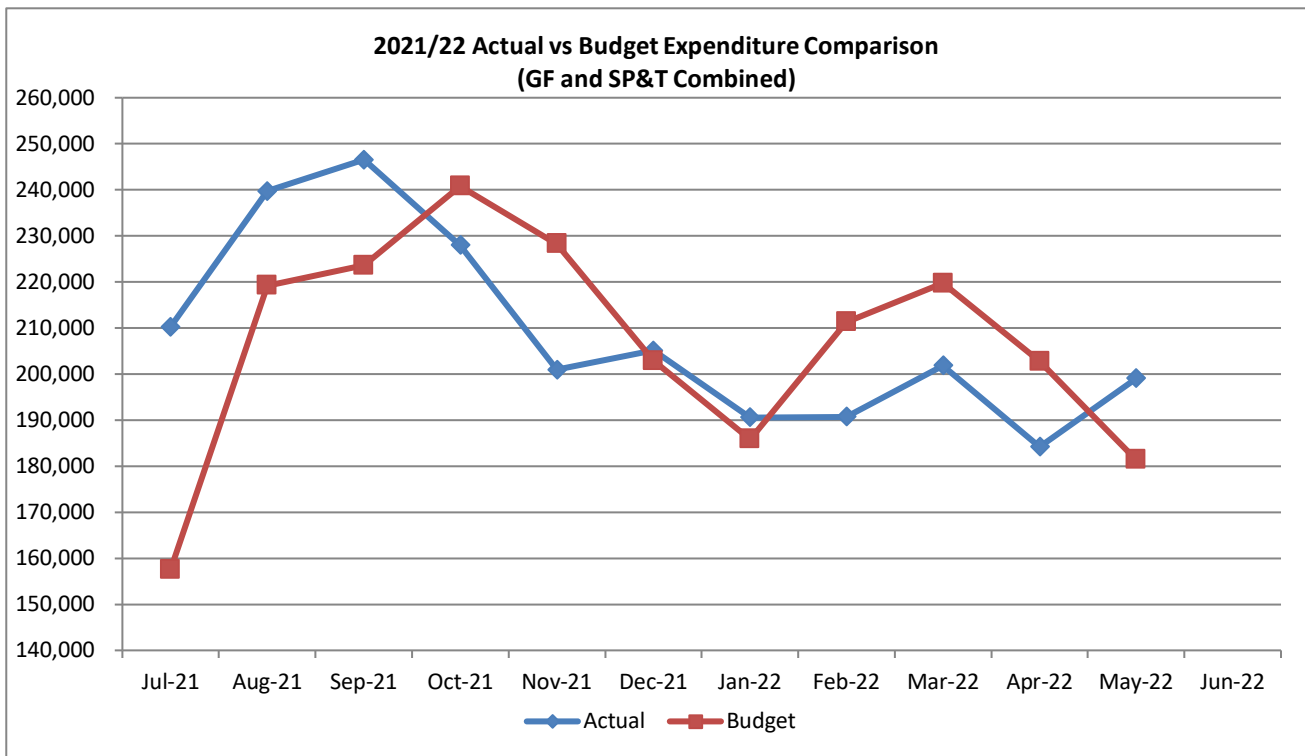
Board Report

(\$7.358M). This result for the GF reflects favourable variances in User Charges offset by unfavourable variances in Patient Fees, Grant Income and Other Income.

YTD May 2022 Total Direct Expenditure was \$18.712M unfavourable to budget, reflecting an unfavourable variance for General Fund (\$17.989M) and SP&T Fund (\$0.723M). The result for the General Fund reflects unfavourable variances in Overtime (\$31.040M), On-costs (\$43.980M), Grants (\$1.055M) and G&S Supporting Services & Utilities (\$6.185M) offset by favourable variances in G&S Corporate (\$18.018M), Salaries & Wages (\$29.388M), Direct Clinical Operating (\$13.926M) and VMOs (\$2.939M).

MONTHLY BUDGET PERFORMANCE

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



LIQUIDITY

The cash balance at 31 May 2022 for the SLHD Operating bank account was \$9.771M and the Operating Cash book balance was \$9.609M.

CAPITAL WORKS – SMRS PROJECTS

As at 31 May 2022 the District's Full Year Capital works budget relating to SMRS Projects is \$20.769M comprising \$8.258M of MoH funded and \$12.511M of locally funded projects. In May 2022 twelve locally funded projects totalling \$11.889M were approved by MoH.

Actual expenditure as at the end of May 22 was \$10.459M which is on budget.

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

OTHER CAPITAL PROJECTS

As at the end of May 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 and are ongoing with reviews with cost manager to develop a baseline option.
- Progressing departmental planning for Emergency Department and Medical Imaging
- Tenders are now being sort for enabling works package for anatomical pathology, Gloucester House link and Level 2 loading dock access.

Gloucester House

Remedial works to handrails have been completed. Window repairs and painting are continuing.

Building 12 Demolition Works

The demolition works for Building 12 were successfully completed in May. Handover of shell space to the RPA Redevelopment Team has commenced.

Innovation Hub – Gloucester House Level 7

Scaffolding for high level remedial works has commenced and waterproofing workings are ongoing. Detailed drawings are being finalised.

Strategic Relations and Communications Building 28 Level 4

During the course of this reporting period the framing for Stage 1 has been completed. Wall sheeting and demolition works are ongoing and air conditioning duct works have now commenced.

Mortuary Access – Shell Space and Lift

The bulk excavation is nearing completion. Structural concrete procurement has commenced. Preliminary electrical services and water supply are to commence.

RPU Hot Cells Building 63

During June 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 which are ongoing. Building works are continuing.

Concord

CSSD Sterilising

Over the course of this reporting period hoardings have been installed and dusty works (structural works to columns) are now underway. Demolition works are also continuing.

Palliative Care Redesign

Demolitions works have continued through the June 2022 reporting period with masonry walls to be demolished. Once demolition works have completed building works to commence.

Sydney Dental Hospital

Lab Renovation and Specialist Offices Redesign

Over the course of this reporting period, ceiling tile installation has been completed along with the electrical fit-offs. Painting is underway.

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.

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 the 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.

Mental Health Services

The Planning Unit, with the SLHD Mental Health service has reviewed a number of options for including inpatient Mental Health services beds in the Canterbury Hospital and across the District. This has included undertaking forecasting, scenario modelling and visiting and assessing the approach of similar units in the metro area. It was agreed that a separate Capital Investment Proposal be developed for inpatient services at Canterbury Hospital. Further work will be undertaken to finalise the strategic planning for the District mental health services for inclusion in the updated SLHD Mental Health Strategic Plan.

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. These proposals are currently being finalised and will be provided to the Board for review prior to submission to the Ministry of Health.

Proposals ranked in order of priority include:

- Canterbury Hospital and Health Services Redevelopment
 - The Capital Investment Proposal (CIP) is close to finalization in collaboration with consultants. The CIP is Stage 0 planning processes.
 - **Status:** Supported for the NSW Health 10-year Capital Investment Strategic Plan.

- Concord Stage 2
 - The proposal will address the 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:** Update of the previous CIP submission close to completion.
- RPA Stage 2
 - The proposal outlines the requirements 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 in 2021. Update and refresh of the previous CIP close to completion.
- HealthOnes across the District at 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 in 2021. Update and refresh of the previous CPI close to completion.
- Community based Residential Mental Health Rehabilitation
 - 50 beds across the District with 30 beds in Canterbury (across 3 sites), 10 beds in Rozelle (single site), and 10 beds close to Redfern (single site). 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 admissions.
 - **Status:** The update and refresh of the previous CIP is close to completion.
- Canterbury Hospital Inpatients Mental health Services
 - An acute inpatient Mental Health service of 50 beds to meet local demand until 2036. At present, there are no acute inpatient mental health beds at Canterbury Hospital to support the local population. The proposed service will be closely networked with the tertiary level mental health services at Concord Centre for Mental Health and the Professor Marie Bashir Centre at RPA for referral of more complex patients, and will be supported by an expanded and enhanced Canterbury community mental health service.
 - **Status:** The development of a CIP is close to completion.

Tech Central (Camperdown-Ultimo Collaboration Area)

- The Tech Central Scale-Up hub has opened in the Central Station end of Pitt St, supporting a range of tech companies to set up/scale-up within an affordable space. This is the first Scale-Up Hub to commence operation within the Tech Central Precinct and sets a precedent for future

opportunities. Both RPA and USyd have a footprint in this space which is being managed by Chalk and Stone.

Ambulatory Care Planning

Significant work is continuing to identify the current and future activity (2031 and 2036) and location of Ambulatory Care services at Concord to inform Stage 2 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 is currently supporting the development of several other plans across the District, including the Sydney Education Strategic Plan and the SLHD Palliative Care Strategic Plan.

SYDNEY RESEARCH

Sydney Biomedical Accelerator Complex

On 17 June 2022, the NSW Treasurer, the Hon. Matt Kean and the NSW Minister for Science and Innovation, the Hon. Alistair Henskens announced the commitment of \$143.3 million in funding by the NSW Government to support the establishment of the Sydney Biomedical Accelerator (SBA). This announcement was made together with Dr Teresa Anderson AM, Chief Executive, Sydney Local Health District (SLHD), Prof Mark Scott, Vice-Chancellor, University of Sydney, Prof Robyn Ward AM, Executive Dean and Pro Vice-Chancellor (Medicine and Health), University of Sydney, and Mr Joseph Carrozzi AO, Board Chair, Centenary Institute. The SBA will consist of three distinct but interconnected buildings, which will also form a seamless connection to the \$750 million redevelopment of RPA and the Susan Wakil Health Building (the largest health training institute in the Southern Hemisphere). This Government funding will support the creation of a new biomedical research building on the Royal Prince Alfred Hospital campus (Building B) in addition to the \$25 million committed by SLHD for the refurbishment of Gloucester House (Building A) and the creation of an innovation hub, and the \$185 million commitment of the University of Sydney Senate towards a new biomedical research building on the University campus (Building C).

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.

Camperdown Biotechnology Hub Cabinet Submission

Sydney Research have been involved in a dedicated Project Working Group developing a cabinet submission seeking the support of the Hon. Stuart Ayres, NSW Minister for Enterprise, Investment and Trade, and the NSW Cabinet Expenditure Review Committee for the establishment of a BioTech Hub in the Camperdown neighbourhood of Tech Central . It is being proposed that the BioTech Hub is

established on land owned by Transport for NSW, which is currently being utilised as a dive site for the WestConnex project. The Cabinet Submission had been co-developed by a Project Working Group with representation from six (6) inter-Government agencies – including Sydney Local Health District, Health Infrastructure NSW, Investment NSW, Transport NSW, Greater Cities Commission and NSW Department of Planning and Environment. The Chief Executive, Adj A/Prof Vicki Taylor and Ms Penny Vogelzang are the SLHD representatives on this Working Group and have continued to ensure that the proposal clearly articulates the value of a Biotechnology Hub for the District and the Camperdown Health Education and Research Precinct (CHERP) as well as complement the vision and objectives of the Sydney Biomedical Accelerator complex (SBA).

The proposed Hub would cater for health-related startups, scaleups, spin-offs and synergistic anchor tenants to be co-located close to Royal Prince Alfred Hospital and University of Sydney campuses and has the potential to generate significant economic benefits to the state and nation. This Hub will be complementary to the work undertaken within the SBA by providing a long-term growth option for the innovative ideas that develop within the complex, as well as a space for manufacturing needs that are crucial in prototype and product development.

Innovation Week

After two years deferment and in celebration of its 10th year, the SLHD Innovation Week was held between 30 May and 2 June 2022. Sydney Research worked closely with the Strategic Relations and Communications teams in planning the successful award events on Thursday 2 June 2022 – including the SLHD Innovation Week and the Sydney Research stall during the Symposium was proudly supported by the generous sponsorships of our Sydney Research partners, which totalled to \$264,000 and a further \$221,000 of in-kind support. These sponsors include:

- Alcatel
- VOIP
- Microsoft
- Digital Health CRC
- Franklin Women
- MTP Connect
- Ab Initio Pharma
- NSW Health Pathology
- University of Sydney
- Woolcock Insitute
- Greater Cities Commission
- Cicada Innovations
- Central Eastern Sydney Primary Health Network
- Centenary Insitute
- Heart Research Institute
- IDE Group
- Alcidion
- Ernst & Young

The Big Idea

The 2022 winner of the Big Idea C was Dr Joseph Dusseldorp, Specialist Plastic and Reconstructive Surgeon at Chris O'Brien Lifehouse for his idea to create an anti-spasticity micro-implant to help patients living with muscle spasticity. His idea aims to restore the joy of movement for people with cerebral palsy by putting them back in control of their muscles. As part of the award, Dr Dusseldorp has been awarded \$45,000 in seed funding and additional professional support from IDE Group and Cicada Innovations.

People's Choice Award

The 2022 winner of the Big Idea People's Choice Award was Dr Samson Dowland, Lecturer with the School of Medical Sciences, and The University of Sydney for his pitch to develop a new non-hormonal contraceptive to revolutionise women's health. The non-hormonal contraceptive will utilise uterine hydrogel, developed with a team of biomedical engineers to advance the delivery mechanism and

create a slow-releasing contraceptive compound in the uterus. The prize consisted of \$5,000 pre-seed funding and additional professional support from IDE Group and Cicada Innovations.

A full list of the Sydney Research Awards and Scholarship recipients can be found below:

Award/Scholarship	Recipient
Annual Health Research Infrastructure Award	Dr Joanneke (Jo) Maitz, ANZAC Research Institute
Clinician Researcher Scholarship	Mr Min Jiat Teng, RPA Virtual Hospital, SLHD
Health Informatics Researcher Scholarship	Mr Daniel Babekuhi, HDR Student, University of Sydney
Research Supervisor Award	Professor Cathie Sherrington, Institute for Musculoskeletal Health.
Research Excellence Award	Professor Richard Scolyer, A/Professor Alexander Menzies and Professor Georgina Long
Young Research Awards	Dr Rebekah Ahmed, Staff Specialist Neurologist, RPA and Brain and Mind Centre.
Cardiovascular Postgraduate Scholarship	Mr Niv Vidger, Honours Student, The University of Sydney.
Emerging Cardiovascular Researcher – Education Scholarship	Dr Seshika Ratwatte, PhD Candidate, The University of Sydney.

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 14 June 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. The meeting scheduled on 15 June was cancelled.

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.

The Sydney Research team, together with Dr Greg Fairbrother continue to support the six (6) CCI initiatives and lead the bi-monthly SLHD Research Consumer Working Group. Ethics approval has recently been obtained, with Governance approval pending to proceed with the study from the Sydney LHD Human Research Ethics Committee (RPAH Zone). 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.

NSW OHMR – Embedding Quality Research Steering Committee

Research Governance

The EQR Research Governance Project is progressing well and within the agreed timelines. NSW OHMR has finalised the arrangements for engaging an expert consultant (Dr Nik Zeps) 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 the Sydney Children's Hospitals Network and Nepean Blue Mountains Local Health District. Dr Zeps is currently visiting the pilot sites to initiate the pilot 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.

Marlow Hampshire Health and Biomedical Research Leader Development Program

Following the successful pilot in 2020, SLHD 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 on Friday 6 May 2022, with a total of 23 applications received for the program including 10 from across SLHD. The program and training will be delivered over four days in June and July with support from the Sydney Research team.

Sydney Health Partners

The Sydney Research team continues to work closely with the Sydney Health Partners (SHP) team to support key initiatives including Encouraging More Clinical Trials in Australia, E-LECT Alliance with the University of Sydney and NHMRC Clinical Trial Centre, and the Clinical Academic Groups. Dr Anderson AM and Adj A/Prof Taylor continue to participate as members of the SHP Board, and A/Prof Taylor also represents SLHD in the SHP Research Development Committee.

The Sydney Health Partners Board Meeting and Annual Forum will be held on Wednesday 6 July 2022, held at the University of Sydney campus with keynote presentations from Professor Anne Kelso AO, CEO of the National Health of Medical Research Council - Supporting research translation and impact – NHMRC priorities and Dr Jeremy McAulty, Executive Director Health Protection NSW. The afternoon will feature presentations and discussions about Sydney Health Partners' research translation initiatives including Clinical Academic Groups and Research Translation Fellowships. The Forum will also highlight SHP's work in the areas of governance, data sharing, consumer involvement and clinical trials support.

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 with the aim to hold another mentoring session at RPA in July 2022.

CTMS Working Group

The SLHD CTMS Working Group held its last meeting on 17 May 2022. An update was provided to the group regarding the OHMR state-wide project team requesting information on the organisation structure, site user list and nomination of super users, and charge master files for the clinical trials units in SLHD. An email was sent out to individual clinical trials units requesting for this information with the organisation structure and site user list feedback to be provided through REDCap. This information has now been submitted to OHMR and is awaiting feedback. OHMR are currently in the process of recruiting change managers to help roll out the CTMS across SLHD and provide training to clinical trials units.

NSW Health Precinct Prospectus

Sydney Research has been supporting Health Infrastructure NSW with the development and in coordinating the contributions of SLHD for the NSW Health Precincts Prospectus. The purpose of this prospectus is to provide an overview of the state-wide research strengths and capabilities of the NSW health system, and opportunities for industry partnership. The Prospectus is a key deliverable identified by the NSW Health Strategic and Commercial Partnerships Steering Committee chaired by the NSW Health Secretary. Following the feedback provided by each precinct, Health Infrastructure are progressing with finalising the Prospectus over the coming weeks with an expected completion of early July 2022.

Other Activities

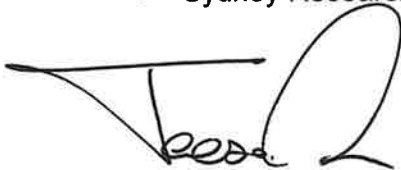
In addition to the above, Sydney Research have participated or continue to support the following key activities within SLHD and across interagency partners:

- Tour of the key anchor institutions in Tech Central with the Lord Mayor, City of Sydney, Mayor, Inner West Council, Vice-Chancellor of University of Technology Sydney, Vice-Chancellor of University of Sydney, Chief Executive, Cicada Innovations and the Chief Executive, SLHD
- Surgical Robotics and Innovation Summit
- 2022 Tech Central Summit
- SLHD Social Media Steering Committee
- WCX Dive Site Cabinet Submission Working Group
- ANZAC Research Institute Transition Working Group
- RPA Redevelopment Research Working Group
- SLHD Clinical Trials Steering Committee
- RPA Western Campus Master Plan Discussions

- Discussions with Cicada Innovations around the establishment of a Camperdown program to further strengthen idea development and commercialisation
- Spark Festival Health + MedTech + BioTech Mixers at the Centenary Institute and the Sydney Knowledge Hub
- Presentation to a Korean Delegation visiting Camperdown

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 1,147 subscribers
- The PFCC Research Working Group bi-monthly newsletter, 'Consumers in Research', has an audience of 140 subscribers.
- @SydneyResearch currently has 1,301 followers on Twitter
- Sydney Research LinkedIn has accrued 486 followers to date.



Dr Teresa Anderson AM
Chief Executive

Date: 18.2.22 ...