
Sydney Local Health District

Meeting One Hundred and Two of the Board

Date: Monday 17 August 2020
Time: 9.00am
Venue: Zoom Meeting
Chair: The Hon. Ron Phillips AO, Chair

1. Present and apologies

The Hon. Ron Phillips AO, Chair
Professor Paul Torzillo AM, Member (Departed 10.00am)
Ms Victoria Weekes, Member
Dr Thomas Karplus, Member
Mr Richard Acheson, Member
Mr David McLean, Member
A/Professor Christine Giles, Member
Ms Frances O'Brien, Member
Ms Ronwyn North, Member
Ms Kerry-Anne Hartman, Member
Dr Mary Haines, Member
Dr Teresa Anderson, AM, Chief Executive

Apologies

Ms Susan Anderson, Member

In attendance

Dr Tim Sinclair, Executive Director of Operations, SLHD
Ms Nerida Bransby, Secretariat
Dr Alicja Smiech, Chair, Medical Staff Executive Council (9.15am - 11.15am)
Dr Leena Gupta, Clinical Director, Public Health Unit (9.00am - 9.35am)
Professor Fiona Haigh, Director, HERDU (9.00am - 10.05am)
Ms Lou-Anne Blunden, Director, Clinical Services Integration and Population Health (9.00am - 10.05am)
Ms Lily Cao, Senior Auditor, Internal Audit (10.10am -10.25am)
Mr Tony Tabet, Principal Officer Audit & Investigations, Internal Audit

2. Welcome and introductions

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

Minutes

3. Declaration / Removal of conflicts of interest

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

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

4. Confirmation of previous minutes

4.1 Minutes of the previous meeting held 20 July 2020

The minutes of the Board Meeting held on Monday 20 July 2020 were moved and seconded as a true and accurate record of the meeting.

As the Chair was off-site for the meeting, the minutes will be forwarded via email to the Chair for signing.

4.2 CE Report – July 2020

The Chair declared that the CE Report for July 2020 was ready for publication.

Presentations

1. Role of the Public Health Unit in the COVID-19 Pandemic

Dr Gupta presented on the role of the Public Health Unit in the COVID-19 Pandemic including:

- Acknowledgements
- What will be covered in this presentation
- Epidemic Curve of confirmed cases in SLHD from 15 January 2020 to 5 August 2020.
- Pandemic preparedness
- COVID-19 timeline - relevance for the Public Health Unit Service provision
- Changing role as pandemic has progressed
- “Traditional” roles of the Public Health Unit in the pandemic
- Public Health Unit indicators
- More recent roles
- Challenges include the maintaining of the wonderful public health workforce we have
- Strengths
- The future

Following the presentation, the Board discussed:

- Business as usual over the next two years
- Executive meeting held every day to ascertain current impacts, provide guidance and to focus on pressures
- Look at ways to enable staff to have a break

- Outcome of the Ruby Princess inquiry and support for the staff involved

The Chief Executive reported:

- Staff training for the surge in contact tracing
- The amazing responsibilities, exceptional leadership and reliance and guidance of the Public Health Unit

The Board Chair advised:

- Of the well-developed skills and attitudes of the Public Health Unit
- Always calm, sound and well informed
- The COVID-19 Steering Committee meetings highlights the valuable governance structure in our District
- A big thankyou to all in the Public Health Unit
- Thankyou Dr Gupta for the presentation and for attending the meeting.

2. COVID-19 Recovery and Resilience: Equity Focussed Health Impact Assessment Proposal

Professor Haigh presented on COVID-19 Recovery and Resilience: Equity Focussed Health Impact Assessment Proposal including:

- Acknowledgement of Country
- Overview of the Health Equity Research and Development Unit (HERDU) including vision and roles
- Framework for improving health equity in the SLHD
- Equity vs Inequity
- COVID-19 Recovery and Resilience
- Building back fairer
- Our commitment to Equity
- Expected COVID-19 burden on the health system
- Our economy
- Looking forward : Covid-19 Health Impact Assessment
- Questions

Following the presentation, the Board discussed:

- Exciting venture
- The long term benefits
- Significant and important challenge
- Focus on the vulnerable in the community
- The structures and processes in place to move forward
- Fourth wave – long term impacts are likely to be spread unequally and occur over a long time

The Board fully supported the commencement of the equity focused health impact assessment to be conducted. The Board offered HERDU their assistance and support as required for the duration of the project and will look forward to the opportunity to provide input and to view progress at a future meeting.

The Board Chair thanked Professor Haigh and Ms Blunden for the presentation and for attending the meeting.

5. Matters arising from the previous minutes

5.1 Action sheet

The Board received and discussed the action list including:

- The Board Self-Assessment has been deferred. Preliminary discussions will be held with the CE and Board Chair.
- The report to outline the pressures faced by the District for the next six months to include key risks, key scenarios and COVID-19 matters will be provided at the next meeting.
- A copy of the Service Agreement was emailed to the Board on 20 July 2020. This agenda item can be removed from the action list.
- COVID-19 updates are now included in the CE report. This agenda item can be removed from the action list.

5.2 SLHD Complaint System and Management

The Board received, read and noted the information contained in the brief on the SLHD complaint system and management. This agenda item can be removed from the action list.

5.3 Brief - Wellbeing and Resilience Strategies supporting staff during COVID-19 and beyond

The Board received, read and noted the information contained in the brief on the wellbeing and resilience strategies to support the staff. This agenda item can be removed from the action list.

6. Patient Story

Dr Anderson provided a verbal report on a traveler returning home needing mental health assistance. The District organised a co-ordinated care response with assistance from other government agencies who met the patient at the airport to provide the appropriate care and fast track the admission to hospital.

Minutes

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 2020

The Board received and noted the Board Calendar for 2020.

8. Chairman's Report

Nil to report.

9. Chief Executive's report

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

- According to the Ministry of Health Framework, the District remains at performance level zero, which is the highest level achievable.
- The MoH / SLHD Performance meeting held on 11 August 2020 was very positive.
- There were four SAC 1 RCAs and two SAC1 Reportable Incident Briefs (RIBs) for the month of June.
- The District is working with the NSW Health Workforce Branch to strengthen its workforce surge plans in preparation for an escalation in the COVID-19 response.
- There was a decrease of 12.13% in the number of separations (12,431) for the month of June 2020 when compared to June last year. This is consistent with the decrease in elective surgery and reduced inpatient activity associated with COVID-19. It should be noted that this activity does not include occupants in the Special Health Accommodation as these are counted as non-admitted patients.
- The District met target for all Triage Categories 1, 2, 3, 4 and 5 for the month of June.
- There were 132 more emergency surgeries performed in the month of June 2020 when compared to the same month last year, representing a 12.55% increase. The District is reviewing these cases to determine if this is as a consequence of the delay in elective surgery.
- Private Health Insurance usage continues to be a focus of the District.
- The information on Redesign and Service Improvement was noted.
- The information on Health Pathways was noted.
- For the year ended 30 June 2020, GF Expenditure was \$3.936M (0.20%) favourable to budget. The District received \$10.397M of High Cost Drug (HCD) Budget Supplementation at year end.
- The District's allocated budget for 1 July 2020 to 31 December 2020 will be tight and intends to use every dollar wisely.

Minutes

- Sydney Research is progressing well with the appointment of a new Chair and the new Executive Director position being finalised.
- A Memorandum of Understanding will be finalised and signed this week for the amalgamation of the Medical Research Institutes.
- The Board requested a further review on the infection control practices at the Dental Hospital for COVID-19 positive patients and the PPE worn and needed by the staff.
- The information on the Ashfield Baptist Home was noted.
- On Friday 7 August 2020, Sydney Local Health District obtained possession of the multi-story car park and adjacent land on the RPA campus.

9.1 Finance and Performance Reports

9.1.1 SLHD Board reporting pack – June 2020

The Board received, read and noted the SLHD Board Reporting Pack for June 2020.

9.1.2 Selected Performance Indicators – June 2020.

The Board noted this report was not available.

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 was not available.

9.2 Project updates

9.2.1 Lifehouse

The Board received, read and noted the report.

9.2.2 Macquarie International Private Hospital

The Board received, read and noted the report.

9.3 Capital Works Report

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

9.4 Clinical Governance and Risk Reports

(i) Quarterly Report

The Board noted the next report for the period April 2020 – June 2020 is due in September 2020.

(ii) GIPA

The Board received, read and noted this report.

(iii) SLHD Risk Register

The Board noted this report is due in September 2020.

9.5 Audit and Risk Committee Report – Period 6 June – 11 September 2020

The Board noted this report is due in September 2020.

9.6 Facility Reports – June 2020

(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.

(v) Drug Health Services

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

(vi) Mental Health Services

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

(vii) Oral Health Services and Sydney Dental Hospital

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

(viii) Population Health

The Board received, read and noted the report.

(ix) Royal Prince Alfred Hospital

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

(x) RPA Virtual Hospital

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

(xi) SLHD Special Health Accommodation

The Board received, read and noted the Special Health Accommodation 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

10.1 Approval Temporary Financial Delegation for the General Manager, Special Health Accommodation.

The Board endorsed the temporary financial delegation of up to \$30,000.00 for the acting General Manager of the Special Health Accommodation for the required duration of the position.

10.2 Corporate Governance Statement 2019/2020

The Board received and read the contents of the Corporate Governance Statement for the period 2019/2020.

The Board noted:

- The supporting documents were held in the CE Office for perusal if required
- There were four new dot points under Standard 2: Ensuring Clinical Responsibilities are clearly Allocated and understood.
- The word “Organisation” has been changed to “District”.
- COVID-19 Police Accommodation was not the District’s responsibility during this period. The Board requested a brief on the impacts of the Police Accommodation now managed by the District.

Following discussions, the Board endorsed the signing of the Corporate Governance Statement for the period 2019/2020 by the Board Chair and Chief Executive.

11. Board Committee reports / minutes

11.1 Finance, Risk and Performance Management Committee

The Board received, read and noted minutes of the meeting held on 13 July 2020.

11.2 Education and Research Committee

The Board received, read and noted minutes of the meeting held on 20 July 2020.

11.3 Communications Committee

The Board noted the meeting to be held on 4 August 2020 was cancelled.

11.4 Audit and Risk Committee

The Board received, read and noted the minutes of the meeting held on 17 July 2020.

11.5 Health Care – Clinical Council

The Board noted the next meeting is to be held on 26 August 2020.

11.6 Health Care – Clinical Quality Council

The Board received, read and noted the minutes of the meeting held on 24 June 2020.

11.7 Medical Staff Executive Council

The Board noted the meeting to be held on 7 August 2020 was cancelled.

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

The Board noted the meeting to be held on 5 August 2020 was cancelled.

11.9 Aboriginal Health Steering Committee (bi-monthly)

The Board noted the meeting to be held on 28 July 2020 was cancelled. The Board requested a report on the new Aboriginal Health Dashboard at the October 2020 meeting.

11.10 Organ Donation for Transplant – Quarterly Report (April 2020 – June 2020)

The Board received, read and noted this report for the period April 2020 – June 2020.

12. Other Committee reports / minutes

12.1 Sustainability Committee (bi-monthly)

The Board received, read and noted the minutes of the meeting held on 10 July 2020.

Minutes

12.2 Medical and Dental Appointments Advisory Committee

The Board received, read and noted the minutes of the meeting held on 10 June 2020.

12.3 SLHD Targeted Activity and Reporting Systems (STARS)

The Board noted the minutes of the meeting held on 16 July 2020.

12.4 Surgical Demand Committee (bi-monthly)

The Board noted the next meeting is to be held on 19 August 2020.

12.5 Finance Leaders Forum (previously Revenue Enhancement Development Committee)

The Board received, read and noted the minutes of the meeting held on 15 July 2020.

12.6 NSW Health / SLHD Performance Review Meeting

The Board noted the meeting was held on 11 August 2020.

12.7 Organ Donation for Transplantation

The Board noted the meeting held on 28 July 2020 was cancelled.

12.8 Major Procurement, Assets and Imaging Steering Committee

The Board noted the minutes of the meeting held on 14 July 2020.

12.9 Yaralla Estate Community Advisory Committee (bi-monthly)

The Board noted the next meeting is to be held on 18 August 2020.

12.10 Concord Hospital Redevelopment Executive Steering Committee

The Board received, read and noted the minutes of the meeting held on 15 July 2020.

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

The Board noted the meeting was held on 6 August 2020.

12.12 Minutes of the District Security Co-ordination Committee

The Board received, read and noted the minutes of the meeting held on 24 June 2020.

13. Matters for noting

13.1 Performance Development Review Compliance as at 15 May 2020

The Board received, read and noted this report.

Minutes

14. Other Business

Nil to report

15. Next Meeting

The next meeting is to be held on Monday 21 September 2020 at 9.00am.

The meeting closed at 11.25am.



Chair

24 September 2020
Date

Chief Executive's Report to the Finance, Risk and Performance Management Committee and the SLHD Board August 2020

PERFORMANCE

According to the Ministry of Health Framework, the District remains at Performance level 0, which is the highest level achievable.

Safety and Quality

Despite the significant demands placed on staff due to the COVID-19 response, SLHD continues to maintain the quality and safety of our services.

There were four SAC 1 RCAs and two SAC1 Reportable Incident Briefs (RIBs) for the month of June.

Mental Health Readmissions within 28 days have decreased slightly for the month of April to 13.8%, from a March result of 14.5%. YTD April 2020, there has been a slight decrease in the percentage of Mental Health Readmissions at 15.5%, when compared to 17.8% for the same period in the previous year. The District continues to focus on strategies to improve mental health performance.

The District continues to perform well in relation to unplanned readmissions within 28 days of separation at 5.0% for the month of May and 5.1% YTD May 2020, which is equal or below the State rate of 5.1% for the month and 5.1% YTD May 2020. Unplanned Emergency Representations (same ED within 48 hours) were 4.3% for the month and YTD June 2020, which continues to be below the State rate of 4.7% YTD June 2020.

The District remains below the benchmark (2.0/10,000 bed days) for Staphylococcus Aureus Bloodstream Infections (SABSI) with a result of 1.9 per 10,000 bed days for the month of May 2020. There was no Central Line Associated Bloodstream (CLAB) infection during May 2020. Ongoing education and training in infection control strategies and CLAB awareness discussions at ICU morbidity and mortality meetings continue.

The District is performing at or better than the target for 9 of the 14 reported Hospital Acquired Complications (HACs) for the 12 month period May 2019 - April 2020. The remaining 5 HACs are performing within the acceptable tolerance range. Hospital Acquired Renal Failure has a rate of 2.9 per 10,000 episodes, which is slightly above the target of 2.7. 3rd and 4th degree perineal tear has a rate of 436.2 per 10,000 episodes, which is above the target rate of 382.9 per 10,000 episodes. Hospital Acquired Neonatal Birth Trauma has a rate of 88.2 per 10,000 episodes, which is above the target rate of 65.6 per 10,000 episodes. Hospital Acquired Medication Complications has a rate of 35.9 per 10,000 episodes, which is slightly above the target rate of 31.3 per 10,000 episodes. Fall Related Injuries in Hospital has a rate of 6.3 per 10,000 episodes, which is above the target rate of 5.6 per 10,000 episodes. Work is continuing to address these five HACs.

To ensure all HACs are appropriately reviewed and identify any areas of clinical concern or training need; the SLHD Performance Unit emails the SLHD Coding and Clinical Governance Units at the end of each month to flag any HACs that are performing above the target threshold, to trigger a coding review. To facilitate this process, a HAC coding audit app has been developed. Following coding review, the SLHD Performance Unit reruns the data and then emails the Clinical Governance and Coding Units to flag any HACs that remain above the target threshold, which then triggers a clinical investigation by the Clinical Governance Unit.

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. Premium staff usage has decreased for Medical and Nursing for June 2020 when compared to the same period last year by -0.81 and -1.88 respectively. Premium staff usage has increased for Allied Health for June 2020 compared to the same period last year by 0.46.

The District is working with the NSW Health Workforce branch to strengthen its workforce surge plans in preparation for an escalation in the COVID-19 response. Focus will initially be on potential workforce challenges in ICU surge activity and will include identifying key specific workforce trigger points that will inform local planning as well as those that may need to inform potential deployment of centrally identified resources into affected COVID areas should this be required. The output will be a specific workforce focussed escalation plan that will ensure is aligned to current and ongoing work within the SHEOC.

SLHD facilities continue to meet both nursing hours per patient bed day and birth-rate plus as per Award. The strategies to ensure compliance requires significant monitoring and mobility of resources.

Activity

There was a decrease of 12.13% in the number of separations (12,431) for the month of June 2020 when compared to June last year. This is consistent with the decrease in elective surgery and reduced inpatient activity associated with COVID-19. YTD separations have decreased slightly across the District by 6.46% in comparison to last year. In June 2020, the District's occupancy rate decreased by 3.27%, to 83.77% when compared to the 87.04% in June 2019. Again this was a deliberate strategy to prepare for COVID-19 by reducing elective surgery.

There were 11,638 attendances to the District's Emergency Departments in June 2020, which is a 17.96% decrease from 14,185 when compared to the same month last year. The District is investigating the impacts of COVID-19 on ED presentations in partnership with the George Institute.

YTD June Emergency Department attendances have decreased slightly by -0.78% to 170,111 in comparison to the same period last year. YTD June case weighted attendances have decreased by -2.22%, when compared to the previous year.

Emergency Treatment Performance (ETP) (formerly NEAT)

The District continues to work on ETP performance. There was a 4.2% increase in ETP in the month of June 2020, to 72.8%, when compared to the same month in the previous year. YTD there has been a 1.8% increase in ETP to 70.9% when compared to the same period in the previous year.

Transfer of Care

The District is performing slightly below the transfer of care (TOC) target (90%) for June 2020, with 88.38% of all patients transferred from ambulance to our emergency departments in 30 minutes or less. Given the significant increase in demand associate with managing COVID-19 activity, it is positive that the District is maintaining its performance within tolerance on this indicator.

ED Triage

The District met target for all Triage Categories 1, 2, 3, 4 and 5 for the month of June.

Elective Surgery

There were 689 less elective surgeries performed in June 2020 when compared to the same period in the previous year, representing a decrease of 30.51%. The decrease is associated with the Government's requirement to cease all non-essential surgery, as part of the national response to COVID-19. YTD June the number of elective surgeries performed has decreased by 3,221 (-11.49%) when compared to the same period last year.

SLHD continues to perform at the top of the State for patient treatment timeframe targets for elective surgery for YTD June, with 100% of both Category A and Category B patients admitted within the clinically appropriate timeframe for their surgery, and 98.32% of Category C. The District remained within the targets for all three category despite the decrease in Cat 3. YTD June there has been a 7.63% (1,187) decrease in surgical patients not ready for care, when compared to the same period last year.

Elective surgery has gradually recommenced across the District to 100% capacity towards the end of June 2020. To ensure Royal Prince Alfred Hospital does not undo its COVID-19 preparedness, collaborative care arrangements are working well with Chris O'Brien Lifehouse, The Mater Private, North Shore Private, Sydney Day Surgery and Genea supplement capacity.

Emergency Surgery

There were 132 more emergency surgeries performed in the month of June 2020 when compared to the same month last year, representing a 12.55% increase. YTD June emergency surgery has increased by 1,025 cases (7.68%) across the District. The District is reviewing these cases to determine if this is as a consequence of the delay in elective surgery.

Community care and Hospital in the Home

The District has continued to manage its activity through investments in Sydney District Nursing who continue to manage over 1,000 patients per day in the community who would otherwise be in hospital. There has been a 5.7% decrease in the number of Hospital in the Home overnight separations in June in comparison to the same month last year, due to the impact of COVID-19. This has been replaced by an increase in virtual health care.

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 -3.18% variance to target YTD May, excluding Dental. The cessation of non-essential surgery and subsequent reduction in inpatient activity has impacted on the District's NWAU performance.

Stream	Target	Actual	Variation	Variation %
Acute*	152,333	141,333	- 11,000	-7.22%
ED	21,817	21,212	- 605	-2.77%
NAP	44,384	47,222	2,838	6.39%
SNAP**	11,391	11,292	- 99	-0.87%
MH Admit***	16,007	16,938	931	5.82%
MH NAP****	8,740	8,579	- 161	-1.84%
Total	261,858	253,654	-8,204	-3.13%
Dental DWAU	57,229	56,371	- 858	-1.50%

Board Report



Dental NWAU#	7,186	7,078	-108	-1.50%
Total (NWAU)	254,672	246,576	-8,097	-3.18%

* 11 uncoded episodes

** 23 ungrouped episodes

***1 uncoded episode

****YTD April

NWAU=589/4691*DWAU

Clinical Costing

Due to COVID-19, the ABM Branch have made the following changes to the DNR submission structure for 2019/20, with the aim of delivering a DNR based on the expenditure and reporting component of 19/20 that was pre-COVID:

- Round 24.1 July 19 – December 19
- Round 24.3 July 19 – March 20
- Round 24.4 April 20 – June 20

Round 24.3 will be utilised for benchmarking and pricing purposed to maximise the volume of data and more accurately reflect business as usual.

Non Admitted (NAP)

In response to the COVID-19 pandemic, the District increased the number of services provided via telehealth/telemedicine to keep our patients out of our hospitals and safely isolated in their homes. As of YTD May the number of non-admitted occasions of service provided via telephone and videoconferencing has increased by 39% and 956% respectively. Face to face occasions have decreased by 5% during the same period.

REVENUE ENHANCEMENT DEVELOPMENT COMMITTEE

Private Health Insurance Usage

For the month of June 2020, 16.29% (2,024 separations) of all patients discharged by SLHD facilities were classified as privately insured.

There was a decrease of 429 (17.49%) patients who elected to use their private insurance compared to the same period last year and no change (0%) in total separations from previous month.

For the month ended June 2020 conversions for facilities as compared to the same period last year were:

- RPAH – a decrease of 206 (16.47%) private patients.
- Concord – a decrease of 126 (12.79%) private patients.
- Canterbury Hospital – a decrease of 66 (39.29%) private patients.
- IRO – a decrease of 27 (87.09%) private patient.
- Balmain Hospital – a decrease of 4 (22.22%) private patients.

Single Room Usage

For the month of June 2020, 9.19% of patients were flagged as infection control across the District.

For the month, 22% of all available single rooms were occupied by private patients and 40% of all private patients were accommodated in single rooms.

SLHD Strategic Revenue Network

Key notes:

- SLHD Strategic Revenue Committee meeting for June 2020 has been postponed.
- Clinician Billing Portal (CBP) has been put on hold due to recent competing priorities. There are 69 registered users and total \$248K has been raised through the portal to date.

REDESIGN AND SERVICE IMPROVEMENT

Innovations

- As part of the measures the SLHD are taking to protect our staff, patients and community against any potential transmission of COVID-19 (coronavirus), any events which bring groups of people together, such as The Pitch, have been cancelled until further notice.
- The next Pitch event will be presented in a virtual format and is scheduled for end of August 2020. The Pitches are to be presented online via a live stream
- This Pitch will be 'bigger than ever' with the funding available to be doubled to \$100,000, eight (8) pitches presenting on the day, and each presentation will be only five (5) minutes long.
- The theme of the virtual Pitch is "What's next for healthcare following our response to COVID-19?"
- Pitches that have been postponed due to cancellation of previous Pitches will be considered in the first instance.

Other Projects

- Hand Clinic
 - The Redesign Team was consulted by the Director, Allied Health to assist with conducting some diagnostics work within Hand Clinic at RPAH.
 - A process map and stakeholder map has been developed from feedback given at the session conducted on the 12 February. This is in the process of being validated.
 - Data analysis was conducted by the Allied Health Performance & Data Analyst, which is currently being reviewed.
 - The project will be presented at the next PFCC Services group in July 2020.
- RPAH Transfer of Care Project
 - Project Initiation meeting was conducted 28 May 2020 to WoHP Strategy Committee
 - RPAH Project Lead – Wendy FitzGibbons announced to work with Clinical Redesign Lead.
 - Scope of project defined as – discharge processes leading to improved patient flow.
 - Project Plan feedback on name of project, design and milestones due by 4 June 2020.

Accelerating Implementation Methodology (AIM):

- As part of the measures the SLHD are taking to protect our staff, patients and community against any potential transmission of COVID-19 (coronavirus), all group education sessions (including AIM) were cancelled until further notice.
- The May AIM course has been cancelled. The next AIM course is scheduled for the 10 and 11 September 2020.

HealthPathways

Content development

A work stream for Vascular Surgery was commenced in early June, early indications are showing pathways will be developed and localised for about 10 Clinical indications including:

- Abdominal Aortic Aneurysms
- Carotid Artery Stenosis
- Varicose Veins
- Chronic venous Insufficiency
- Peripheral vascular Disease

COVID content

COVID-19 content continues to be updated and developed in-line with latest Health advice and testing and treatment options. New content published in June included the Assessment and Management of COVID-19 cases in RACFs whilst the Assessment and Management of COVID-19 in Children was sent for final service approval. The HealthPathways Sydney Operational Team remains engaged up to 50% of FTE, with a number of SLHD COVID response areas such helpline manning and pop-up testing services.

Usage of HealthPathways

As an indicator of the slow return to normal activity in Primary Care we saw an increase of activity across the website in June 2020. COVID content use had started to drop in June, but the recent outbreaks in Victoria and South West Sydney have seen an increase in COVID content views over the last ten days.

	1-19 July, 2020	June 2020	May 2020	June 2019
Users	841	1,220	1,242	913
Sessions of use	4,658	7,797	7,826	4,772
Unique Page Views	12,265	22,601	21,550	14,393
Total Page Views	15,268	29,403	27,418	17,817

FINANCIAL PERFORMANCE – NET COST OF SERVICE BASIS

GENERAL FUND (GF)

The 2019/20 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 June 2020 based on the District's budgeted NCoS.

For the year ended 30 June 2020, GF Expenditure was \$3.936M (0.20%) favourable to budget. The District received \$10.397M of High Cost Drug (HCD) Budget Supplementation at year end.

For the year ended 30 June 2020 Expenditure increased significantly (by \$122.947M or 6.73%) compared to the 2018-19 Financial Year. The average monthly expense rate increased from \$145.289M for the period July 2018 to March 2019 to \$156.819M for the period April to June 2019 (excluding LSL adjustment in June 2019) to \$160.292M (excluding LSL adjustment in June 2020) for the 2019-20 Financial Year. Increase in FTE numbers and the impact of COVID-19 is contributing to these results.

GF Revenue was \$25.9M (12.89%) favourable to budget for the month and \$8.055M (0.41%) favourable to the 2019-20 Financial Year budget. For the year ended 30 June 2020, the District's GF

NCoS was \$11.992M favourable to budget. GF Own Source Revenue was \$21.092M (82.88%) favourable to budget for the month and \$8.083M (3.15%) favourable the 2019-20 Financial Year budget. The transfer of Callan Park Kirkbride buildings to SLHD at year end resulted in a \$23M increase in Other Sources of Revenue as a non-cash Property not Previously Brought into Account.

The District has assessed the full year costs of providing services for the following unforeseen events: COVID-19 \$103.162M (\$56.205M Incremental and \$46.957M Base), Bushfire support \$1.1M and the NZ Volcano \$1M. The District received COVID-19 Stimulus Budget of \$52.083M for costs mainly related to Special Hotel Accommodation, Elective Surgery, ICU, COVID-19 Wards, RPA Virtual, Fever Clinics, Pathology, ICT and PPE.

The District assessed the full year impact of COVID-19 on revenue reduction of \$12.495M in Patient Fees, Facility Fees and Prosthesis income. The District continues to see a reduction in the number of private health insurance patients and a reduction in actual single room bed day rates paid by health funds.

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 in the 2019-20 financial year.

The District is appreciative of the support provided by the Ministry of Health and Treasury for the allocation of funding and the trust and confidence placed on the District for the use of these funds.

The major variances for the month were:

Expenditure

- For the month of June 2020, GF Total Expenditure was \$19.356M favourable to budget, reflecting favourable results for Superannuation (\$3.459M), G&S Clinical (\$11.659M), G&S Admin (\$9.713M), Overtime (\$2.846M) and RMR (\$3.236M) offset by unfavourable results for Salary & Wages (\$5.069M), Annual Leave Provision (\$3.259M), VMO Payments (\$1.286M), G&S Support (\$0.557M), Depreciation (\$0.918M) and Grants (\$0.423M). The District received \$10.397M of HCD Budget Supplementations at year end.
- For the Financial Year 2019-20, GF Total Expenditure was \$3.936M (0.20%) favourable to budget. This result reflects unfavourable results for Salaries & Wages (\$8.384M), Annual Leave Provision (\$16.368M), VMO Payments (\$2.455M), G&S Medical & Surgical Supplies (\$5.005M), G&S Prosthetics (\$1.946M) and Grants (\$0.963M) offset by favourable variances in Overtime (\$0.690M), Other Employee (\$2.585M), Superannuation (\$1.362M), G&S Special Services (\$9.955M), G&S Admin (\$24.039M), G&S Support (\$1.024M) and RMR (\$0.692M). As mentioned previously, the District has received COVID-19 Stimulus Budget of \$52.083M in the period from March to June 2020.

Revenue

- GF Total Revenue was \$25.899M (12.89%) favourable to budget for the month of June 2020. The result for the month reflects unfavourable variances for Patient Fees (\$5.773M), High Cost Drugs (\$8.023M), Facility Fees (\$0.269M), Prosthesis Income (\$0.391M), Intra Health Hosted Revenue (\$0.114M) and Doubtful Debts (\$1.258M) offset by favourable variances in Grants and Contributions (\$9.614M) and Property not Previously Brought to Account (\$23M). The increased unfavourabilities in Patient Fees, Facility Fees, Prosthesis income and Car Park Fees are a result of the impact of COVID-19.
- For the Financial Year 2019-20, GF Total Revenue was \$8.055M (0.41%) favourable to budget. This result reflects unfavourable variances in Patient Fees (\$15.707M), Facility Fees (\$5.380M), Prosthesis Income (\$5.033M), Car Park Fees (\$0.863M), Rent Income (\$1.138M),

Intra Health Hosted Revenue (\$3.212M) and Doubtful Debts (\$5.884M) offset by favourable variance in High Cost Drugs (\$4.198M), Grants and Contributions (\$10.988M) and Property not Previously Brought to Account (\$23M).

SPECIAL PURPOSE AND TRUST (SP&T)

SP&T NCoS was \$7.990M unfavourable to budget for the month of June 2020 and \$4.097M unfavourable to budget for the financial year. This full year result reflects unfavourable budget variance for Expenditure (\$9.574M) offset by favourable result for Revenue (\$5.477M).

CONSOLIDATED RESULT

For the period ended 30 June 2020, the consolidated YTD NCoS result for the General Fund and SP&T was \$7.895M favourable to budget. The result comprises unfavourable variances for Expenditure (\$5.639M), Doubtful Debts (\$5.884M), Loss on Sale of Asset (\$0.193M) and Capital Allocation (\$0.638M) offset by favourable variances for Own Source Revenue (\$13.533M) and Recurrent Allocation (\$6.715M).

FINANCIAL PERFORMANCE – BASED ON NEW MOH REPORTING FORMAT

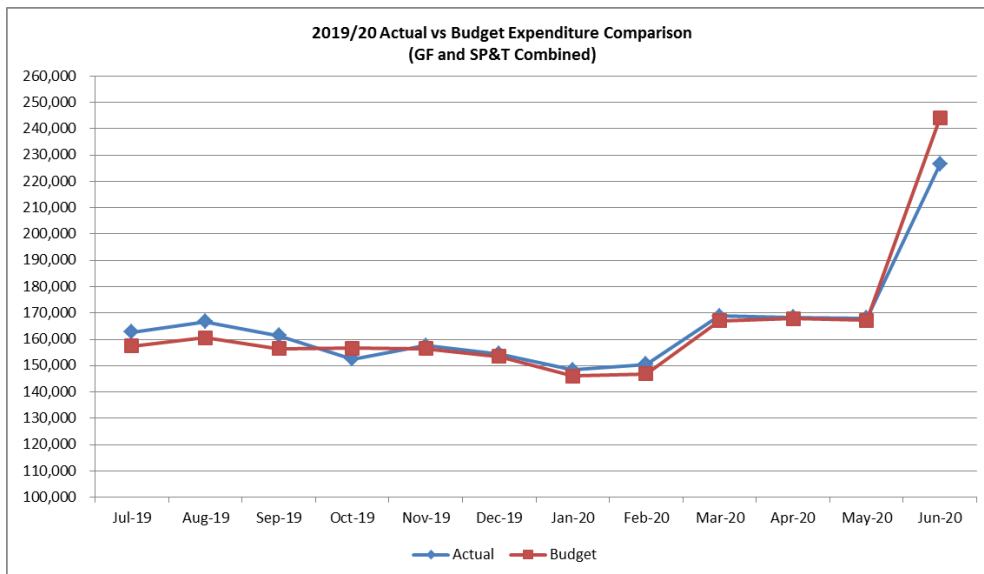
For the year ended 30 June 2020, SLHD recorded a Total Net Result of -\$70.957M (Note that Total Revenue was higher than Total Expenditure for the Financial Year 2019-20) which was \$7.965M (13%) favourable to budget. The Net Direct Operating Result (GF and SP&T) for the Financial Year 2019-20 was \$6.730M unfavourable to budget, reflecting unfavourable budget variances for Expenditure (\$4.310M) and Revenue (\$2.420M).

Total Direct Revenue for the Financial Year 2019-20 was \$2.420M unfavourable to budget, comprising unfavourable variances for the General Fund (\$7.933M) offset by favourable variance for the SP&T Fund (\$5.513M). The full year result for the GF reflects unfavourable variances in Patient Fees, User Charges and Other Income offset by a favourable variance for Grant Income.

Total Direct Expenditure for the Financial Year 2019-20 was \$4.310M unfavourable to budget, comprising \$4.054M favourable variance for the General Fund and \$8.364M unfavourable variance for the SP&T Fund. The full year result for the General Fund reflects unfavourable variances in Salaries & Wages (\$8.384M), On-costs (\$12.359M), VMOs (\$2.455M) and Grants (\$0.963M) offset by favourable results for Overtime (\$0.690M), Direct Clinical Operating (\$2.462M), G&S Corporate (\$24.039M) and G&S Supporting Services & Utilities (\$1.024M).

MONTHLY BUDGET PERFORMANCE

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



LIQUIDITY

The Ministry of Health Finance Branch has advised that due to the change of payment terms from 20 calendar days to 5 business days for Small Vendors there is no data or % available for now.

The cash balance at 30 Jun 2020 for the SLHD Operating bank account was \$5.198M and the Operating Cash book balance was \$5.062M.

CAPITAL WORKS – SMRS PROJECTS

As at 30 June 2020 the District's Full Year Capital works budget relating to SMRS Projects is \$30.916M comprising \$15.953M of MoH funded and \$14.963M of locally funded projects.

Actual expenditure as at the end of June 2020 was \$26.108M which is \$2.875M below budget.

The unspent amount of \$2.875M represents:

- Unspent funds (\$1.563M) relating to RPAH Mammography Unit, EEGP, Fussell House, IVF Facility Enhancements and Cranial Navigation System Upgrade which was required to be rolled over to FY 2020/21
- Not required budgets (\$1.623M) due to project completion and lower expenditure than originally anticipated
- Approved project with total expenditure of (-\$0.311M) in June 2020 but with no budget allocation

The actual and committed expenditure for MoH funded Minor works & Equipment for COVID-19 was \$18.271M as at 30 June 2020.

OTHER CAPITAL PROJECTS

As at the end of June 2020, the District has expended an amount of \$3.121M relating mainly to PowerChart Maternity, Balmain Hospital Lift Controller Upgrade, Energy Efficiency Upgrade for Croydon and Redfern Community Health Centres and RPAH Virtual Hospital. The total expenditure of \$3.121M was sourced from the General Fund.

CAPITAL WORKS

RPA

Building 63 RPU

Air conditioning installation, electrical works and medical gas installation began in June. Sprinkler system works and hydraulic works are underway. Air handling units were also delivered to site and are ready for installation.

Paediatrics Ward Stage 1

The installation of wall and floor tilings within the bathrooms was completed in June 2020. Works including painting, flooring and ceiling installation are underway. Phase 1 is planned to be commissioned early August 2020.

Transit Lounge

Wall sheeting and setting took place in June in preparation of the painting works. Service-rough ins and floor preparation were also completed.

Fertility Clinic

Demolition and wall framing and setting were completed in June, 2020. Capital works including the installation of joinery and flooring as well as painting are underway.

Sister Alison Bush Lounge

Capital works including the installation of a new structural steel awning, painting, joinery, floorings and blinds were all completed in June, 2020. Artwork installation is nearing completion and the space is now being occupied.

Concord

Building 75/76 – Fussell House

Rough in of services for the outdoor terrace were completed in June and service fit off is underway. All joinery for the ground floor of Building 75 has been installed and the final touch ups for paint began. Works to the Building 76 component of this project included the installation of flooring and bathroom tiles.

Building 31 – Midwifery Group Practice

During the month of June, 2020 sheeting and setting of walls was completed. Joinery installation also took place as well as service fit-offs and the installation of the new roof. Painting and external works are underway.

Canterbury Hospital

ED Expansion

Capital Works to the new Medical Records Department and Paediatric Emergency Department area were completed, commissioned and handed over to the hospital for occupancy. External landscaping works are underway.

PLANNING

Concord Hospital Clinical Services Plan (CSP) Stage 2

The Planning Unit has undertaken additional consultations to finalise the models of care at Concord Hospital. The Stage 2 CSP will be concerned with ensuring infrastructure resilience and sustainability with the development of much needed core infrastructure.

The Planning Unit has now revised the two contributing feasibility studies examining the feasibility of developing maternity and paediatric units at Concord Hospital in Stage 2.

Camperdown-Ultimo Collaboration Area Alliance (CUCA Alliance)

The District has continued to attend meetings of the Camperdown-Ultimo Collaboration Alliance to contribute to the transport and land use studies and to ensure the full alignment of the RPA redevelopment work and future health development with these Alliance studies.

Collaboration Area Major Integrated Transport Study

ARUP has been appointed by Transport for NSW to lead this study. Two Transport-led Stakeholder Workshops were attended by the Planning Unit to frame the core vision and objectives of the integrated transport strategy. The Integrated Transport Strategy provides an opportunity to support a future mass transit solution for Camperdown as well as ensuring planning for improved pedestrianisation, cycling, active transport and place making along the corridor.

This strategy interrelates with other work being undertaken by Transport for NSW on Parramatta Road and Victoria Rd. The Planning Unit, together with Health Infrastructure has also participated in consultations related to these studies.

Camperdown Innovation Precinct Land Use and Employment Strategy

This major Land Use Study in Camperdown has now been completed by SGS Economics and Planning and its core recommendations have been adopted by the Camperdown-Ultimo Collaboration Area Alliance. The study provides a broad view of the future land use options in the Camperdown precinct. Importantly it supports land use for future research and biotechnology development and health-related industry engagement, leveraging from the presence of major health and education anchor organisations (RPA, University of Sydney).

The Westconnex Dive Site on Parramatta Road, owned by Transport for NSW, is a large and very significant opportunity to realise this vision and a key recommendation of the study is for the State to support the retention of this site for the Camperdown Biotechnology Hub.

A further important recommendation concerns the further development of the governance of the CUCA Alliance area to establish the authority to support economic development, including potentially evolving into a Business Investment District. The study also recommends further land use studies and “structure plans” to ensure the full potential of the area is realised.

Integrated with this approach, the NSW Treasury, the governing authority for the “Tech Central”, (previously known as the Sydney Innovation Technology Precinct), a major employment hub for NSW, is preparing an **Economic Development Strategy** for the precinct. The boundaries for this study will mirror those of the CUCA area. SLHD will be involved as a key stakeholder. Again, this study provides a major opportunity to realise the potential of the Collaboration area.

Canterbury-Bankstown Integration

The Planning Unit has completed a paper on the current flow patterns, inpatient and non-inpatient activity and forecasts which informed initial discussions with the MoH and HI in regard to Canterbury and Bankstown Hospital redevelopments.

The agreed future site for the Bankstown Hospital, currently the subject of EOI to industry, once determined, will also impact the future flow patterns to Canterbury.

SLHD Surgical Services Plan

The Planning Unit has presented a draft Options Paper to the Executive Steering Committee (ESC) for the Surgical Services Plan which outlines an initial range of options for re-aligning surgical services across the District. These options have been derived from consultations with surgical and related services across the District, together with data and evidence on models of care.

These initial options are now the subject of a major round of ten consultations cross-District bringing together RPA, Concord and Canterbury heads of surgical and related departments. These consultations, being undertaken in August, in conjunction with the Clinical Director, Surgery, will result in an Engagement Report and finalised Options Report for discussion at the ESC.

Urban Development Studies

The Planning Unit has contributed to urban development studies being undertaken, including the social housing developments in Glebe and Redfern to outline the health service issues related to these developments.

SYDNEY RESEARCH

COVID-19 Operational Support

Sydney Research continues to support Sydney Local Health District (SLHD) in its response to COVID-19. The team has taken part in regular virtual committee meetings, reviewing COVID-19 related correspondence, keeping partners of SLHD and Sydney Research informed with latest information on COVID-19 and managing meeting attendance records for the District. Ms Imogen Baker continues to be seconded to the SLHD Special Health Accommodation Unit until further notice. Ms Penny Vogelzang has assisted with screening at Sydney Domestic Airport for incoming Melbourne flights. Ms Vogelzang and Ms Rina Ward have also assisted in the response to Jetstar flight JQ520.

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

Five (5) applications for TRGS Round 5 with SLHD nominated as the host organisation were approved by the SLHD Chief Executive for submission on 8 July 2020.

Lead Investigator	Project title
Dr Mark Dennis	Efficacy and Value in Expedited out of hospital arrest care And ECMO CPR (ECPR) – The EVIDENCE Study
Prof John Eastwood	Establishing ADHD Care Teams for NSW – The ‘ACT for NSW’ Project
Prof Leonard Kritharides	Feasibility and Effectiveness of an Integrated Model of Care to Reduce Cardiovascular Burden in Cancer Survivors
Dr Andrew McDonald	Enhancing Integration with primary care of patients with severe mental illness using an Online Shared Care Plan and Telehealth Solution
A/Prof Li Ming Wen	Adapting the Health Beginnings evidence to support CALD communities – exploring effective, sustainable, scalable and culturally appropriate strategies: a 3-arm pragmatic RCT.

A further twelve (12) applications for TRGS Round 5 have listed SLHD as a partner organisation and were supported by the SLHD Chief Executive.

Host LHD	Project title
HNELHD	How does long-acting depot buprenorphine impact the high-risk post-release period for people with opioid dependence?
HNELHD	Optimising inpatient Lower Urinary Tract Symptom practice to improve quality of life post-stroke: The I-SCAMP2 Project
ISLHD	A family-based text messaging intervention for Aboriginal and non-Aboriginal families on children's physical activity and healthy eating behaviours
NSLHD	Mobile Health Technology Solutions to Expand Pulmonary Rehabilitation Services for Chronic Obstructive Pulmonary Disease (COPD): The m-PRTM Implementation Project
NSLHD	Health Alerts Via Electronic Noticeboards (HAVEN) Australia
SCHN	Reducing recurrent self-poisoning and suicide risk by delivering interventions for substance use disorder by telehealth: The OPTIMISE project
SCHN	Combating antimicrobial resistance in neonatal infections: A bench to bedside approached ('NeoSep')
SESLHD	Implementation and evaluation of take-home naloxone for opioid overdose prevention in diverse NSW hospital settings
SVHA	Reducing discharge against medical advice (DAMA) among people who inject drugs (PWID) admitted to hospital with injecting related infections
WSLHD	A pharmacist-led service in personalised dosing of antimicrobials to improve treatment outcome and reduce health care costs.
WSLHD	Preventing cellulitis: Healthy Legs Program (HeLP)
WSLHD	Does the implementation of a staged oral health promotion intervention reduce Potentially Preventable Hospitalisations due to dental conditions, reduce costs for the health system, improve general health and lead to better value care for patients and the system?

OHMR – Embedding Quality Research

The Embedding Quality Research (EQR) Steering Committee met on 22 May 2020, discussions included OHMR's COVID-19 research ethics and governance arrangements and the 2020 priorities for clinicaltrialsNSW. The last meeting on 24 July 2020 was an opportunity for Chief Executives and Research Directors to discuss their COVID-19 research response and lessons learnt.

The EQR working group met on 1 July 2020 during which a presentation on the National Clinical Trials Governance Framework was delivered by Dr Bernadette Aliprandi-Costa, Manager, Safety and Quality Improvement Systems and Intergovernmental Relations, Australian Commission on Safety and Quality in Health Care. This presentation provided the Working group an introduction to the Framework and further details on the pilot to be conducted in late 2020

Digital Health CRC (DHCRC) Partnership

The Sydney Research team have been appointed as the primary point of contact with the DHCRC to ensure all matters are acknowledged, addressed in a timely manner, recorded appropriately and to ensure we maximise our membership of the partnership.

The Sydney Research team have met with Mr Mitchell Burger, SLHD ICT Director of Strategy, Architecture, Innovation and Research and Ms Darnel Murgatroyd, Program Manager, DHCRC on 13 July 2020 to determine the best approach to managing the relationship between SLHD and the DHCRC. Going forward, the Sydney Research team will be included in all correspondence for projects involving SLHD. Additional meetings will be scheduled with project team leads to introduce and update the Sydney Research team.

Sydney Research are providing a formal response to a survey that was distributed to DHCRC core participants gauging interest in virtual care/telehealth. It is hoped that the survey will assist the DHCRC in identifying potential project opportunities and future ways of working.

Patient Family Centred Care (PFCC) Research Working Group

The PFCC Research Working Group continues to work on the focus strategy to improve and engage consumers in research across the SLHD. On 15 July 2020, the Working Group agreed upon the following eight (8) key initiatives for the project:

1. Baseline audit of consumer and community involvement (CCI) in research
2. Identify and examine models of best practice of CCI in research within SLHD
3. Establish structures, processes and resources to support CCI
4. Update existing SLHD consumer participation policies
5. Develop an online resource on CCI for researchers and consumers
6. Develop and implement an awareness raising campaign on CCI in research
7. Develop an online registry of active consumers in research
8. Evaluate the impact of these initiatives on CCI in research

The Working Group also agreed that a focus group for each of the eight (8) initiatives will be established with appropriate leads identified to progress each initiative. All focus groups will provide regular updates to the PFCC Research Working Group and will be supported by Dr Karena Conroy and Adj Assoc Prof Greg Fairbrother.

Sydney Research Awards

Sydney Research have received the 12 month progress reports from the 2019 Big Idea, People's Choice and Annual Health Research Infrastructure award winners. Progress reports for the scholarship winners are expected on 8 August 2020.

Award	Winner	Project title	Key Achievements/Discoveries
2019 Big Idea	Prof Steven Chadban	The Deluxe Renal Chair	Prof Chadban and his team have completed planning for a prototype Chair in consultation with an industrial designer, manufacturer and the RPA Clinical team. His team have also engaged a law firm, Gilbert and Tobin, to discuss design protection. They are on track to produce a prototype for testing at RPA in September 2020 and are aiming to deliver the first 50 chairs to RPA in early 2021.
2019 People's Choice	Dr Shaheen Hasmat	Bionic Lid Implant for Natural Closure (BLINC)	Dr Hasmat has conducted several cadaveric trials to further optimize the surgical technique and plans to trial the live implantation of BLINC in sheep later this year. Dr Hasmat has established a partnership with the Sydney Manufacturing Hub at the University of Sydney to manufacture medical grade devices in preparation for these live trials. Dr Hasmat has been invited to write a book chapter on BLINC and has his latest results accepted for publication in the journal of <i>Plastic and Reconstructive Surgery</i> .
2019 Annual Health Research Infrastructure	Dr Luke Carroll	Telomere length, protective caps on	Dr Carroll and his team have completed the trial telomere assessment in 5503 adult subjects. Key observations were: - Telomere length was negatively associated with age and type 2 diabetes duration

Award		genes to predict future health and personalise treatments	<ul style="list-style-type: none"> - Telomere length was shorter in smokers/ex-smokers vs non-smokers - Shorter telomeres were also correlated with cardiovascular complications <p>Dr Carroll and his team have submitted a publication on these findings to the <i>Lancet Diabetes and Endocrinology</i> journal.</p>
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Sydney Health Partners (SHP)

The Sydney Research team continues to work closely with Prof Garry Jennings, Executive Director, SHP and the SHP team.

- SHP Implementation Strategy
 - SLHD is the lead organisation for the implementation of the SHP Strategic Platform 2 “*Transforming how research improves patient outcomes to meet the needs of our community*” and continue to participate across all five (5) of the Platforms.
 - Platform 2 are co-ordinating a consumer reference group, co-led by Adj Assoc Prof Greg Fairbrother and Dr Karena Conroy, to further support the cellulitis project.
 - An email on behalf of SLHD Chief Executive was sent to Ms Deborah Wilcox, Chief Executive, NSLHD and Mr Graeme Loy, Chief Executive, WSLHD requesting a nominated Consumer Participation Coordinator to represent their District on the project. Once these nominations are received, these Coordinators will assist with the recruitment and formation of the consumer reference group.
- Sydney Research are progressing the ‘Encouraging More Clinical Trials in Australia’ project by co-ordinating the recruitment of a Clinical Trials Project Manager. Following a competitive recruitment process, a preferred applicant has been identified and will start on 10 August 2020 with SHP at the Charles Perkins Centre.

Sydney Research Council

The Sydney Research Council met virtually on 30 June 2020. The Council heard presentations by Prof Warwick Britton on the initiatives driven by the SLHD Research office to support and facilitate COVID-19 research and activity during the pandemic and Ms Miranda Shaw on the operations of rpavirtual during the pandemic. Multiple members of the Council praised SLHD for their pandemic response and for allowing crucial clinical placements to continue.

Sydney Biomedical Accelerator

Sydney Research continues to lead the planning for the Sydney Biomedical Accelerator (SBA), a new state-of-the-art research facility to be co-located within the RPA and University of Sydney precincts. Adj Assoc Prof Vicki Taylor, Executive Director, Sydney Research along with Dr Teresa Anderson AM, Chief Executive, SLHD are the SLHD Executive Leads on this program. Prof Taylor has been participating in all Project Management meetings, Executive Sponsors and Executive Oversight Committees.

The current focus of the SBA project is to develop a Full Business Case for the NSW Minister of Health and Medical Research and NSW Health Secretary. The submission of the Full Business Case has been brought forward to early August, 2020. Prof Taylor and Mr John O’Connor, Project Manager, SBA have been meeting regularly with representatives from Ernst & Young, Jacobs Architecture, University of Sydney and the participating Medical Research Institutes (MRI) to progress the development of the business case and ensure the mutual agreement upon the research strategy, operating and governance model, and building design.

Biodesign

Sydney Research continues to support the coordinators in the planning of second Biodesign program and its potential expansion across NSW. The program was initially planned to commence in June 2020 but has since been postponed in line with COVID-19 directions. A new commencement date is yet to be determined.

Other Activities

- In addition to the above, Sydney Research continues to support and explore:
 - CHERP Precinct Committee
 - CHERP Planning and Development Committee
 - The Royal Prince Alfred Immune Effector Cell Quality Service Steering Committee
 - The establishment of the Pharmaceutical Manufacturing Lab to be located within the NSW State Biobank.
 - SLHD Research submission to the NSW Health COVID-19 Digital Research Grant scheme
- Through the Sydney Research Council, communications and social media, Sydney Research is promoting internal and partner educational and research activities.
 - The Sydney Research weekly electronic newsletter, e-Update, has an audience of 778 subscribers, which has increased by 12 subscribers since June.
 - Sydney Research recently transitioned to the Campaign Monitor platform for its communications to its subscribers, in line with NSW Health recommendations and in consultation with SLHD ICT and SRC.

@SydneyResearch currently has 996 followers on Twitter, which has increased by 19 followers since June.

COVID-19 UPDATE

SLHD has undertaken the following activities in June 2020:

- Has enhanced and expanded Contact Tracing through the SLHD Public Health Unit for locally acquired cases.
- Is continuing to provide support to NSW Health and the State of Victoria in providing contact tracing to assist their outbreak management team.
- Has expanded ICU capacity at RPA, Concord and Canterbury Hospitals in the event of surge in demand due to an outbreak.
- Has expanded Renal Dialysis surge capacity to match projected need in the event of an outbreak developed.
- Has continued to provide assistance to NSW Health in providing Special Health Accommodation for incoming international passengers under the Public Health Order requiring medical supervision.
- Has continued to provide accommodation for community transmission cases who are unable to safely self-isolate in the home environment.
- Has expanded community based COVID-19 Screening Clinics established at Rozelle, Redfern, Summer Hill, Homebush and Roselands, currently seeing between 1-2,000 people per day.
- Has expanded facility based COVID-19 Screening Clinics established at RPA, Concord and Canterbury Hospitals currently seeing between 400-1000 people per day.
- Has continued to provide Staff and Visitor Screening Stations to check all people entering the health facilities established at all sites.
- Has continued the use of Special Flying Squad Teams to support community testing, Special Health Accommodation and other sites.

- Has continued to deploy the COVID-19 Testing team to support the SESLHD Screening Team at the international airport terminal.
- Has established COVID-19 Screening, Testing team and Health Border Control team at the Domestic Terminal to screen and validate permits for all passengers and crew alighting from flights originating from Victoria.
- Has established COVID-19 Screening, Testing team and Health Border Control team at the Central Train Station to screen and validate permits for all passengers alighting from trains originating from Victoria.
- Has expanded the COVID-19 Hotline to provide results to people following COVID-19 swabbing.
- Has enhanced Environmental Health Officer inspections of food outlets with SLHD to ensure they have and comply with appropriate COVID-19 Safety Plans.
- Has continued deployment of Tiger Teams to provide support to facilities and services in COVID-19 operations.
- Has continued to ensure Central coordination of COVID-19 activities through the SLHD Operations Centre, central coordination of supply and ordering of PPE, equipment and other issues.
- Has continued Fit Testing for staff from high risk areas, note this is on top of existing Fit Checking that currently occurs.

The Board is referred to the Daily Situation Reports for additional details on activities during the month.

Ashfield Baptist Home

- On 21 July 2020, the Sydney Local Health District (SLHD), Public Health Unit (PHU) were notified of a confirmed case of COVID-19 in a staff member of the Ashfield Baptist Home (ABH). The case was part of a household cluster linked to the Thai Rock Café, Wetherill Park. The case dined at the restaurant on Saturday 11 July 2020, and developed symptoms on Tuesday 21 July. The case was tested on 17 July with a negative result, and tested again on Monday 20 July which confirmed a positive result. Prior to the positive test result, SLHD RACF Outreach staff had been testing symptomatic residents of ABH which revealed a rhinovirus outbreak in the facility.
- Based on the clinical and testing history of the case, they were considered to be infectious from 18 to 20 July 2020. The South Western Sydney Local Health District (SWSLHD) PHU interviewed the case as per national guidelines and discovered that the case did not work during this infectious period. At their last two shifts (12 and 15 July) they wore a mask, gown and gloves. Although the risk of infection to staff and residents was considered to be very low, a cautious approach was taken and all staff and residents were considered for testing due to the high risk setting and population. An assessment of the facility layout was conducted by SLHD PHU as part of this risk assessment.

The SLHD RACF Outbreak Management Plan was activated on 22 July 2020

- The SLHD Outbreak Management Plan was led by the Chief Executive and the first SLHD Outbreak Management Meeting was held on 22 July at 11am. The facility was placed into 'lock down' until 31 July 2020. All residents were isolated in their rooms. SLHD Chief Executive determined to take a cautious approach and swab all staff and residents of ABH.

All staff (165), including regular and contractual, and residents (136) were tested for COVID-19 on 22 July 2020 with a follow up test scheduled. Residents were tested by the SLHD RACF Outreach team. Staff at ABH on the 22 July 2020 were tested by the SLHD Flying Squad. Staff members not at ABH either presented at the Summer Hill drive-through or were swabbed by the SLHD Flying Squad.

- Testing swabs were prioritised and completed at Concord Hospital. Results were available by 23 July 2020.
- On 22 July 2020, the SLHD Infection Control Clinical Nurse Consultant supported by the SLHD Tiger Team (staff trained in infection control), conducted an infection control review, assessing the facilities infection control practices such as use of PPE, cleaning, and signage. The results of the review were shared with the SLHD Outbreak Management Committee at 5:30pm on 22 July at a follow up meeting.
- The Australian Commission on Safety and Quality in Health Care were notified on 22 July 2020. The Primary Health Network were notified on 22 July 2020 by the SLHD PHU. Communications for staff, residents and families were also drafted by SLHD Strategic Relations and Communication on 22 July 2020.

All residents and staff members tested negative following initial testing

- Following the first round of testing on 22 July, all residents and staff members tested negative. Three residents were inpatients in different SLHD facilities and two residents deceased. The deceased persons returned negative post mortem COVID-19 results. Two staff reported symptoms after this swab and were re-tested. Both returned negative results.
- First round testing was completed by 23 July. The SLHD Outbreak Management Committee met 23 July 2020 at 12pm and it was determined that all staff and residents were to be re-tested Wednesday 29 July. SLHD ICT Services attended the facility on 23 July 2020 in order to support with the installation of communication systems (Pexip) to assist with Telehealth delivery.

SLHD continued to provide infection control, communications, ICT, and Outreach Services to the facility

On 24 July 2020 the SLHD Outbreak Management Committee met at 8am. It was determined that SLHD Infection Control would attend ABH and provide education on PPE. Media statements were prepared to advise of testing outcomes. Additional SLHD RACF Outreach staff were recruited to do 1:1 sessions with residents for mobility and mood monitoring. In addition, SLHD RACF Outreach increased Zoom meetings for family with residents. On 27 July at 12pm the SLHD Outbreak Management Committee met to progress the action plan. SLHD Infection Control continued to provide support and drafted an Outbreak Management Plan for the facility.

All staff and residents were re-tested on Wednesday 29 July (Day 13)

The SLHD Outbreak Management Committee met on Thursday 30 July and it was advised that the re-testing went well. Following the second round of testing, of all staff and residents on 29 July 2020, all residents (136) returned negative results. A further deceased resident returned a negative post mortem COVID-19 result. All staff members (166) returned negative test results. This was confirmed at the SLHD Outbreak Management Committee meeting on 31 July 2020 at 5pm.

Regular meetings were coordinated by SLHD with a number of stakeholders *involved*

- Regular meetings occurred with the following representatives: SLHD Chief Executive, SLHD Public Health Unit, SLHD Clinical Governance Unit, SLHD Media, SLHD Disaster Management, SLHD Flying Squad, SLHD Geriatrician Outreach Services, SLHD Aged Care Services, SLHD Critical Care Services, SLHD Infectious Diseases, SLHD Infection Control, SLHD Director of Nursing, Ashfield Baptist Homes Executive, Australian Commission on Safety and Quality in Health Care, NSW Ministry of Health Public Health Emergency Operations Centre, NSW Health Pathology. These meetings occurred on:
 - Wednesday 22 July, 11am
 - Wednesday 22 July, 5:30pm
 - Thursday 23 July 12pm
 - Friday 24 July, 8am
 - Monday 27 July, 12pm
 - Thursday 30 July 2020, 9am
 - Friday 31 July, 5pm
 - Monday 3 August, 12pm
 - Thursday 6 August, 1:30pm

The initiation of the Outbreak Management Plan has provided learnings

- SLHD PHU and RACF Outreach conducted debriefs to identify future learnings. The debriefs identified the importance of:
 - Pre-planning and pre-existing relationships between the RACF and the LHD (in particular the RACF Outreach team)
 - Early comprehensive coordinated response led by LHD (not the RACF)
 - Early Infectious Diseases /Infection control reviews of the environment and infection control plans.
 - Early assessment as to what can be done in the facility and what would need to be provided elsewhere (e.g. should some or all of the residents be moved to hospital)
 - Early swabbing of everyone identified as at risk by PHU
 - Update PPE training (through the use of Tiger Teams)
 - Availability of PPE
 - The setup of systems so that results are available promptly and communication of them to staff and residents/families is timely – includes swabbing process, transport of specimens, labs, reporting, communication
 - The availability of accurate and up to date resident and staff lists from the facility
 - TeleHealth (video) capacity
 - The management of communications including media
 - The availability of surge workforce and availability of inpatient capacity
 - The importance of maintaining and increasing GP engagement

MULTISTOREY CAR PARK

I am pleased to advise that from 5pm Friday 7 August 2020, Sydney Local Health District has taken possession of the multi-storey car park and adjacent land on the RPA campus. This follows the resolution of the long standing matter in relation to the multi-storey car park and adjacent land.

Board Report



The Car Park will now be renamed the RPA Visitor and Staff Car Park. This will enable SLHD to provide an additional 500 spaces of car parking and 526 spaces of visitor parking for our community on the RPA campus.

This weekend (8/9 August 2020), Sydney Local Health District made available free parking to all staff and visitors. From 5am on Monday 10 August 2020, NSW Health car parking rates will apply.

Dr Teresa Anderson AM

Chief Executive

Date: 2-10-20