
Sydney Local Health District

Meeting One Hundred and Eight of the Board

Date: Monday 22 March 2021
Time: 9.00am
Venue: Centre for Education and Workforce Development
Chair: Ms Victoria Weekes, Acting Chair

1. Present and apologies

Ms Victoria Weekes, Acting Chair
Dr Thomas Karplus, Member
Mr David McLean, Member
Ms Ronwyn North, Member
Ms Frances O'Brien, Member
Ms Kerry-Anne Hartman, Member
Dr Mary Haines, Member
Mr Richard Acheson, Member
Professor Paul Torzillo AM, Member (Departed 9.30am)
Dr Teresa Anderson, AM, Chief Executive

Apologies

A/Professor Christine Giles, Member
Dr Alicja Smiech, Chair, Medical Staff Executive Council

In attendance

Dr Tim Sinclair, Executive Director of Operations, SLHD
Ms Lou-Anne Blunden, Executive Director, Clinical Services Integration and Population Health (Departed 9.45)
Mr Ben Mackey, General Manager, SJA (Departed 9.45)
Mr Michael Brooks, Director of Programs, Health Infrastructure (Departed 9.45)
Mr Michael Smytheman, Project Director, Health Infrastructure (Departed 9.45)
Ms Nerida Bransby, Secretariat

2. Welcome and introductions

The Chair acknowledged the traditional owners of the land and welcomed members and guests to meeting one hundred and eight of the Sydney Local Health District (SLHD) Board.

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 15 February 2021

The minutes of the Board Meeting held on Monday 15 February 2021 were moved and seconded as a true and accurate record of the meeting.

The Chair signed the minutes.

4.2 CE Report – February 2021

The Chair declared that the CE Report for February 2021 was ready for publication.

Presentations:

1. RPA HealthOne Green Square

Ms Blunden, Mr Mackey, Mr Brooks and Mr Smytheman, presented on RPA HealthOne Green Square:

- Planning commenced in 2016
- HealthOne overview including the five objectives and key features that distinguish them from other primary and community health Services
- Service Statement Summary including RPA HealthOne Green Square, will integrate primary care, community health and out-of-hospital care services, including services that would traditionally be provided in a hospital setting.
- Core Service components
- Service Models
- Proposed Services
- Integrated Medical and Healthcare neighbourhood
- Academic Primary Care Model including nursing staff
- The site location attained in August 2020 at 944 Burke Street Zetland is 250 metres from the station will regular bus services.
- Schematic Design – ground floor and first floor
- Schematic Elevations
- Schematic Renders
- Program / Way forward

Following the presentation the Board discussed:

- Pending Development Application approval
- High non-English speaking community

- Input from clinical streams and user groups
- Glazed brick façade to fit in with other buildings in the area
- Demographic is 25 – 40 years old with many children
- Patient Drop-off at the entrance
- Financial Impact statement and operational funding expenses
- Seventy GPs in the area and their responsibilities
- Integrate with our Medical Records
- Clinician movement in the area and the use of the virtual options
- Academic approach
- Test and learn

The Chair thanked everyone 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 Survey was circulated to Board Members. The outcome of the survey will be discussed at the next Board Meeting.
- A copy of the Risk Management Plan in Quarantine Hotels is being finalised and will be provided at the next meeting.
- A copy of the Board Calendar Meetings was emailed to the Board on 16 February 2021. This agenda item can be removed from the action list.

6. Patient Story

Dr Anderson provided a verbal report from a patient that has utilised the new National Centre for Veterans' HealthCare (NCVH) at Concord Hospital. This centre is a 20 bed unit offering comprehensive physical and mental personalised care for veterans. A letter of congratulations is to be sent from the Board.

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 2021

The Board received and noted the Board Calendar for 2021.

Minutes

8. Chair's Report

Ms Weekes provided a verbal report including:

- Renewal of Board Members is being considered by the Minister's Office.
- SLHD Board Committee membership.
- Vaccination roll-out.
- MoH structural approach to support the Rural and Regional Areas

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.
- There were no RCAs overdue for the month of January 2021.
- There is a need to continue to advocate for a step down facility as Bed Block for mental health patients in the Emergency Departments continues to be a challenge.
- 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 for January 2021 when compared to the same period last year by -0.64. Premium staff usage has increased for Nursing and Allied Health for January 2021 compared to the same period last year by 3.41 and 0.19 respectively. This is consistent with the activities associated with COVID-19.
- Elective Surgery catch-up is still on track.
- There were 67 less emergency surgeries performed in the month of December 2020 when compared to the same month last year, representing a 5.23% decrease. This is reflective of the increase in elective surgery.
- Approach to billing for HITH patients for bed type 25 is to continue (pending any national reform)
- Health Pathways have assisted in the management of COVID-19
- For the period ended 31 January 2021, GF Expenditure was \$51.328M (4.24%) unfavourable to budget after receiving \$153.46M COVID-19 Stimulus Budget. The unfavourable result is primarily due to the timing of the COVID-19 expense adjustment of \$40.055M for Elective Surgery, Clinics and Screening, COVID-19 Wards, Pathology testing, Special Health Accommodation, Cleaning, PPE, Contract Tracing and SHEOC. The District is to receive \$40M for COVID Funding.
- The building to house the Parent and Baby Unit is being delayed due to the rain.
- A letter, together with a proposal is to be sent to the Secretary from the Board concerning the use of the Concord Hospital redevelopment contingency funds.
- All plans on the website need to be updated.
- A letter of congratulations is to be written to the team on the outcome of the National Clinical Trials Governance Framework (NCTGF) at Royal Prince Alfred Hospital.
- The information on COVID-19 was read and noted.

Minutes

9.1 Finance and Performance Reports

9.1.1 SLHD Board reporting pack – January 2021

The Board received, read and noted the SLHD Board Reporting Pack for January 2021.

9.1.2 Selected Performance Indicators – January 2021

The Board received, read and noted this report.

9.1.3 HealthPathways Dashboard Report

The Board received, read and noted this report.

9.1.4 MoH Board Report for the SLHD

The Board noted this report was not available.

9.1.5 HAC Committee Report

The Board received, read and noted this report. The Board requested an Executive Summary in dot points on the key summaries.

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 received, read and noted this report for the period October 2020 – December 2020.

(ii) Blood Management

The Board received, read and noted this interesting and thorough report, in particular the Blood Management Committee chaired by Professor Doug Joshua will be responsible for the carriage of the actions.

(iii) SLHD Risk Register

The Board received, read and noted this report.

9.5 Audit and Risk Committee Report (period 1 December 2020 - 11 March 2021)

The Board noted this report for the period 1 December 2020 – 11 March 2021 is due in April 2021.

9.6 Facility Reports – January 2021

(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 this very comprehensive 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. The Chair thanked Ms Hartman and Mr Acheson for representing the Board on the COVID-19 Recovery and Resilience - Equity focussed Health Impact Assessment Steering Committee.

(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 8 February 2021.

11.2 Education and Research Committee

The Board noted the meeting was held on 15 March 2021. Ms North, Acting Chair of this meeting reported on a couple of highlights of the meeting ahead of the minutes being tabled at the next Board meeting.

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11.3 Communications Committee

The Board noted the next meeting is to be held on 6 April 2021

11.4 Audit and Risk Committee

The Board noted the next meeting is to be held on 25 March 2021.

11.5 Health Care – Clinical Quality Council

The Board received, read and noted minutes of the meeting held on 24 February 2021.

11.6 Health Care – Clinical Council

The Board received, read and noted the minutes of the meeting held on 24 February 2021.

11.7 Medical Staff Executive Council

The Board noted the next meeting is to be held on 7 May 2021.

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

The Board noted the meeting was held on 2 March 2021.

11.9 Aboriginal Health Steering Committee (bi-monthly)

The Board noted the next meeting is to be held on 30 March 2021.

11.10 Organ Donation for Transplant – Quarterly Report (January 2021 – March 2021)

The Board noted this report for the period January 2021 – March 2021 is due in April 2021.

12. Other Committee reports / minutes

12.1 Sustainability Committee (bi-monthly)

The meeting to be held on 12 February 2021 was cancelled.

12.2 Medical and Dental Appointments Advisory Committee

The Board received, read and noted the minutes of the meeting held on 9 December 2020.

12.3 Surgical Demand Committee (bi-monthly)

The Board received, read and noted the minutes of the meeting held on 17 February 2021.

12.4 Finance Leaders Forum (previously Revenue Enhancement Development Committee)

The Board received, read and noted the minutes of the meeting held on 20 January 2021.

12.5 NSW Health / SLHD Performance Review Meeting

The Board noted the meeting was held on 12 November 2020.

12.6 Organ Donation for Transplantation

The Board received, read and noted the minutes of the meeting held on 23 February 2021.

12.7 Major Procurement, Assets and Imaging Steering Committee

The Board received, read and noted the minutes of the meeting held on 9 February 2021 in particular matters relating to the life cycle of equipment and getting spare parts.

12.8 Yaralla Estate Community Advisory Committee (bi-monthly)

The Board received, read and noted the minutes of the meeting held on 2 March 2021.

12.9 Concord Hospital Redevelopment Executive Steering Committee

The Board received, read and noted the minutes of the meeting held on 17 February 2021.

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

The Board received, read and noted the minutes of the meeting held on 4 February 2021.

12.11 Security and Violence Prevention Committee

The Board received, read and noted the minutes of the meeting held on 27 January 2021.

13. Matters for noting

13.1 Update on the Progress of the Sydney Institute for Women, Children and their Families

The Board received, read and noted this correspondence in particular, what items could be shared through a packaging service.

14. Other Business

14.1 ICT Department

The Board relayed their congratulations to the ICT team for their work in the setting up of the vaccination clinic. Strategies are in place to avoid staff burn-out.

15. Next Meeting

The next meeting is to be confirmed for Monday 19 April 2021 at 9.00am.

The meeting closed at 11.10am.

Minutes



Chair

Date 23 April 2021

**Chief Executive's Report to the Finance, Risk and Performance Management Committee and the SLHD Board
March 2021**

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 no RCAs overdue during the month of January.

Mental Health Readmissions within 28 days decreased for the month of November 2020 to 10.5% in comparison to 17.5% for the same period in the previous year which is a significant improvement. Mental Health services however remain under significant pressure. 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 5.3% for the month and 5.2% YTD December, which is slightly below the State rate of 6.1% for the month and 5.7% YTD December. Unplanned Emergency Representations (same ED within 48 hours) were 4.6% for the month and YTD January 2021, which is slightly below the State rate of 4.8% for the month and slightly above the state rate of 4.4% for YTD January 2021. This is an improvement on last month.

The District remains under the benchmark (2.0/10,000 bed days) for Staphylococcus Aureus Bloodstream Infections (SABSI) with a result of 1.3 per 10,000 bed days for the month of December 2020, representing an improvement compared to November 2020 (1.5/10,000 bed days). There were 0 Central Line Associated Bloodstream (CLAB) infections during December 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 within benchmark for 10 of the reported Hospital Acquired Complications (HACs) for the 12 month period December 2019 – November 2020. 1 HAC is performing within the acceptable tolerance range and the other 3 HACs are underperforming.

Fall related injuries has a rate of 7.0 per 10,000 episodes, which is slightly above the target of 5.7. This represents an increase of 12 Falls for the 12 month rolling period between December 2019 – November 2020.

Hospital acquired persistent incontinence has a rate of 6.0 per 10,000 episodes, with a target of 5.8. This represents an increase of 3 instances of hospital acquired persistent incontinence for the 12 month rolling period between December 2019 – November 2020.

Hospital acquired endocrine complications has a rate of 40.4 per 10,000 episodes against a target of 29.7. This represents an increase of 31 instances of hospital acquired endocrine complications for the 12 month rolling period between December 2019 – November 2020.

Hospital acquired birth trauma has a rate of 131.3 per 10,000 episodes, against a target of 98.8. This represents an increase of 23 instances of birth trauma for the 12 month rolling period between December 2019 – November 2020.

3rd and 4th degree perineal lacerations has a rate of 372.6 per 10,000 on a target of 384.1. For the 12 month rolling period of December 2019 – November 2020, the number of instance of perineal lacerations decreased by 45.

Work continues to improve the District's performance in relation to all HACs, with facilities/services providing monthly updates to their HAC Action Plans, which is overseen by the SLHD HAC Steering Committee. District HAC Operational Coordinators and Clinical Leads for each of the HACs have been appointed to further support facilities and services in the development of strategies to reduce HACs District wide.

The District has continued to have no incorrect procedures resulting in death or major loss of function.

Workforce

The District continues to focus on strategies to ensure our workforce has the appropriate skill mix and levels to meet demand. Premium staff usage has decreased for Medical for January 2021 when compared to the same period last year by -0.64. Premium staff usage has increased for Nursing and Allied Health for January 2021 compared to the same period last year by 3.41 and 0.19 respectively. This is consistent with the activities associated with COVID-19.

The District is continuing to work with the NSW Health Workforce branch to ensure its workforce surge plans are well developed in preparation for any escalation in the COVID-19 response. Initial focus was on potential workforce challenges in ICU surge activity and included identifying key specific workforce trigger points that would inform local planning as well as those that may need to inform potential deployment of has been the development of a specific workforce focussed escalation plan that will ensure is aligned to current and ongoing work within the SHEOC. One of the current focuses is on increasing the deployment of nursing, medical and administration staff to support the COVID-19 Vaccination Program in NSW.

Activity

There was an decrease of 6.98% in the number of separations (12,309) for the month of January 2021 when compared to the same period last year. YTD January separations have decreased by 7.54%. This is consistent with the decrease in elective surgery and reduced inpatient activity associated with COVID-19. In January 2021, the District's occupancy rate increased by 1.05%, to 86.89% when compared to the 85.84% in January 2020.

There were 13,422 attendances to the District's Emergency Departments in January 2021, which is a 11.21% decrease from 15,116 when compared to the same month last year. YTD Emergency Department attendances have decreased by 10.14% to 93,024, when compared to the same period in the previous year. YTD December case weighted attendances have decreased by -8.75%, when compared to the previous year. The District is continuing to investigate the impacts of COVID-19 on the reduction of Emergency Department presentations in partnership with the George Institute.

Emergency Treatment Performance (ETP) (formerly NEAT)

The District continues to work on ETP performance. There was a 0.08% increase in ETP in the month of January 2021, to 71.90%, when compared to the same month in the previous year. YTD January there has been a slight increase (0.31%) in ETP to 69.05%. Admitted ETP was slightly above target (50%) for the month at 52.82%, which is a 3.12% increase on the same period in the previous year.

Transfer of Care

The District is performing slightly above the transfer of care (TOC) target (90%) for January 2021, with 90.3% of all patients transferred from ambulance to our emergency departments in 30 minutes or less. RPA performance remains a challenge due to the infrastructure required to support quarantine hotel and SHA admissions in a COVID treatment pathway.

ED Triage

The District continues to perform well in relation to the triage targets and achieved triage Categories 1, 4 and 5 for the month of January. Triage Categories 2 and 3 performance continues to exceed the previous targets; however, is slightly below the revised targets at 88.30% (target 95%) and 84.26% (target 85%) respectively.

Elective Surgery

There were 43 more elective surgeries performed in January 2021 when compared to the same period in the previous year, representing an increase of 3.02%.

For the month of January, 100% of Category A, 100% of Category B, and 96.64% of Category C elective surgery patients were admitted within the clinically appropriate timeframe for their surgery. This remains within benchmark for the state. The District has plans in place to catch up on the backlog of surgery resulting from the cessation of all non-urgent surgery in response to COVID 19. YTD January there has been a 10.03% (806) increase 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 July 2020. To ensure Royal Prince Alfred Hospital does not undo its COVID-19 preparedness, it has remained at 75% theatre through-put. To supplement capacity, collaborative care arrangements are continuing to work well with Chris O'Brien Lifehouse, The Mater Private, North Shore Private, Sydney Day Surgery, Sydney Adventist Hospital, Strathfield Private, Chatswood Private and Genea. Additional agreements have been signed with St Luke's Private and St George Private. Over 2,500 procedures under these arrangements have been completed since the start of the financial year.

In addition, the District is continuing an internal strategy to increase additional surgical activity from October 2020 to reduce the elective surgical back log 'Surgical Bubble' at the Institute of Rheumatology of Orthopaedics, Canterbury and Concord Hospitals. The District is also supporting Hunter New England with some overdue elective surgery.

Emergency Surgery

There were 67 less emergency surgeries performed in the month of December 2020 when compared to the same month last year, representing a 5.23% decrease. This is reflective of the increase 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 23.7% decrease in the number of Hospital in the Home overnight separations in December 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 18.99% variance for YTD December, excluding Dental.

Stream	Target	Actual	Variation	Variation %
Acute*	84,577	78,917	- 5,660	-6.69%
ED	11,853	11,158	- 695	-5.86%
NAP	24,324	58,729	34,405	141.44%
SNAP**	6,333	5,804	- 529	-8.35%
MH Admit	8,793	9,266	473	5.38%
MH NAP	10,455	11,143	688	6.58%
Total	150,787	179,425	28,638	18.99%
Dental DWAU	35,463	35,106	- 357	-1.01%
Dental NWAU#	4,453	4,408	-45	-1.01%
Total (NWAU)	146,334	175,017	28,683	19.60%

* 160 uncoded episodes

** 11 ungrouped episodes

NWAU=589/4691*DWAU

Clinical Costing

The annual iFRACS workshop was held in February, with the iFRACS Review due to be completed by end March. The Costing Team will be reviewing the bottom up costing for pelvic exenterations and peritoneomy as part of the iFRAC Review process.

Preparation for the half Round 25.1 has commenced, with data quality checks and cleansing with facilities and general ledger negative expense cleaning in progress.

REVENUE ENHANCEMENT DEVELOPMENT COMMITTEE

Private Health Insurance Usage

For the month of December 2020, 14.87% (2,179 separations) of all patients discharged by SLHD facilities were classified as privately insured.

There was a decrease of 211 (8.83%) patients who elected to use their private insurance compared to the same period last year and an increase of 103 (4.96%) in total separations from previous month.

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

- RPAH – a decrease of 111 (8.96%) private patients.
- Concord – a decrease of 61 (6.60%) private patients.
- Canterbury Hospital – a decrease of 33 (17.84%) private patients.
- IRO – a decrease of 7 (24.14%) private patients.
- Balmain Hospital – an increase of 9 (6.12%) private patients.

Single Room Usage

For the month of December 2020, 8.23% of patients were flagged as infection control across the District.

For the month, 14% 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 Network meeting was held in November 2020. Each facility presented on the respective quality framework outlining progress on revenue improvement.
- 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 96 registered users and total \$501K has been raised through the portal to date.

REDESIGN AND SERVICE IMPROVEMENT

Innovations

The Pitch

- The next round of the Pitch was to be held on 5 March 2021 but was deferred due to the implementation of the vaccination program.
- A total of 9 applications were received. The applications that have been chosen to progress to the live round are:
 - ➔ **Bottles away – cup to stay.** This Pitch looks at the development of educational videos and an interactive book to reduce prolonged bottle use after 12 months & the associated impacts (e.g. tooth decay, ear infections, iron deficiency, speech developmental delay, sleep disturbances).
 - ➔ **HeartBeat – be heart smart.** This Pitch is a digital cardiac rehabilitation platform that will prevent further life-threatening cardiac events via data capture including: medication adherence / task completion / blood pressure.
 - ➔ **Establishing an ADHD e-learning module to facilitate shared-care partnerships between primary health practitioners and specialists in NSW.** This Pitch looks at the development of a training and education ADHD e-module to up-skill specialists and primary care practitioners in optimal ADHD management and to facilitate shared care partnerships in our district.
 - ➔ **First contact – eliminating obstacles to Hep C testing through outreach.** This Pitch looks at the provision of on the spot Dried Blood Spot testing at RPAH's automatic needle dispensing machine to determine whether it is an effective outreach strategy leading to uptake of HCV testing for this population
 - ➔ **Virtual newborn family support:** empowering CALD family centred care through multimedia education. This Pitch looks at the development of six culturally responsive videos in five languages as well as videos targeted at Aboriginal and Torres Strait islander families.
 - ➔ **High Fidelity Virtual Trauma Learning.** This Pitch looks at the provision of enhanced trauma learning via virtual means.
 - ➔ **Improving health outcomes via digitally-enabled care in patients with diabetes using insulin therapies.** This Pitch aims to propose a purpose-built mobile application that will assist patients and clinicians to effectively manage at-risk patients on insulin, improve treatment adherence and build stronger therapeutic relationships

Projects

- Hands Up Project (RPA Hand Clinic)
 - The project has finalised the diagnostics phase of the project.
 - Project Diagnostic Report is now completed and awaiting sponsor review and feedback.
- RPAH Transfer of Care Project – ‘Good to Go, Discharge by 10 and 2’
 - Diagnostic Report finalised and awaiting review/feedback.
- Diabetes Model of Care Redesign
 - Project Management Plan signed off
 - 2/3 way through key stakeholder interviews to understand current outpatient model of care being followed at each facility

Accelerating Implementation Methodology (AIM):

- Dates for the 2021 AIM courses are:
 - 18-19 February
 - 8-9 April
 - 27-28 May
 - 9-10 September
 - 18-19 November

HealthPathways

Content development

Development work is scheduled to commence on a series of specific wound management pathways in early March 2021. The development of these pathways between SLHD Tissue and wound management services will be undertaken in collaboration with identified Practice nurses and general practitioners. The pathways will be designed to ensure continuation of care from hospital to primary care and incorporate digital wound management.

Work continues on the allocating identifiers to previously published sub-pages as well as the project to remove non-locally relevant content. Of the 221 non-localised content pages and pathways we have identified and begun the process for removal of approximately 100 pages. This will have a significant impact on shortening the timeframe to achieving a platform entirely of locally relevant content. The process of removal will occur alongside our normal development and review processes as our monthly writing capacity allows.

Usage of HealthPathways

Overall usage of pathways remains steady in to the first quarter of 2021. We have a 13% increase in users compared to the previous period in 2020. This reflects the significant gain and retention of users from March 2020 (COVID-19 information driven) and since the 1st of February there have been 75 requests for access connected to the changeover of medical training positions from both internal to SLHD and General Practice. The provision of access details has also been supported by GP Synergy to all GP Registrars placed in the central Sydney training region.

	February 1-21 2021	January 2021	December 2020	February 1 - 21 2020
Users	1,154	1,051	1,019	955
Sessions of use	6,574	6,555	6,887	4,791
Unique Page Views	18,417	18,211	16,821	14,687

Board Report



Total Page Views	23,385	23,064	20,850	18,751
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SLHD e-Referral Project **Service recruitment**

Andrology at Concord Hospital is scheduled to go live with e-Referral on 24th February 2021. Testing and training activities have been completed.

Planning for the implementation e-Referral at Royal Prince Alfred Hospital continues. The Project Team will commence Head of Department engagement activities over the coming two month. Fifteen services are now anticipated to go live with e-Referral as part of the September 2021 roll out.

Service	Deployment	Stage
Haematology	October 2018	Live
Rheumatology	June 2019	Live
Osteoporosis and Community Paediatrics	September 2019	Live
COVID-19 Monitoring – RPA Virtual	May 2020	Live
Haematology, Osteoporosis (ORP) , Rheumatology (OACCP) – Canterbury Hospital	August 2020	Live
Concord Hospital Phase 1 (22 services)	October 2020	Live
Concord Hospital Phase 2 (6 services)	TBC 2021	Design
Direct Access Colonoscopy and Inflammatory Bowel Disease – Royal Prince Alfred Hospital	November 2020	Live
Podiatry - SLHD	November 2020	Live
High Risk Foot Service and Palliative Care – Concord Hospital	November 2020	Live
Andrology – Concord Hospital	February 2021	Testing and Training
Urology – Royal Prince Alfred Hospital	TBC 2021	Design
Pelvic Mesh – Royal Prince Alfred Hospital	TBC 2021	Design
Orthopaedics – Royal Prince Alfred Hospital	TBC 2021	Initiation
Royal Prince Alfred Hospital (12 services)	September 2021	Initiation

Platform development

Active Directory integration work continues with support from SLHD ICT. Currently awaiting integration work to be completed by eHealth NSW.

General Practice:

- 63% of General Practitioners using HealthLink to refer to SLHD have referred more than once.
- The decrease in the re-referral rate can be attributed to an increase in new General Practitioner users in December 2020 and January 2021.
- A total of 504 referrals have been received.

- The Project Team are liaising with the Central and Eastern Sydney PHN to schedule e-Referral CPD events and present as part of the quarterly Digital Health Updates throughout 2021.

FINANCIAL PERFORMANCE – NET COST OF SERVICE BASIS

GENERAL FUND (GF)

The 2020/21 Service Level Agreement between the Board and Ministry of Health has key financial performance targets for Expense and Revenue. The following analysis reflects the result for the period ended 31 January 2021 based on the District's budgeted NCoS.

For the period ended 31 January 2021, GF Expenditure was \$51.328M (4.24%) unfavourable to budget after receiving \$153.46M COVID-19 Stimulus Budget. The unfavourable result is primarily due to the timing of the COVID-19 expense adjustment of \$40.055M for Elective Surgery, Clinics and Screening, COVID-19 Wards, Pathology testing, Special Health Accommodation, Cleaning, PPE, Contract Tracing and SHEOC.

Excluding the impact of COVID-19, the District is \$11.273M unfavourable to YTD January 2021 Expense budget, which is a slight improvement on the previous month.

YTD January 2021 Expenditure increased significantly (by \$179.37M or 16.58%) compared to YTD January 2020. 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 to \$180.21M YTD Jan 2021. Increase in FTE numbers and the impact of COVID-19 is contributing to these results.

GF Revenue (including Doubtful Debts) was \$8.796M (6.03%) favourable to budget for the month and \$58.735M (4.95%) favourable to YTD January 2021 budget. This favourability is primarily due to Quarantined Hotel Passenger Fees (\$91.21M). The District has assessed the YTD January 2021 impact of COVID-19 on revenue reduction of \$9.781M for Patient Fees, Facility Fees, Prosthesis income, Pharmacy Sales, Car Parking Fees and Conference & Training Receipts. The reduction in the actual single room bed day rates paid by health funds has resulted in reduction in YTD January 2021 Patient Fees of \$4.064M. Furthermore, the impact of the additional \$12.594M full-year OSR budget allocated by MoH to the District has resulted in a \$7.347M unfavourability to YTD January 2021 OSR budget. Doubtful Debts related to Quarantined Hotel Passenger Fees amounts to \$8.104M YTD January 2021.

Excluding the impact of COVID-19 on Own Source Revenue and Doubtful Debts, the District is \$14.590M unfavourable to YTD January 2021 GF Revenue budget.

For the period ended 31 January 2021, the District's GF NCoS was \$7.406M favourable to budget. Excluding the impact of COVID-19, the District's NCoS was \$25.863M unfavourable to budget.

The table below shows the summary of the YTD January 2021 Financial Performance – including and excluding the impact of COVID-19:

Board Report



	YTD Actual	YTD Budget	Variance (Actual vs Budget)	
Expense (incl COVID)	1,261,477	1,210,149	-51,328	unfav
COVID-19 impact:				
COVID-19 expense not yet received	193,513	153,458	-40,055	unfav
Expense (excl COVID)	1,067,964	1,056,691	-11,273	unfav
Own Source Revenue (incl COVID)	-223,757	-151,974	71,783	fav
Doubtful Debts (incl COVID)	13,428	453	-12,974	unfav
Loss on Sale of Asset	74	0	-74	unfav
General Fund Revenue Total	-210,255	-151,521	58,735	fav
COVID-19 impact:				
Quarantined Hotel Passengers	-91,210	0	91,210	fav
Own Source Revenue Reductions	0	-9,781	-9,781	unfav
Doubtful Debts	8,104	0	-8,104	unfav
COVID-19 impact Total	-83,106	-9,781	73,325	fav
General Fund Revenue (excl COVID)	-127,149	-141,740	-14,590	unfav
NCOS (excl COVID)	940,815	914,951	-25,863	unfav

The District, based on MoH requirement to show full year COVID-19 impact, projects the NCoS to be unfavourable for the 2020/21 financial year by \$61.236M relating to unfavourable results for: Expense (\$180M) related to the management of the COVID-19 process; Doubtful Debts (\$16.236M); and, Own Source Revenue (\$30M) due to the impact of COVID-19 and the reduction in actual single room bed rates paid by health funds. This is offset by favourability in revenue for Quarantined Hotel Passengers (\$165M).

Excluding the impact of COVID-19, the District forecasts a break-even position for Expenditure offset by unfavourable positions for Own Source Revenue (\$30M) and Doubtful Debts (\$9M).

The Chief Executive and the Executive Director of Finance are confident that the District would have an on budget NCoS result (excluding the impact of COVID-19, reduction in single room bed rates paid by health funds, and Doubtful Debts) for the 2020/21 financial year despite the challenges that are facing the District. The District has continued to maintain the good controls that it has in place and monitors performance on a daily basis despite the material increase in all activity (prior to the advent of COVID-19) and the impact of the management of the COVID-19.

The major variances for the month were:

Expenditure

- GF Total Expenditure for the month of January 2021 was \$5.983M (3.5%) unfavourable to budget. The result for the month was primarily attributable to unfavourable results for Employee Related Expenses (\$18.91M), Other Expenses (\$0.035M) and favourable for Goods & Services (\$11.803M), VMOs (\$0.713M) and RMR (\$0.445M). The District received \$24.284M COVID-19 Stimulus Budget for the period of December 2020 in January 2021. Excluding the impact of COVID-19, the District is \$1.201M favourable to the expense budget for the month of January 2021.

- YTD January 2021, GF Total Expenditure was \$51.328M unfavourable to budget, primarily reflecting unfavourable results for Salaries & Wages (\$25.043M), Overtime (\$9.629M), Annual Leave Provision (\$8.335M), Superannuation (\$7.186M), VMO Payments (\$3.027M), RMR (\$5.132M) and favourable for G&S Clinical (\$5.472M), G&S Support (\$0.899M). Excluding the impact of COVID-19, the District is \$11.273M unfavourable to YTD January expense 2021 budget.

Revenue

- GF Total Revenue for the month of January 2021 was \$8.976M (6.03%) favourable to budget, reflecting favourable results for User Charges (\$13.443M) including Quarantined Hotel Fees (\$15.87M), and Other Sources of Revenue (\$1.727M) offset by unfavourable results for Patient Fees (\$1.111M), Grants & Contributions (\$0.187M) and Doubtful Debts (\$5.077M). Excluding the impact of COVID-19 on Own Source Revenue and Doubtful Debts, the District is \$1.619M unfavourable to revenue budget for the month of January 2021.
- YTD January 2021 GF Revenue was \$58.735M (4.95%) favourable to budget. This result reflects favourable variance in Quarantined Hotel Fees (\$91.21M), Grants and Contributions (\$1.979M) and High Cost Drugs (\$1.969M) offset by unfavourable variances in Facility Fees (\$3.6M), Prosthesis Income (\$1.15M), Pharmacy Sales (\$0.945M), Car Park Fees (\$1.878M), Patient Fees (\$7.719M) and Doubtful Debts \$12.974M. The unfavourability in Facility Fees, Prosthesis Income, Pharmacy Sales and Car Park Fees is predominantly due to the impact of COVID-19. Excluding the impact of COVID-19 on Own Source Revenue and Doubtful Debts, the District is \$14.590M unfavourable to YTD January 2021 revenue budget.

SPECIAL PURPOSE AND TRUST (SP&T)

SP&T NCoS was \$4.242M unfavourable to budget for the period of January 2021. This result reflects favourable budget variance for Expenditure (\$1.802M) and unfavourable budget variance for Revenue (\$6.044M). The District is continuing to utilise its SP&Ts as required by the NSW Treasury to support Locally Funded Initiatives and in line with the purposes of donations.

CONSOLIDATED RESULT

For the period ended 31 January 2021, the consolidated YTD NCoS result for the General Fund and SP&T was \$3.165M favourable to budget. The result comprises unfavourable variances for Expenditure (\$49.526M), Doubtful Debts (\$12.974M) and Loss on Sale of Asset (\$0.07M) offset by favourable variance for Own Source Revenue (\$65.739M).

FINANCIAL PERFORMANCE – BASED ON NEW MOH REPORTING FORMAT

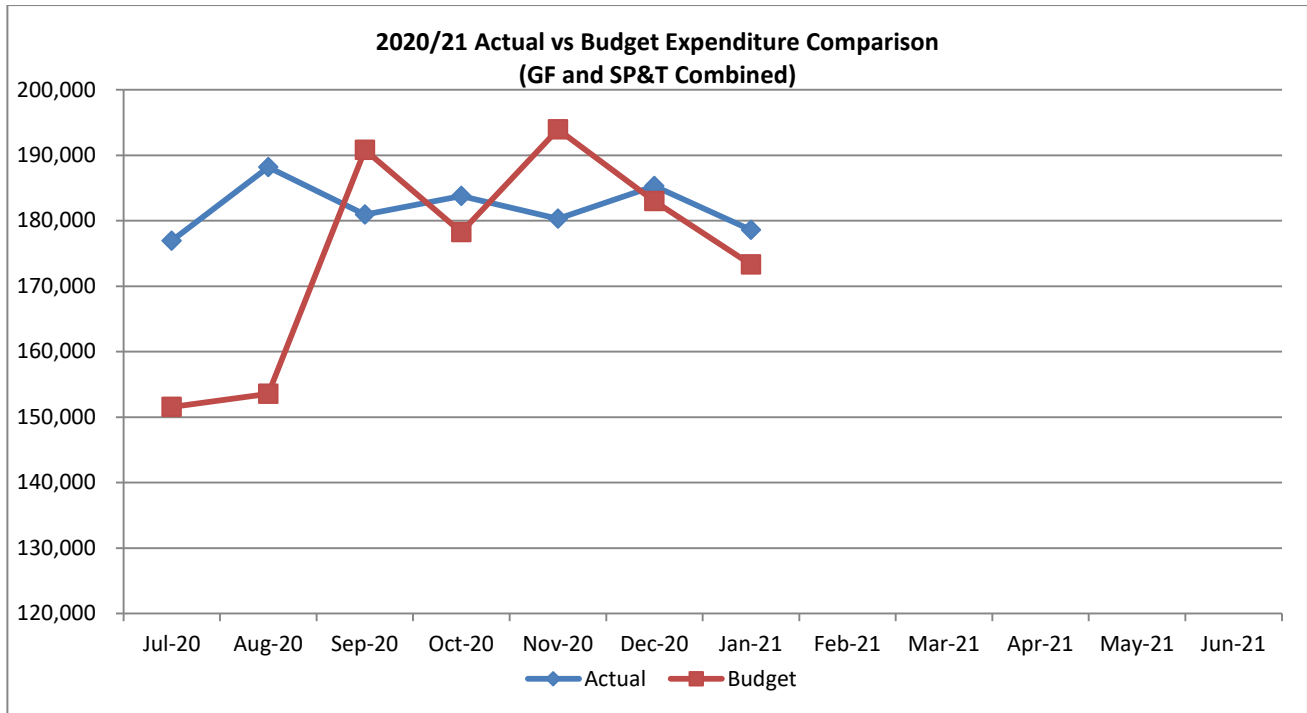
For the period ended 31 January 2021, SLHD recorded a Total Net Result of -\$3.370M which was \$3.117M (1230%) favourable to budget. The Net Direct Operating Result (GF and SP&T) for YTD January 2021 was \$20.278M favourable to budget, reflecting an unfavourable budget variance for Expenditure (\$45.413M) offset by a favourable budget variance for Revenue (\$65.691M).

For the YTD January 2021, Total Direct Revenue was \$65.691M favourable to budget, comprising a favourable variance for the General Fund (\$71.783M) offset by an unfavourable variance for SP&T Fund (\$6.091M). This result for the GF reflects unfavourable variances in Patient Fees and Other Income offset by favourable variances in User Charges and Grant Income.

YTD January 2021 Total Direct Expenditure was \$45.413M unfavourable to budget, comprising an unfavourable variance for General Fund (\$45.870M) and favourable variance for SP&T Fund (\$0.457M). The result for the General Fund reflects unfavourable variances in Salaries & Wages (\$25.043M), Overtime (\$9.629M), On-costs (\$14.195M), VMOs (\$3.027M) and Grants (\$0.609M) offset by favourable variances in Direct Clinical Operating (\$5.472M), G&S Corporate (\$0.193M) and G&S Supporting Services & Utilities (\$0.900M)

MONTHLY BUDGET PERFORMANCE

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



LIQUIDITY

The cash balance at 31 January 2021 for the SLHD Operating bank account was \$23.265M and the Operating Cash book balance was \$23.07M.

CAPITAL WORKS – SMRS PROJECTS

As at 31 January 2021 the District's Full Year Capital works budget relating to SMRS Projects is \$27.297M comprising \$7.376M of MoH funded and \$19.921M of locally funded projects. In January 2021, one MoH funded project (Statewide Virtual Mental Health Expansion - \$0.300M) and one locally funded project (CRGH ED Monitoring system upgrade - \$0.778M) were approved by MoH.

Actual expenditure as at the end of January 21 was \$5.996M which is marginally on budget.

Additionally in the current pandemic circumstances, the actual and committed expenditure for MoH funded Minor works & Equipment for COVID-19 was \$5.225M at the end of January 2021.

OTHER CAPITAL PROJECTS

As at the end of January 2021, the District has expended an amount of \$1.496M relating to Croydon Health Centre Intellectual Disability Unit, RPA Transit Lounge, RPA Paediatrics, RPA Staff & Visitor Car Park and Wallacia New Cage. The total expenditure of \$1.496M was sourced from the General Fund.

CAPITAL WORKS

RPA

RPA Redevelopment

The integrated project team has just facilitated and completed RPA Redevelopment Project User Groups, Round 2. During this time, 34 different Project Users Groups have been engaged with over 270 members participating. The Stage 2 Renal relocation works funding of \$4.5m has been approved by Health Infrastructure and the NSW MoH. This includes the relocation of Satellite home haemodialysis and peritoneal dialysis services from Building 12 to the Professor Marie Bashir Centre (PMBC).

Parent and Baby Unit

During the month of January 2021, hydraulic underground services and footing excavation works commenced. The sub grade fill was placed, site compaction and levels were completed. The in-ground sewer, stormwater and electrical services rough in also commenced.

Building 63 RPU Hot Cells

The installation of the hot cells was completed in January 2021. The existing exhaust fume cupboards were relocated and manufacturing of the clean rooms commenced. COVID-19 has continued to impact the delivery of this project due to the clean room panels being manufactured in France and a delay in receiving them.

Pharmacy Manufacturing Bld 11 Level 2

Construction works to the Pharmaceutical Manufacturing labs continued throughout January 2020 including the installation of new flooring and painting works. Electrical and hydraulic service rough-ins were completed and mechanical service rough-ins were underway.

rpaVirtual Stage 3

Stage 3 works to the rpaVirtual project continued throughout January 2020. Preliminary works including service rough-ins for the new sprinkler system and electrical works were completed and painting of the new areas was underway.

Green ICU

Demolition works and electrical disconnections were completed in January 2020. Fit-offs for electrical and hydraulic services commenced.

Endoscopy Pendant Replacement

The new pendant for Endoscopy arrived in early January and installation continued throughout the month. The handwash basin was reinstated and painting/wall protection works commenced.

Concord

Concord Redevelopment

Concord Hospital's \$341 million stage one redevelopment is progressing with the building works, including commissioning, and is due for completion by August 2021. Some of the major milestones achieved in February include:

- Glazing to the concourse lift is complete
- All internal walls sheeted to all 3 wings
- Installation of joinery to wings B & C has commenced.

Helipad Remediation Works

Capital works including steel and formwork were completed in January 2021. Electrical service rough-ins and painting of the new helicopter landing site (HLS) commenced.

Palliative Care Undercroft Storage

Painting works and the laying of new floor vinyl were completed in January. The installation of wall protection commenced and service fit-offs were underway.

PLANNING

Camperdown Industry Colocation Think Tank

The Planning Unit has completed the report of the Camperdown Industry Colocation Think Tank: the outcomes set the foundations for future health-related industry attraction in Camperdown.

Tech Central District (Camperdown-Ultimo Collaboration Area)

The Planning Unit continues to attend the intergovernmental subcommittee (One-Gov) that is overseeing the Tech Central District development.

The Planning Unit has organised an intergovernmental workshop focusing on the RPA redevelopment, Sydney Biomedical Accelerator and Tech Central networking opportunities. Two further workshops are planned to bring together key partners in the Tech Central District.

Concord Hospital Stage 2 Clinical Services Plan

The revised draft of the Stage 2 Concord Hospital Clinical Services Plan will be considered by the Executive Steering Committee (March). A consultant has been engaged to review the final infrastructure requirements with the Planning Unit.

Renal Plan

Consultation has occurred with key dialysis service providers to finalise the SLHD Dialysis strategy based on new MoH guidelines for dialysis provision across the state.

Green Square HealthOne- RPA HealthOne, Green Square

The Planning Unit has worked with the Finance Department on the Green Square Financial Impact Statement.

Other plans

The development of the following plans is being supported by the Planning Unit.

- SLHD Workforce Strategic Plan
- SLHD Education Strategic Plan
- Cancer Clinical Stream Strategic Plan
- SLHD Internal Audit Strategic Plan
- SLHD Mental Health Strategic Plan
- SLHD Carers Plan
- SLHD Rehabilitation Plan

SYDNEY RESEARCH

COVID-19 Operational Support

Sydney Research continues to support Sydney Local Health District (SLHD) in its response to COVID-19 and in the implementation of the COVID-19 Vaccination Program. The team participates in virtual meetings, reviews COVID-19 related correspondence, manages meeting attendance records for the District, and communicates the latest information to SLHD and Sydney Research stakeholders.

National Clinical Trials Governance Framework

The remote Pilot accreditation assessment of the National Clinical Trials Governance Framework (NCTGF) in Royal Prince Alfred Hospital will be conducted on Wednesday 3 and Thursday 4 March 2021. The team have done an excellent job in preparing documentation for the Accreditation assessment.

Sydney Research continues to attend both the NCTGF Implementation Committee chaired by the SLHD Chief Executive, and the RPA Hospital Facility Working Party chaired by the SLHD Research Director. The Committees have been meeting fortnightly to discuss the scope, necessary expertise, and resourcing required to undertake the pilot. The Working Party have also been meeting fortnightly to review, coordinate and implement the requirements of the Framework. In addition to attending in these meetings, the Sydney Research team have also contributed to the gathering of evidence and completion of requirements associated with both Standard 1 and Standard 2 of the Framework in preparation for the pilot accreditation.

The Chief Executive, SLHD Research Director, SLHD Aboriginal Health Director and the Sydney Research team met with Ms LaVerne Belleair, Chief Executive Officer, Aboriginal Medical Service-Redfern and her team on 19 February 2021 to share the District's involvement in the pilot and to discuss support that could be provided to work more closely and effectively in the future.

The Sydney Research team have also developed a newsletter titled 'Consumers in Research', which will provide clinical departments and research teams in SLHD with information on the latest initiatives, tool and events supporting consumer and community involvement in clinical trials and research. This newsletter is currently under review with the SLHD Consumer and Community Involvement team, and the first edition is anticipated to be released at the end of February 2021.

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

The NSW Office for Health and Medical Research (OHMR) notified all facility coordinators of the Translational Research Grant Scheme (TRGS) in December 2020 that the review of TRGS Round 5 applications had been delayed and the outcomes would be announced in late February 2021. The following two (2) applications with SLHD as the Host Organisation had been invited to full submission for TRGS Round 5:

Lead Investigator	Project title	Funding Requested
Dr Mark Dennis	Efficacy and Value in Expedited out of hospital arrest care And ECMO CPR (ECPR) – The EVIDENCE Study	\$992,178
Dr Andrew McDonald	Enhancing Integration with primary care of patients with severe mental illness using an Online Shared Care Plan and Telehealth Solution	\$998,755

OHMR – Embedding Quality Research

The Embedding Quality Research (EQR) Steering Committee convened on 18 February 2021. The Office for Health and Medical Research provided an update on the NSW Health Intellectual Property (IP) and Commercialisation policy, which aligns with the recent review of the whole of Government IP policy completed in 2020. LHDs will be consulted to provide input on the commercialisation framework, with an asset register, template resources, education and specialist support services to be provided across the State. An IP Community of Practice will also be convened to build capacity in IP development and commercialisation. An update on participation in the pilot implementation of the National Clinical Trials Governance Framework was also provided by St Vincent's Health Network and SLHD, with pilot sites assessed on the achievement of actions in the Framework related to Standard 1: Clinical Governance and Standard 2: Partnering with Consumers. SLHD will complete its assessment on 3 and 4 March 2021, led by SLHD Research and supported by Sydney Research.

As a priority, SLHD and nominated representatives will be invited to address research governance reform, with the EQR Steering Committee to provide guidance on strategic objectives and the EQR Working Group, supported by Sydney Research will be reconstituted to deliver on agreed activities. OHMR will provide a scoping paper to the Secretary, NSW Health, with the group to ensure appropriate engagement and linkage with active initiatives to support priority setting and minimise duplication, to ensure the EQR initiative is best placed to provide value to its stakeholders at the local and state level.

Patient Family Centred Care (PFCC) Research Working Group

The Patient and Family Centred Care (PFCC) Research Working Group continues to progress its initiatives to strengthen consumer and community involvement in research conducted across and within SLHD. With oversight from Adj A/Prof Vicki Taylor, Executive Director, Sydney Research and the Sydney Research team, Dr Karena Conroy and Adj A/Prof Greg Fairbrother are coordinating the following three (3) active initiatives:

Measurement tools

A sub-group comprising of consumer representatives and members from the SLHD Research and Sydney Research teams have developed key parameters for the state-wide Research Ethics Governance Information System (REGIS) to effectively measure consumer involvement in the design and conduct of research. The drafted parameters and a mock report identifying key reporting outcomes for clinical research centres were submitted to the NSW OHMR on 16 December 2020. A state-wide REGIS User Group will be reviewing these parameters and reporting outcomes as part of their REGIS review project initiating in early February 2021.

Case Examples

The purpose of this initiative is to provide case examples of best practice that would be valuable for both researchers and consumers interested in being involved in research. A sub-group involving SLHD Researchers and consumer representatives met on 12 February 2021 and have been developing a proposal outlining the key research questions and methodologies to examine an effective consumer-researcher relationship in the design, conduct and implementation of research. An option currently being canvassed is an ethnographic study focused on 'How does a successful consumer-researcher engagement process work, in real time?' that could be investigated with the Sydney Health Partners collaborative cellulitis project and consumer reference group led by SLHD. A meeting will be scheduled for early February 2021 to finalise the approach for this study.

Organisational Support

A/Prof Fairbrother and Dr Conroy in collaboration with the Consumer and Community Participation team have developed a presentation to explain the PFCC Research Working Group initiatives and intentions of a reference group. This presentation has been scheduled to be presented to the RPA Consumer Network in April 2021, with a date for presentation to the SLHD Consumer and Community Advisory Council to be confirmed soon.

Sydney Health Partners (SHP)

Sydney Local Health District is supporting Sydney Health Partners in applications for the third round of the MRFF Rapid Applied Research Translation (RART) Initiative, which will offer a total of \$55 million for projects conducted over five years. Applications for these grants from the Commonwealth will open in March 2021. Unlike previous RART grant rounds, eligible institutions, which include Universities and independent medical research institutes, may only submit one application across the two streams. Although unable to directly apply for the initiative, Sydney Local Health District will participate in the Expressions of Interest process and apply as a partner organisation where applicable, to support applications with the greatest potential for success.

The Sydney Research team continues to work closely with the Sydney Health Partners (SHP) team to support the following key initiatives:

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.
- Adj A/Prof Fairbrother and Dr Conroy have been coordinating the Cellulitis Consumer Reference group. The Reference Group, consisting of patients and carers with experience of lower limb cellulitis, will assist in the evaluation of the new allied-health led model of care for cellulitis and in developing educational materials to support its implementation.
- The Reference Group will be established with eight (8) consumers across SLHD, NSLHD and WSLHD once an outcome has been determined for the Platform 1 Cellulitis application to Round 5 of TRGS. Ms Lara Leibbrandt, RPA Consumer Participation Coordinator will be providing all nominated consumers with the appropriate induction training.

Encouraging More Clinical Trials in Australia

- The SHP Clinical Trials Advisory Panel (CTAP) has been established to progress this Sydney Health Partners initiative, in collaboration with the NHMRC Clinical Trials Centre and the NSW OHMR.
- SLHD is the funding administrator for the initiative, with Sydney Research and SLHD Research represented on the Advisory Panel. The next meeting is planned for February 2021, with the Panel to determine short and long term aims for the project.
- The Panel met on 23 February to review the report providing a summary of the current management of clinical trials and barriers to the conduct of clinical trials across Sydney Health Partners member health services and partner MRIs. Recruitment and the lack of a dedicated study coordinator role was identified as a central issue for the conduct of clinical trials across some of the partner organisations. SHP have proposed the ‘SHP Clinical Trials Pilot – Centralised Recruitment Project (CTP-CRP)’ to address these issues by establishing and evaluating the implementation of a Centralised Recruitment Service at Royal North Shore Hospital.

Sydney Biomedical Accelerator

Sydney Research continues to lead the planning for the Sydney Biomedical Accelerator (SBA) Complex, a new world-class biomedical innovation precinct to be located within the RPA and University of Sydney campuses. Dr Teresa Anderson AM, Chief Executive, SLHD and Adj A/Prof Vicki Taylor are the SLHD Executive Leads on this project, and have been attending the weekly SBA Executive Steering Committee, SBA Working Group and SBA Program Office meetings. As part of the planning process, SLHD has been working closely and collaboratively with representatives from the University of Sydney, Health Infrastructure NSW, Ernst & Young, and the three medical research institutes – Centenary Institute, Heart Research Institute and Woolcock Institute.

The current focus of the SBA project has been to develop a revised Investment Decision Document (IDD) for the NSW Minister of Health and Medical Research and the NSW Health Secretary, which is due for submission by the end of February 2021. The revised IDD will seek to address the feedback provided by Health Infrastructure NSW to further strengthen the case for investment and to prepare for project registration by NSW Health with the Infrastructure NSW Investor Assurance Framework and Gateway Review Process

Sydney Research Council

The Sydney Research Council met virtually on 23 February 2021. Dr Joseph Dusseldorp, a clinical academic affiliated with the ANZAC Research Institute, SLHD and the University of Sydney, provided a fabulous presentation on the translation of biotechnology into clinical practice with focus on the impact of machine learning on reconstructive surgery for facial palsy, implantable electronics for spinal cord stimulation, and 3D printing for ear reconstruction. Following this presentation, Dr Duncan Macinnis, Director of Stakeholder Engagement (NSW), MTPConnect will be meeting with Dr Dusseldorp to discuss potential funding opportunities through MTPConnect.

Dr Brendan Goodger, General Manager of Primary Care Improvement at the Central and Eastern Primary Health Network (CESPHN) also presented to the Council on the valuable role played by primary care professionals in research and the potential opportunities for collaboration. Following this presentation, Prof Don Nutbeam, Executive Director, SHP will be consulting with Dr Goodger to determine how the SHP partnership can best support the involvement of primary care professionals in research. Prof Stephen Simpson, Academic Director, Charles Perkins Centre will also be consulting with Dr Goodger to determine how the CPC can work collaboratively with the CESPHN on their key research themes like diabetes, nutrition, and exercise.

Dr Anderson AM, Adj Prof Taylor and the Sydney Research Council thanked and acknowledged Prof David Handelsman for all his support and contributions to the Sydney Research partnership. Prof Handelsman will be completing his term as the Director of the ANZAC Research Institute on 1 March 2021. Prof Handelsman will retain a senior position at the ANZAC Institute to continue his research and has been invited to provide a presentation to the Council at a later date.

Other Activities

In addition to the above, Sydney Research continues to support key activities in SLHD and with interagency partners:

- Introductory meeting with the new Director of Operations at the George Institute, Ms Maryam Correa
- Introductory workshop for the 'Join Us' registry initiative delivered by the George Institute
- NSW Health Medical Devices Fund Information Session on Thursday 4 February 2021
- Met with the NSW OHMR to identify the key requirements for a state-wide Clinical Trial Management System (CTMS) on Wednesday 10 February 2021, and participated in a

collaborative workshop with Senior Executive representatives from other Local Health Districts and Area Health Services on Thursday 11 February 2021

- Presented to the OneGov group for Tech Central on Wednesday 17 February 2021, outlining the initial plans and aspirations for the SBA Complex
- 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 845 subscribers
- The PFCC Research Working Group newsletter, 'Consumers in Research', will be circulated at the end of February 2021 to an initial audience consisting of SLHD Clinical Department Heads.
- @SydneyResearch currently has 1,079 followers on Twitter

COVID-19 UPDATE

SLHD has undertaken the following activities to February 2021:

Facilities

- Maintained Contact Tracing capability through the SLHD Public Health Unit for locally acquired cases. Expanded ICU capacity at RPA, Concord and Canterbury Hospitals in the event of surge in demand due to an outbreak.
- Maintained Renal Dialysis surge capacity to match projected need in the event of an outbreak developed.
- Continued Staff and Visitor Screening Stations to check all people entering the health facilities established at all sites.
- Continued the roll out of the staff and visitor screening app to allow registration of all people entering our facilities in accordance with the current COVID-19 MoH guidelines.
- Continued to ensure COVID-19 Clinic surge capacity

COVID-19 Vaccination Hub and Vaccination Clinic

- Sydney LHD has been tasked to plan, create and establish a COVID-19 Vaccination Hub and a COVID-19 Vaccination Clinic capable of seeing up to 1000 people per day. The District worked closely with SHEOC, eHealth and the other LHDs in preparation for the program including the development of IT solutions to facilitate workflows and data capture.
- SLHD Vaccination Hub and RPA Vaccination Clinic commenced operations 22 Feb 2021.
- Planning underway for establishment of vaccination clinic at Sydney Airport on Tuesday 9 March 2020.

Special Health Accommodation

- Continued to provide Special Health Accommodation for incoming international passengers under the Public Health Orders who are symptomatic on arrival or become symptomatic during quarantine in a NSW Police managed hotel.
- Continued to provide accommodation for community transmission cases who are unable to safely self-isolate in the home environment.
- Continued to provide accommodation for passengers requiring quarantine in accordance Public Health Orders requiring additional care that is not available within the NSW Police managed quarantine hotels provided whilst order in force.

Airport

- Continued the SLHD COVID-19 Testing team to support the SESLHD Screening Team at the international airport terminal.

- Continued the COVID-19 Screening, Testing team and Health Border Control team at the Domestic Airport (T2 & T3) to screen and validate permits for all passengers alighting from flights originating from other states in response to outbreaks.
- Planning underway to establish NSW Health Testing Program for Airport Workers at Sydney International Airport (Saliva Testing). Daily testing to commence on 3 March 2020.

COVID-19 Drive Through and Walk-in Clinics

- Continued community based COVID-19 Screening Clinics established at Rozelle, Redfern, Summer Hill, Olympic Park, Eddy Avenue, Roselands, in addition to pop up clinics for outbreak surveillance (e.g. Marriott Hotel) currently seeing between 1,000 - 3,000 people per day.
- Continued facility based COVID-19 Screening Clinics established at RPA, Concord and Canterbury Hospitals capable of seeing between 300-1200 people per day.
- Continued COVID-19 Screening Clinic processes and testing of these in areas of special need such as social housing areas like Waterloo, Riverland etc.

Tiger Team and Flying Squad

- Continued the use of the Special Flying Squad Teams to support community testing, Special Health Accommodation and other sites and support to facilities and services in COVID-19 operations.
- Continued the use of the special purpose vehicle to run mobile COVID-19 Testing Clinics.
- Tiger teams remain available to support staff if required

SLHD Public Health Unit

- Continued the expansion of Environmental Health Officer inspections of food outlets and commercial businesses with SLHD to ensure they have and comply with appropriate COVID-19 Safety Plans.
- Continued inspections by Environmental Health Officer inspections of commercial businesses within the quarantine hotels to ensure they have and comply with appropriate COVID-19 Safety Plans.
- Enhanced Environmental Health Officer inspections of food outlets with SLHD to ensure they have and comply with appropriate COVID-19 Safety Plans.

Strategic Communications and Relations

- Extensive work with our Diversity Hub to increase knowledge and testing for COVID-19 within the various diverse communities within SLHD.

Quarantine Facility Surveillance Testing Project

- SLHD continues to work with HCA to manage NSW Health (Saliva) Testing Program at Quarantine Facilities. This requires workers in quarantine facilities to participate in daily saliva swabbing for COVID-19.
- Planning to roll out the program to the Sydney International Airport is progressing.

LHD and MoH initiatives and support

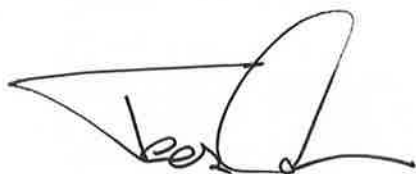
- Support to the MOH with staff to work in the State Health Emergency Operations Centre (SHEOC).
- Central coordination of COVID-19 activities through the SLHD Operations Centre, central coordination of supply and ordering of PPE, equipment and other issues.
- Continuation of Fit Testing for staff from high risk areas, note this is on top of existing Fit Checking that currently occurs.
- Extensive planning, preparedness and response work undertaken with RACFs within SLHD to prepare these facilities in the event of a COVID-19 outbreak.

- Extensive planning, preparedness and response work undertaken with disability group homes within SLHD to prepare these group homes in the event of a COVID-19 case being detected within or near these group homes.
- Commencement of a research study to compare the viability of different types of samples as a testing medium/collection modes to test for COVID-19 (Saliva, Sub-lingual, Throat and Nose).
- Expanded the SLHD EOC to cover Vaccination Roll out.

Interagency

- Regular meetings with Emergency Management representatives from LGAs (City of Sydney, Inner West, Burwood, Strathfield, Canada Bay and Canterbury Bankstown Councils).
- Work with the PHEOC/PHRB in developing a framework to deal with an outbreak within a social housing complex.
- Work with the PHEOC in developing forward planning for marine vessel arrivals (White Bay Cruise Terminal).
- Continued chairing of the Interagency Governance Committee to support the quarantine program

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



Dr Teresa Anderson AM
Chief Executive
Date: 22.3.21