
Sydney Local Health District

Meeting One Hundred and Twelve of the Board

Date: Monday 19 July 2021
Time: 10.15am - 1.15pm
Venue: Via Zoom
Chair: The Hon. John Ajaka, Chair

1. Present and apologies

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

Apologies

Nil

In attendance

Ms Nerida Bransby, Secretariat
Mr Ross Sinclair, Executive Director of Operations, SLHD
Dr Alicja Smiech, Chair, Medical Staff Executive Council (Departed 12.55pm)

2. Welcome and introductions

The Chair acknowledged the traditional owners of the land.

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

The Chair provided some background information and acknowledged the work of the former Chair, The Hon. Ron Phillips and Acting Chair, Ms Victoria Weekes.

3. Declaration / Removal of conflicts of interest

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

Mr John McGee declared that he is a Board Member on the Climate Change Authority.

Minutes

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 21 June 2021

The minutes of the Board Meeting held on Monday 21 June 2021 were moved and seconded as a true and accurate record of the meeting with the following amendments:

5.1 Action Sheet – First dot point should read

The Risk Management presentation on Hotel Quarantine to the Board is in progress.

14. Other Business

The Board commended the District on the end of financial year outcome during challenging times.

The Chair will sign the minutes when received by email.

4.2 CE Report – June 2021

The Chair declared that the CE Report for June 2021 was ready for publication with one minor amendment:

- The need to check statistics in relation to the roll-out of the staff vaccinations.

5. Matters arising from the previous minutes

5.1 Action sheet

The Board received and discussed the action list including:

- Risk Management presentation to the Board on Quarantine is in progress.
- Letters of appreciation have been sent to the Acting General Managers. This agenda can be removed from the action list.

6. Patient Story

Dr Anderson provided a verbal report on an unaccompanied minor who stayed in our Special Health Accommodation. The family were unable to stay with this patient due to health vulnerabilities but were very appreciative of the care and grateful for all the communications to them during this time.

Minutes

7. Standing Items

7.1 Acronyms List

The Board received and noted this list. The Chair acknowledged this very useful list in the Papers.

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. It is to be noted that that some of the items in the calendar are set by the Ministry.

8. Chair's Report

The Chair provided a verbal report including:

- Orientation for new members will be on-going for a couple of months with the MoH.
- SLHD Orientation scheduled next Monday will need to be moved so all members can attend.
- Contact details were shared amongst members.
- COVID related correspondence addressed to the Chair is to be forwarded to the District for action.
- New appointments to the District's Committees will be made following the recruitment process for new Board Members.

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 Chief Executive explained the meaning of the performance levels from zero to four.
- The gradual improvement in relation to the HACs. The Board requested that the report should highlight the improvements and include state figures for comparison.
- The District is continuing to work with the NSW Health Workforce Branch to ensure its workforce surge plans are in place for escalation in the COVID-19 response.
- There was an increase of 316 (15.61%) patients who elected to use their private insurance compared to the same period last year and an increase of 106 (4.74%) in total separations from previous month. There is a process in place for staff in relation to patients using their private health insurance. Patient Revenue is in the Service Agreement.
- SLHD bears the impact of COVID. Further information on the Budget and Activity will be provided at the extraordinary Board Meeting next Monday.

- Sydney Research is progressing. 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.
- The information on COVID was noted including:
 - All Vaccination Sites are open seven days per week.
 - RPAH has three COVID Wards and ICU is well placed for 300% surge capacity.
 - RPAH Elective Surgery is reduced for two weeks and is being reviewed daily.
 - Concerns were raised for some GP practices having full waiting rooms during the 15 minute monitoring period. This matter will be referred to the correct authorities.
 - The availability of vaccinations is discussed daily, adjustments are required to meet demand.
 - The Pandemic Emergency response for the District is the responsibility of the Chief Executive, together with the State Emergency Operations Centre and the State Health Emergency Operations Centre.

9.1 Finance and Performance Reports

9.1.1 SLHD Board reporting pack – May 2021

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

9.1.2 Selected Performance Indicators – May 2021

The Board received, read and noted this report.

9.1.3 HealthPathways Dashboard Report

The Board received, read and noted this report.

9.1.4 MoH Board Report for the SLHD

The Board received, read and noted this report for the period January to March 2021. The Board noted the mental health rate of seclusion is still an ongoing concern. The seclusion criteria does not take into account patient acuity and SLHD has a small number of very high acuity patients which distorts the comparison of rates with other LHDs.

9.1.5 HAC Committee Report

The Board received, read and noted this report in particular the steady month to month improvement.

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. All projects to date have been on time and on budget, however, due to COVID restrictions now in place, this may change.

9.4 Clinical Governance and Risk Reports

(i) Quarterly Report

The Board noted this report for the period April – June 2021 is due in September 2021.

(ii) Pressure Injuries

The Board received, read and noted this report.

(iii) SLHD Risk Register

The Board noted this report is due in September 2021.

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

The Board received read and noted this report for the period 15 March 2021 – 11 June 2021. The Chief Executive advised the Board that the Audit and Risk Committee is a mature Committee with three independent members, two Board Members and expertise from the SLHD Internal Audit Department.

The Board adjourned for a five minute break.

9.6 Facility Reports – May 2021

(i) Balmain Hospital

The Board received, read and noted the Balmain Hospital facility report. All General Managers have returned to their substantive roles.

(ii) Canterbury Hospital

The Board received, read and noted the Canterbury Hospital facility report. Mr Harvey has a good relationship with Community Leaders. It is to be noted that COVID will impact the Roadmaps.

(iii) Community Health

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

- Domestic Violence is intensified due to lockdowns and isolation
- Looking at virtual care models for waiting lists patients.

(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. The District is working with Concord Hospital to increase bed capacity for Drug Health Services.

(vi) Mental Health Services

The Board received, read and noted the Mental Health Services report. The Chief Executive reported that she is a member on the Greater Sydney Park Authority Committee. Step Down beds for mental health patients will be part of that agenda. The Board is fully supportive of these beds and offered their assistance if needed.

(vii) Oral Health Services and Sydney Dental Hospital

The Board received, read and noted the Oral Health Services and Sydney Dental Hospital facility report. Services at the Sydney Dental Hospital has been reduced to categories urgent and in pain. Staff have been redeployed to other areas. Dr Smiech thanked the Chief Executive and District Executive and advised the Board that communications and feedback from redeployed staff has been very positive.

(viii) Population Health

The Board received, read and noted the report. Dr Anderson explained the roles of Population Health and the Public Health Unit. Public Health Units embedded in LHDs can join together and work as one. Population Health has been assisting with contact tracing and working with diverse communities.

(ix) Royal Prince Alfred Hospital

The Board received, read and noted the Royal Prince Alfred Hospital facility report. RPAH focus is on the COVID response. Surgery for Category A and B will continue.

(x) RPA Virtual Hospital

The Board received, read and noted the RPA Virtual Hospital report in particular the high level of patient satisfaction.

Minutes

(xi) SLHD Special Health Accommodation

The Board received, read and noted this report. New accommodation at Ryde has been leased to meet demand.

(xii) Tresillian

The Board received, read and noted the Tresillian report. Staff from Tresillian have been assisting the District with the vaccination process.

(xiii) Lifehouse

The Board received, read and noted the Lifehouse report.

(xiv) Public Health Unit

The Board received, read and noted this report.

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

The Board received, read and noted this report.

(xvi) Croydon / Marrickville / Redfern Community Health

The Board received, read and noted this report.

10. Matters for approval / resolution

Nil to report

11. Board Committee reports / minutes

11.1 Finance, Risk and Performance Management Committee

The Board received, read and noted the minutes of the meeting held on 21 June 2021.

Ms North advised this Committee is testament to the leadership, relevant teams and staff.

11.2 Education and Research Committee

The Board noted the meeting to be held today was cancelled. The planning for the biomedical accelerator is on-going and is a significant investment.

11.3 Communications Committee

The Board noted the next meeting is to be held on 3 August 2021. Dr Haines advised the Board that the Terms of Reference for this committee will be refreshed.

Minutes

11.4 Audit and Risk Committee

The Board received, read and noted the minutes of the meeting held on 24 June 2021. This meeting was dedicated to look at the end of year financial Statements. Positive feedback was received from this Committee.

11.5 Health Care – Clinical Quality Council

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

- Clinical Quality Council meetings are held monthly and the Clinical Council meetings are held quarterly essential to Patient Quality and Safety
- Lively discussions and good clinician engagement.
- Pathology Department at RPAH have ordered and commissioned a new machine. The District supports NSW Pathology in any way they can.

11.6 Health Care – Clinical Council

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

11.7 Medical Staff Executive Council

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

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

The Board noted the minutes of the meeting held on 2 June 2021. The eight working groups reporting to this Committee will be streamlined and reduced to two working groups.

11.9 Aboriginal Health Steering Committee (bi-monthly)

The Board noted the next meeting is to be held on 27 July 2021. The District continues to work with the Aboriginal Medical Service at Redfern and the Aboriginal Land Council.

11.10 Organ Donation for Transplant – Quarterly Report (April 2021 – June 2021)

The Board noted this report for the period April 2021 – June 2021 is due in August 2021. The District has maintained a high rate in the State despite COVID.

12. Other Committee reports / minutes

12.1 Sustainability Committee (bi-monthly)

The Board noted the meeting to be held on 15 June 2021 was cancelled.

12.2 Medical and Dental Appointments Advisory Committee

The Board noted the minutes of the meeting held on 12 May 2021. The Board were advised that the recruitment process is underway for the Program Director of Surgery at Canterbury Hospital.

Minutes

12.3 Surgical Demand Committee (bi-monthly)

The Board noted the meeting to be held on 16 June 2021 was cancelled.

12.4 Finance Leaders Forum

The Board received, read and noted the minutes of the meeting held on 16 June 2021.

12.5 NSW Health / SLHD Performance Review Meeting

The Board received, read and noted the minutes of the meeting held on 27 May 2021. The District presented to this Committee on “Elevating the Human Experience” which was well received.

12.6 Organ Donation for Transplantation

The Board received, read and noted the minutes of the meeting held on 25 May 2021.

12.7 Major Procurement, Assets and Imaging Steering Committee

The Board received, read and noted the minutes of the meeting held on 8 June 2021.

12.8 Yaralla Estate Community Advisory Committee (bi-monthly)

The Board noted the meeting to be held on 15 June 2021 was cancelled.

12.9 Concord Hospital Redevelopment Executive Steering Committee

The Board received, read and noted the minutes of the meeting held on 19 May 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 3 June 2021.

12.11 Security and Violence Prevention Committee

The Board received, read and noted the minutes of the meeting held on 1 June 2021.

13. Matters for noting

13.1 Carers + Employers Accreditation Submission Outcome

The Board received, read and noted this report in particular, this is the first accreditation of its type awarded in this Country. The Chair congratulated all staff involved, this is a reflection of our staff to our carers.

14. Other Business

14.1 Electronic Message to All Staff from the Board

The Board discussed and agreed to send an electronic message to all staff expressing their gratitude and congratulations during this difficult time. The memo will come from the Board Chair on behalf of all Board Members.

15. Next Meeting

The next meeting will be held on Monday 16 August 2021 at 9.00am.

There will be an extraordinary meeting on Monday 26 July 2021 at 7.30am.

The meeting closed at 1.15pm.


Chair

24.08.21.
Date

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

Mental Health Readmissions within 28 days have decreased for the month of March 2021 to 11.5% in comparison to 14.5% 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 and 5.2% YTD April, which is slightly below the State rate of 5.7% for the month and 5.7% YTD March. Unplanned Emergency Representations (same ED within 48 hours) were 3.6% for the month and 4.5% YTD May 2021, which is less than the State rate of 4.3% for the month and slightly above the State rate of 4.4% for YTD May 2021.

The District remains under the benchmark (2.0/10,000 bed days) for Staphylococcus Aureus Bloodstream Infections (SABSI) with a result of 0.2 per 10,000 bed days for the month of April 2021, representing a decrease compared to March 2021 (1.0/10,000 bed days). There was 0 Central Line Associated Bloodstream (CLAB) infections during April 2021. This remains a focus for the District Ongoing education and training in infection control strategies and CLAB awareness discussions at ICU morbidity and mortality meetings continue.

SLHD is performing at or below the targeted rate for 12 of the Hospital Acquired Complications (HACS) for the 12 month period April 2020 to March 2021. These include: Cardiac Complications (16.7% below target); Delirium (10.6% below target); Gastrointestinal bleeding (40.3% below target); Healthcare Associated Infection (24.9% below target); Incontinence (20.1% below target); Medication complications (46.3% below target); Perineal Lacerations (13.8% below target); Neonatal Birth Trauma (5.2% below target); Pressure Injury (81.6% below target); Renal Failure (6.6% below target); Respiratory Complications (23.7% below target) and Venous Thromboembolism (29.2% below target).

Fall related injuries occurred at a rate of 6 per 10,000 episodes of care which is 5.4% above the target of 5.7. There has been a decrease of 3 falls for the 12 month period compared to previous 12 months (73 falls from April 2019 to March 2020 vs 70 falls from April 2020 to March 2021).

Hospital acquired endocrine complications (hypoglycaemia and malnutrition) had a rate of 36.6 per 10,000 episodes of care compared to a target of 29.7 with ongoing evidence of reduction in the last 12 months (426 episodes of endocrine complications vs 483 compared to the previous 12 months).

Neonatal birth trauma had a reduction in rate to 93.7 per 10,000 episodes of care for the 12 month period and is now 5.2% below target and comparable to the peer rate of 93.5.

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 increased for Medical, Nursing and Allied Health for May 2021 when compared to the same period last year by 2.90, 6.69 and 0.39 respectively.

The District is continuing to work with the NSW Health Workforce branch to ensure its workforce surge plans are in place for an escalation in the COVID-19 response. There is ongoing focus on specific workforce escalation plans that will ensure alignment to current and ongoing work within the SHEOC. The District is continuing to focus on the deployment of nursing, medical and administration staff to support the COVID-19 Vaccination Program in NSW and in particular the NSW Health Vaccination Centre at Sydney Olympic Park which is now vaccinating over 7,500 people per day, 7 days per week.

Activity

There was an increase of 20.31% in the number of separations (14,346) for the month of May 2021 when compared to the same period last year and a 7.7% decrease in the number of separations when compared to the same period in May 2019. YTD May separations have increased by 0.13% when compared to the same period in the previous year and decreased by 5.6% when compared to the same period in May 2019 due to the decrease in elective surgery related to the COVID response. In May 2021, the District's occupancy rate increased by 10.07%, to 91.83% when compared to the 81.76% in May 2020 and increase by 4.19% compared to the 87.64% in May 2019. This is due to the resumption of elective surgery and the impact of the quarantine program on activity.

There were 15,400 attendances to the District's Emergency Departments in May 2021, which is a 47.50% increase on the 10,441 in May 2020 and a 6.5% increase when compared to the 14,459 attendances in May 2019. YTD Emergency Department attendances have decreased by 5.12% to 150,324 when compared to the same period in the previous year and decreased by 4.4% in comparison to 2019. For the month of May, case weighted attendances have increased by 40.09%, when compared to the same month in the previous year. The District is investigating 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 13.06% decrease in ETP in the month of May 2021, to 64.06%, when compared to the same month in the previous year. ETP increased by 18.8% when compared to May 2019. YTD May there has been a decrease (3.21%) in ETP to 67.65% and an increase (20.45%) compared to 47.2% in 2019. Admitted ETP was below target (50%) for the month at 36.76%, which is a 21.34% decrease on 2020 and a 8.49% decrease on 2019.

Transfer of Care

The District is performing below the transfer of care (TOC) target (90%) for May 2021, with 80.85% of all patients transferred from ambulance to our emergency departments in 30 minutes or less.

ED Triage

The District continues to perform well in relation to triage Categories 1, 4 and 5 for the month of May. Triage Categories 2 and 3 performance is below the revised targets at 86.66% (target 95%) and 69.05% (target 85%) respectively.

Elective Surgery

There were 1,283 (97.21%) more elective surgeries performed in May 2021 when compared to May 2020 and 370 (13.4%) less than May 2019. This reflects the increase in elective surgery as we recover from the impact of COVID-19.

For the month of May, 100% of Category A, 100% of Category B, and 100% of Category C elective surgery patients were admitted within the clinically appropriate timeframe for their surgery. 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 May there has been an 0.08% (10) 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; 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.

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 Institute of Rheumatology of Orthopaedics, Canterbury and Concord Hospitals.

Emergency Surgery

There were 89 (7.1%) more emergency surgeries performed in the month of May 2021 when compared to May 2020 and 198 (17.3%) more compared to May 2019.

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 47% decrease in the number of Hospital in the Home overnight separations in May 2021 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 31.11% variance for YTD May, excluding Dental and noting the number of uncoded and ungrouped episodes.

Stream	Target	Actual	Variation	Variation %
Acute*	150,540	144,626	-5,915	-3.93%
ED	22,027	21,279	-748	-3.40%
NAP	45,990	133,483	87,492	190.24%
SNAP**	11,674	10,661	-1,013	-8.68%

MH Admit***	16,444	15,439	-1,005	-6.11%
MH NAP^	8,713	9,416	703	8.07%
Total	255,389	334,903	79,514	31.13%
Dental DWAU	57,229	53,588	-3,641	-6.36%
Dental NWAU#	7,186	6,728	-457	-6.36%
Total (NWAU)	262,574	341,631	79,057	30.11%

* 2,212 uncoded episodes

** 65 ungrouped episodes

*** 99Uncoded episodes

^ April data

NWAU=589/4691*DWAU

REVENUE ENHANCEMENT DEVELOPMENT COMMITTEE

Private Health Insurance Usage

For the month of May 2021, 17.27% (2,340 separations) of all patients discharged by SLHD facilities were classified as privately insured.

There was an increase of 316 (15.61%) patients who elected to use their private insurance compared to the same period last year and a increase of 106 (4.74%) in total separations from previous month.

For the month ended May 2021 conversions for facilities as compared to the same period last year were:

- RPAH – an increase of 118 (11.20%) private patients.
- Concord – an increase of 107 (12.26%) private patients.
- Canterbury Hospital – an increase of 50 (56.82%) private patients.
- IRO – an increase from 0 (zero) to 30 private patients.
- Balmain Hospital – an increase of 11 (122.22%) private patients.

Single Room Usage

For the month of May 2021, 8.08% 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 34% of all private patients were accommodated in single rooms.

SLHD Strategic Revenue Network

Key notes:

- SLHD Strategic Revenue Network meeting was held in April 2021. The rollout of the new fin class was discussed. CRGH presented the Concord Strategic Revenue Action Plan for revenue improvement. Each facility provided an update on revenue performance.
- 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 125 registered users and total \$914K has been raised through the portal to date.

REDESIGN AND SERVICE IMPROVEMENT

Innovations

The Pitch

- The Pitch event and SLHD 10 year anniversary celebrations to be held on 1 July 2021 has been postponed due to COVID. It will be rescheduled when there is more certainty about the latest COVID-19 outbreak.

CHR

- GPCanShare Project has been identified (via project team's attendance at AIM end of May) & accepted into CHR round 3, starting 13 July.
- Kick off meeting with project sponsor and team occurred 8 June

Other Projects

- Hands Up Project (RPA Hand Clinic)
 - The Project Management Plan and Diagnostic Report has been signed by the Executive Sponsor.
 - Solution prioritisation has been completed
 - The team are in the process of formulating tasks for each solution to commence implementation.
- RPAH Transfer of Care Project – 'Good to Go, Discharge by 10 and 2'
 - Key diagnostic findings presented at this month's PFCC steering group
 - GM RPAH signed off on solutions & implementation planning has begun
 - Medical workshop being planned to drive engagement with solutions given all need strong medical buy in / culture change.
- Diabetes Model of Care Redesign
 - Diagnostic phase complete
 - SLHD model of care is drafted – meeting to be held in July with CE to agree next steps

Accelerating Implementation Methodology (AIM):

- Remaining dates for the AIM course in 2021 are:
 - 6-7 September
 - 15-16 November

HealthPathways

Content development

A substantial amount of content updates to the COVID-19 assessment and vaccination pages continue to be made. Including heightened alerts to general Practice around testing and lockdown procedures and eligibility shifts for COVID-19 vaccinations. Work continues on the completion of Hand condition pathways (linked to the RPAH Hand Service Clinical Re-Design) and Infectious Diseases content.

End of year reporting identifies the Program was on target with all set PHN funding KPI's for platform usage and pathway development with the exception of our target for Periodic Pathway Reviews where we fell short in the number reaching re-publication. This is attributable to the first quarter downtime to the review process when our dedicated Project Officer was assigned to the SLHD Contact Tracing Team.

Domain	KPI	Target	Actual	Timeframe	
				Start	End
Access	Average Monthly number of users Q4	1,000	1,250	1/4/2021	17/6/2021
	Average monthly number of usage sessions Q4	4,800	8,705	1/4/2021	17/6/2021
	Average monthly number of pathways accessed Q4	18,000	29,228	1/4/2021	17/6/2021

Board Report

Content development & maintenance	Number of Collaborative Workgroups conducted and Development sets initiated (annually)	5	5	1/7/2020	30/6/2021
	Number of new pathways developed (annually)	70	81	1/7/2020	30/6/2021
	Number of existing pathways updated (annually)	60	242	1/7/2020	30/6/2021
	Number of pathways completing periodic full review (annually)	100	81	1/7/2020	30/6/2021

Usage of HealthPathways

Usage continues to track at a favourable level with steady consistent usage rates.

	*June 1-27 2021	May 2021	April 2021	*June 1-27 2020
Users	1,280 ↑ 12.4%	1,294	1,315	1,138
Sessions of use	8,134 ↑ 15.37%	8,880	8,351	7,050
Total Page Views	22,036 ↑ 7.45%	29,892	28,565	20,507

SLHD e-Referral Project

Service recruitment

Planning for the Royal Prince Alfred Hospital implementation continues, with all 13 service form requirements submitted to the vendor to commence the form build process. Form previews will be available for services to review in the coming month.

e-Referrals are being developed for SLHD Maternity, and Royal Prince Alfred Hospital's Gynaecology and Fertility service, as part of the Outpatient Referral Management Simplified Outpatients Appointments (ORMSA) Program. The Project Team continues to liaise with these departments to finalise referral criteria.

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

Board Report



Direct Access Colonoscopy and Inflammatory Bowel Disease – Royal Prince Alfred Hospital	November 2020	Live
Podiatry - SLHD	November 2020	Live
High Risk Foot Service and Palliative Care – Concord Hospital	November 2020	Live
Andrology – Concord Hospital	February 2021	Live
ORMSA Program: Gynaecology – Royal Prince Alfred Hospital Pelvic Mesh – Royal Prince Alfred Hospital Maternity - SLHD	2021	Design
Paediatric Medicine and Paediatric Surgery – Royal Prince Alfred Hospital	TBC 2021	Build
Royal Prince Alfred Hospital (13 services)	September 2021	Build

Platform development

Active Directory integration work to recommence, with support from SLHD ICT.

Referrer update:

- A total of 1023 referrals have been received.
- 68% of referrers using HealthLink to refer to SLHD have referred more than once.

FINANCIAL PERFORMANCE – NET COST OF SERVICE BASIS

GENERAL FUND (GF)

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

For the period ended 31 May 2021, GF Expenditure was \$68.279M (3.47%) unfavourable to budget after receiving \$264.472M COVID-19 Stimulus Budget. The unfavourable result is primarily due to the timing of the COVID-19 Incremental budget adjustment of \$70.037M for Vaccination Program, 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 \$1.759M favourable to YTD May 2021 Expense budget.

YTD May 2021 Expenditure increased significantly (by \$307.384M or 17.78%) compared to YTD May 2020. The average monthly expense rate increased from \$145.289M for the period July 2018 to May 2019 to \$156.819M for the period May 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 \$185.07M YTD May 2021. Increase in FTE numbers and the impact of COVID-19 is contributing to these results.

GF Revenue (including Doubtful Debts) was \$9.89M (5.07%) unfavourable to budget for the month and \$18.166M (0.84%) unfavourable to YTD May 2021 budget. The District has assessed the YTD May 2021 impact of COVID-19 on revenue reduction of \$3.27M for Patient Fees, Facility Fees, 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 May 2021 Patient Fees of \$5.752M. Furthermore, the impact of the additional \$12.594M full-year OSR budget allocated by MoH to the

Board Report

District has resulted in a \$11.545M unfavourability to YTD May 2021 OSR budget. Doubtful Debts related to Quarantined Hotel Passenger Fees amounts to \$8.164M YTD May 2021.

Excluding the impact of Quarantined Hotel Passenger Fees on Own Source Revenue and Doubtful Debts, the District is \$39.415M unfavourable to YTD May 2021 GF Revenue budget.

For the period ended 31 May 2021, the District's GF NCoS was \$86.444M unfavourable to budget. Excluding the impact of COVID-19, the District's NCoS was \$37.656M unfavourable to budget.

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

	YTD Actual	YTD Budget	Variance (Actual vs Budget)	
Expense (incl COVID)	2,035,807	1,967,528	-68,279	unfav
COVID-19 impact:				
unfunded COVID-19	341,578	271,541	-70,037	unfav
Expense (excl COVID)	1,694,228	1,695,987	1,759	fav
Own Source Revenue (incl COVID)	-395,989	-398,628	-2,639	unfav
Doubtful Debts (incl COVID)	15,848	707	-15,142	unfav
Loss on Sale of Asset	386	0	-386	unfav
General Fund Revenue Total	-379,755	-397,921	-18,166	unfav
COVID-19 impact:				
Quarantined Hotel Passengers	-178,891	-148,420	30,471	fav
Own Source Revenue Reductions	3,093	2,035	-1,058	unfav
Doubtful Debts	8,164	0	-8,164	unfav
COVID-19 impact Total	-167,634	-146,385	21,249	fav
General Fund Revenue (excl COVID)	-212,122	-251,536	-39,415	unfav
NCOS (excl COVID)	1,482,107	1,444,451	-37,656	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 \$114M relating to unfavourable results for: Expense (\$110M) related to the management of the COVID-19 process; Doubtful Debts (\$17M). Offset by favourable result for Own Source Revenue (\$13M) due to the impact of COVID-19 Quarantined Hotel Fees.

Excluding the impact of COVID-19, the District forecasts a break-even position for Expenditure offset by unfavourable positions for Own Source Revenue (\$42M) and Doubtful Debts (\$8.358M).

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 May 2021 was \$3.3M (1.7%) unfavourable to budget. The result for the month was primarily attributable to unfavourable results for Employee Related Expenses (\$4.464M), VMOs (\$1.235M), RMR (\$0.515M), Other Expenses (\$0.116M) and favourable for Goods & Services (\$3.03M). The District received \$33.186M COVID-19 Stimulus Budget for the period of April 2021 in May 2021. Excluding the impact of COVID-19, the District is \$0.084M favourable to the expense budget for the month of May 2021.
- YTD May 2021, GF Total Expenditure was \$68.279M unfavourable to budget, primarily reflecting unfavourable results for Salaries & Wages (\$10.659M), Overtime (\$16.806M), Annual Leave Provision (\$17.73M), Superannuation (\$11.769M), VMO Payments (\$7.936M), RMR (\$7.483M) and favourable for Goods & Services (\$2.972M). Excluding the impact of COVID-19, the District is \$1.759M favourable to YTD May expense 2021 budget.

Revenue

- GF Total Revenue for the month of May 2021 was \$9.89M (5.07%) unfavourable to budget, reflecting unfavourable results for Patient Fees (\$3.538M), User Charges (\$2.05M), Grants & Contributions (\$0.198M), Other Sources of Revenue (\$0.941M) and Doubtful Debts (\$3.163M). Excluding the impact of COVID-19 on Own Source Revenue and Doubtful Debts, the District is \$5.185M unfavourable to revenue budget for the month of May 2021.
- YTD May 2021 GF Revenue was \$18.166M (0.84%) unfavourable to budget. This result reflects favourable variance in Quarantined Hotel Fees (\$30.47M), Grants and Contributions (\$2.153M) and High Cost Drugs (\$2.733M) offset by unfavourable variances in Facility Fees (\$4.842M), Prosthesis Income (\$2.27M), Pharmacy Sales (\$1.577M), Car Park Fees (\$0.177M), Patient Fees (\$17.095M) and Doubtful Debts \$15.142M. 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 Quarantined Hotel Passenger Fees on Own Source Revenue and Doubtful Debts, the District is \$39.415M unfavourable to YTD May 2021 revenue budget.

SPECIAL PURPOSE AND TRUST (SP&T)

SP&T NCoS was \$1.756M unfavourable to budget for the period of May 2021. This result reflects unfavourable budget variance for Expenditure (\$0.099M) and Revenue (\$1.647M).

CONSOLIDATED RESULT

For the period ended 31 May 2021, the consolidated YTD NCoS result for the General Fund and SP&T was \$88.2M unfavourable to budget. The result comprises unfavourable variances for Expenditure (\$68.377M), Own Source Revenue (\$4.286M), Doubtful Debts (\$15.142M) and Loss on Sale of Asset (\$0.395M).

FINANCIAL PERFORMANCE – BASED ON NEW MOH REPORTING FORMAT

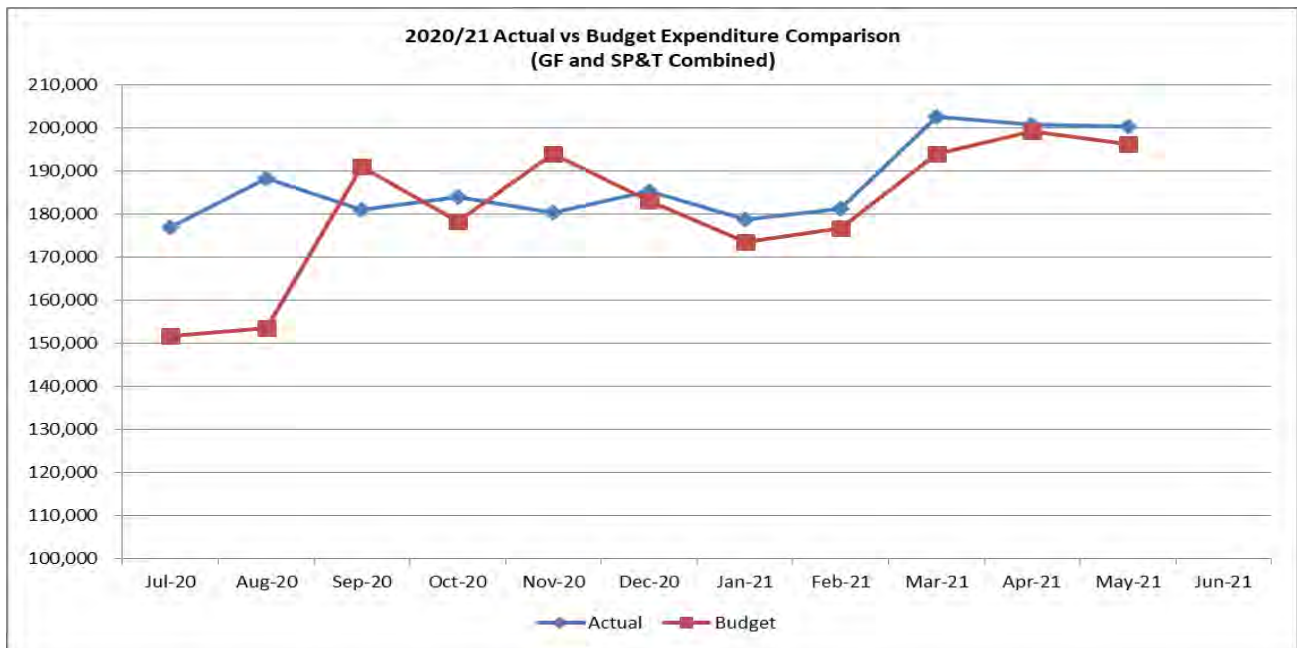
For the period ended 31 May 2021, SLHD recorded a Total Net Result of -\$145.426M which was \$88.332M unfavourable to budget. The Net Direct Operating Result (GF and SP&T) for YTD May 2021 was \$64.712M unfavourable to budget, reflecting an unfavourable budget variance for Expenditure (\$60.295M) and Revenue (\$4.417M).

For the YTD May 2021, Total Direct Revenue was \$4.417M unfavourable to budget, comprising a unfavourable variance for the General Fund (\$2.639M) and SP&T Fund (\$1.779M). 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 May 2021 Total Direct Expenditure was \$60.295M unfavourable to budget, reflecting an unfavourable variance for General Fund (\$60.261M) and SP&T Fund (\$0.033M). The result for the General Fund reflects unfavourable variances in Salaries & Wages (\$10.659M), Overtime (\$16.806M), On-costs (\$27.43M), VMOs (\$7.936M), Grants (\$0.51M) and Direct Clinical Operating (\$3.931M) offset by favourable variances in G&S Corporate (\$5.123M) and G&S Supporting Services & Utilities (\$1.78M).

MONTHLY BUDGET PERFORMANCE

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



LIQUIDITY

The cash balance at 31 May 2021 for the SLHD Operating bank account was \$34.001M and the Operating Cash book balance was \$33.717M.

CAPITAL WORKS – SMRS PROJECTS

As at 31 May 2021 the District's Full Year Capital works budget relating to SMRS Projects is \$25.964M comprising \$5.549M of MoH funded and \$20.415M of locally funded projects. In May 2021 a locally funded project (Forest Lodge L1 Refurbishment - \$0.830M) was approved by MoH.

Actual expenditure as at the end of May 21 was \$21.588M 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 \$5.481M at the end of May 2021. MoH funded budget of \$5.235 was provided in March 2021.

OTHER CAPITAL PROJECTS

As at the end of May 2021, the District has expended an amount of \$3.856M relating mainly to Croydon Health Centre, RPA Transit Lounge, RPA Paediatrics, RPAH Virtual Hospital Stage 3, RPA Staff & Visitor Car Park, RPAH PET-CT New Purpose Built, CRGH Research Centre, CRGH Helipad and Wallacia New Cage. The expenditure of \$3.429M was sourced from the General Fund and \$0.427M from Trust Fund.

CAPITAL WORKS

RPA

RPA Redevelopment

Key milestones achieved for the RPA Redevelopment in March 2021 are as follows:

- Site due diligence assessment and scoping of services infrastructure relocations and upgrades undertaken
- Strategic planning sessions with Capital Consultants to review priorities, risks and programme.
- Completion of Project Plan and commencement of fitout in Professor Marie Bashir Centre for the Renal Satellite relocation from building 12.
- Identification of East and West Campus master planning options further analysed

Parent and Baby Unit

Over the course of this reporting period the slab and stairs for level one were set out and poured and required 18 days to cure. Deliveries for the block and steelwork for level one arrived to site and the structural steelworks commenced. The retaining wall was fully rendered during this period and the sewerage connection was completed. Structural steel works to the ground work continued in preparation for the installation of the roof.

Dental Clinic Renovations IRO Building 10

The first phase of capital works were completed during the month of May. This included building service rough-ins, floor laying, painting and the installation of a new scrub sink and sliding door.

Building 63 RPU Hot Cells

Mechanical service works continued throughout May 2021 and the tendering process for air monitoring controls was underway. Due to restrictions in greater Melbourne Victoria, contractors have been advised they cannot access site until further notice.

Renal Dialysis PMBC Level 2

Over the course of this reporting period, building works including nurse call rough-in, wall partitioning and medical gas services rough in were completed. Tiling to the bathrooms as well as wall sheeting and setting were underway.

Concord

Concord Redevelopment

Key milestones achieved for the Concord Hospital redevelopment during April included:

- Go live of the LHD engineering ICT network within communications rooms
- Atrium roofing installation underway
- Energisation of major services plant
- Continuation of internal fitout
- Façade installation including glazing, Kingspan and terracotta underway.

Emergency Department Resuscitation Bays

The capital works program for the ED Resuscitation Bays at Concord Hospital was successfully completed in April. The area has been handed over to the facility and is ready for occupation.

Building 20 – Research

During May the installation of a new ceiling commenced and service rough ins for mechanical and hydraulic services were completed. Glazing work continued throughout the month and tiling to the bathrooms was underway.

Croydon

Pathology Room

Works to the new pathology room at Croydon Community Health Centre during May included the installation of a new door frame and completion of mechanical and electrical service rough-ins. Wall sheeting and setting were also underway.

PLANNING

Asset Management Planning

The Planning Unit has completed, in collaboration with Capital Assets, Property and Engineering and ICT the draft the Strategic Asset Management plan, the Asset Management Plans and the Capital Investment Strategies.

Each of the priority Capital Investment Strategy has an accompanying Cost Benefit Analysis.

Tech Central District (Camperdown-Ultimo Collaboration Area)

Planning continues in collaboration with the Greater Sydney Commission for a Tech Central website, narrative, a set of case studies and branding.

RPA Ambulatory Care

The Planning Unit continues developing the in-depth plan and forecast for RPA Ambulatory Care, taking into account the impacts of COVID, virtual care and changing models of care. Projections will span 2026 and 2031 and be developed individually for each clinical area, based on MoH forecasting tools.

Concord Hospital Stage 2 Clinical Services Plan

The final Plan will be sent to the Concord Medical Staff Council, Whole of Staff (with the CE) and with Clinical Directors, Manager and District Executive with a view to August consultations.

Green Square HealthOne- RPA HealthOne, Green Square

The Planning Unit continues working with Clinical Services Integration on the Academic Primary Care Unit for the HealthOne.

Other Plans

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

- SLHD Mental Health Strategic Plan
- SLHD Workforce Strategic Plan
- SLHD Digital Health Strategy
- SLHD Education Strategic Plan
- SLHD Internal Audit Strategic Plan
- SLHD Carers Plan
- SLHD Rehabilitation Plan

SYDNEY RESEARCH

Sydney Research Staffing Changes

We are delighted to announce that Ms Penny Vogelzang commenced as Acting Deputy Director, Sydney Research effective from Monday 24 May 2021. Penny is a highly valued and regarded colleague, who has a deep passion and enthusiasm for continuing to strengthen our Research and Innovation capabilities, opportunities and partnerships across and within Sydney Local Health District and Sydney Research. Penny has provided and will continue to provide excellent support to our Research, Clinician, Executive, Industry and Partner communities. Ms Rina Ward will be commencing maternity leave on 7 June 2021. We thank Rina for her contribution to Sydney Research and wish her well for her future endeavours. Recruitment is now underway for an Executive Officer, 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 the regular COVID-19 Steering Committee meetings and communicates the latest information to SLHD and Sydney Research stakeholders. The team has also recently coordinated the registration of 24 staff members from the Anzac, Heart Research, and Woolcock Research Institutes, as well as the Institute for Musculoskeletal Health, who are assisting the pharmacists working within the NSW Health Mass Vaccination Centre at Homebush. The Sydney Research team has also been actively encouraging and supporting our partners, their families, friends and loved ones to take up the very important offer to register for vaccination.

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 Anderson AM and Adj A/Prof Vicki Taylor, Executive Director, Sydney Research are the SLHD Executive Leads on this project. To facilitate and continue the planning process, SLHD and the Sydney Research team have been working closely and collaboratively with representatives from the University of Sydney and the three medical research institutes – Centenary, Heart Research and Woolcock Institutes – via the regular SBA Program Office meetings.

Dr Anderson AM and Adj A/Prof Taylor together with Prof Ward AM and Prof Duncan Ivison, Deputy Vice Chancellor (Research), University of Sydney have formally engaged and sought the support of high profile individuals involved with or have interest in accelerating health research and development in NSW and Australia. Key stakeholder briefings have been held with Mr Geoff Roberts, Chief Commissioner, Greater Sydney Commission, and Mr David Thodey, Chair, Tech Central Advisory Group, Ms Amy Brown, Chief Executive, Investment NSW, the Hon. Gabrielle Upton MP, Parliamentary Secretary to the NSW Premier and the Hon Geoff Lee, Minister for Skills and Tertiary Education.

Sydney Research continues to collaborate closely with the Greater Sydney Commission and Tech Central team, with Mr Chris Bennetts PSM, Executive Director, Precincts (Tech Central), to be located indefinitely at the RPA campus for one day per week, commencing 2 June 2021. The team will develop a program of work and prioritise engagement with partners within and across SLHD.

Office for Health and Medical Research – Translational Research Grants Scheme

The Sydney Research team continue to support the successful projects in Rounds 1-5 of the Translational Research Grant Scheme (TRGS).

The team have established a Steering Committee to support the successful TRGS Round 5 project, *Efficacy and Value In Expedited out of hospital arrest care and ECMO CPR (ECPR) – EVIDENCE study* led by Dr Mark Dennis and A/Prof Brian Burns. The Steering Committee met on Friday 21 May 2021 and was chaired by Prof Paul Torzillo, Clinical Director, Critical Care. The Committee consists of the Chief Executives from each LHD involved in the trials (Illawarra Shoalhaven LHD, Northern Sydney LHD, Nepean Blue Mountains LHD, South Eastern Sydney LHD, South Western Sydney LHD, St Vincent's Hospital Network, and Western Sydney LHD), as well as representatives from the NSW Health Ambulance, NSW Agency for Clinical Innovation, NHMRC Clinical Trials Centre, the NSW Ministry of Health Centre for Epidemiology and Evidence and a local consumer representative.

This second meeting of the Steering Committee confirmed all partners were on track for study commencement on 1 July 2021. Support was also reaffirmed from research and implementation partners the Agency for Clinical Innovation and NSW Ministry of Health.

Office of Health and Medical Research – Embedding Quality Research

The Embedding Quality Research (EQR) Steering Committee convened on 15 April 2021. The NSW Office for Health and Medical Research (OHMR) provided an update on the Clinical Trials Management System (CTMS), which will aim to improve the quality improvement strategies of clinical trial delivery through a consistent approach to trial management. OHMR have secured NSW Health authorization to procure a CTMS solution, and have released a request for proposal (RFP) by potential vendors. An update was also provided on the Rural Regional and Remote Clinical Trial Enabling Infrastructure program (RRCTEI), where OHMR's priorities are to establish a dedicated team and Clinical Trial Support Units, develop implementation architecture and finalise a governance plan for the program.

As part of the implementation of the state-wide CTMS by NSW Health, Adj A/Prof Taylor will be representing SLHD on the CTMS Project Steering Committee to be chaired by Dr Antonio Penna, Executive Director, NSW OHMR. The Steering Committee will provide advice and guidance to the project sponsor and will assist in monitoring strategic direction, and will be invited to join the evaluation panel for the CTMS vendor selection. The initial meeting of the CTMS Steering Committee was held on Wednesday 19 May 2021, which provided an introductory overview of the CTMS project and procurement process. The Steering Committee was also informed that an Expression of Interest will soon be circulated to the Local Health Districts seeking their interest in participating in the initial trials of the CTMS.

The pilot of the Sydney Research Health & Biomedical Research Leader Development Program, a pilot of the Embedding Quality Research state-wide initiative, commenced on 10 May 2021, with 27 participants from SLHD, HNELHD, SESLHD, WSLHD, the NHMRC Clinical Trials Centre and Institute for Musculoskeletal Health. Due to COVID-19 restrictions in the Greater Sydney region during May 2021, the first module of the program will be delivered virtually, with two sessions completed on 10 and 11 May 2021, and two further sessions to be delivered 7 and 8 June 2021. The second module of the program is scheduled to be held in person at SLHD in Camperdown on 21 and 22 June 2021 (COVID-19 permitting), otherwise will again be held virtually.

As a priority, OHMR are also focusing on investigating potential solutions to streamline research governance processes and avoid unnecessary delays due to administrative authorisation. With the support and input of Dr Teresa Anderson AM and the Sydney Research team, OHMR have developed a scoping paper that will be reviewed by an Expert Working Group and the EQR Steering Committee prior to seeking endorsement from the Secretary, NSW Health. To support the project's progression, Sydney Research and OHMR have also developed a position description for Project Manager (Embedding Quality Research) that was submitted to the Grading Committee for consideration.

Patient Family Centred Care 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 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 have been developed by the sub-group and are currently under review by a state-wide REGIS User Group as part of the REGIS review project led by OHMR. Ms Kylie Becker,

REGIS Subject Matter Expert, had informed Sydney Research that the parameters developed by the PFCC Research Working Group have been accepted with no further changes and will be implemented in REGIS in June 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 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?'. The sub-group met on Friday 23 April 2021 to further refine their approach and finalise the research proposal.

Organisational Support

A/Prof Fairbrother and Dr Conroy in collaboration with the Consumer and Community Participation team met with the RPA Consumer Network on 3 May 2021 to present on the initiatives of the PFCC Research Working Group and its intentions to establish a District Research Consumer Reference Group. Following the meeting, an expression of interest and draft Terms of Reference for the group has been circulated to the RPA Consumer Network. An additional presentation to the CRGH Consumer Network will be held in early June 2021.

Online Resources

The Sydney Research team have developed a monthly newsletter titled 'Consumers in Research', which will provide SLHD clinical departments and research teams with information on the latest initiatives, tool and events on consumer and community involvement in clinical trials and research. The first edition of the newsletter was circulated on Monday 1 March 2021 and has resulted in an increase of 92 new subscribers. A/Prof Fairbrother is developing an ethics application to undertake a series of interviews with consumers and researchers, which will form a regular component to the newsletter and provide a personal insight into the ways that consumers can be involved as partners in research and the benefits of their involvement.

Dr Conroy and Sydney Research are in the process of developing a webpage for the Sydney Research website, which will centralise the tools and resources available and raise awareness of existing initiatives on consumer involvement in research for use by researchers across and within SLHD.

SLHD Digital Health Strategy

Sydney Research are supporting SLHD ICT Services in the development of the SLHD Digital Health Strategy 2021-24. A virtual workshop will be held in early June 2021 with key research partners to provide input to enable and strengthen research capability, innovation, translation and commercialisation with SLHD. Interactive collaboration platforms will be accessible to enable contribution, with a survey also sent to ensure partner input is incorporated into the Digital Health Strategy.

Sydney Health Partners (SHP)

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 continues to participate across all five (5) of the Platforms.
- Adj A/Prof Fairbrother has been leading the coordination of a Consumer Advisory group to support the collaborative cellulitis project. 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 Advisory Group will involve eight (8) consumers across SLHD, NSLHD and WSLHD, and will aim to build knowledge of the patient experience and need in relation to cellulitis prevention service delivery. *Encouraging More Clinical Trials in Australia*

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 Panel met on 23 February 2021 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 pilot at Royal North Shore Hospital. The next meeting will be held on 5 July 2021.

Sydney Research Council

The Sydney Research Council met virtually on 25 May 2021 and welcomed new members Prof Georgina Long AO and Prof Richard Scolyer, Co-Directors of the Melanoma Institute Australia, Mr Chris Bennetts PSM, Executive Director, Precincts (Tech Central), Greater Sydney Commission, Dr Daniel Steffens, Director, Surgical Outcomes Research Centre (SOuRCe) and Dr Antonio Penna, Executive Director, OHMR.

Prof Paul Young, Chief Executive Officer, Ab Initio Pharma introduced its Pharmaceutical Manufacturing and Research and Development (R&D) Services at RPA. Ab Initio Pharma was established as a spin-off from the University of Sydney in partnership with Sydney Local Health District and peak industry body ARCS. The company provides innovators across Australia and globally with a flexible platform to rapidly translate bench-top discoveries to clinical trial products and fully-fledged commercial pharmaceuticals. The facility is purpose built and equipped with state-of-the-art technologies for GMP manufacturing, R&D as well as in vitro testing of formulation, device and packaging.

Prof Warwick Britton also reported on SLHD’s participation in the National Clinical Trials Accreditation Framework Pilot. Planning for assessment commenced in September 2020, with the virtual assessment completed on 3 and 4 March 2021. SLHD received the highest rating of Established systems (Category 3) across both the Clinical Trial Governance and Partnering with Consumers Standards, being only one of four pilot sites to achieve an Established rating overall.

Assessors commended the strong engagement and support for research and clinical from all levels of the District, including the SLHD Board, CE, General Managers, Clinical Directors, Heads of Department, Managers, Frontline and Support staff. It was also recognised that involvement of clinical trial investigators in the process, the investment in a dedicated Quality Manager to assist with gathering evidence, the ongoing monitoring of actions, initiatives, policy updates by Research Office were also critical to success.

Other Activities

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

- Australian Clinical Trials Alliance (ACTA) National Tribute and Awards Ceremony
- Ab Initio Pharma Tour
- Camperdown Ultimo Alliance meeting series
- University of Sydney Faculty of Medicine and Health Research Centres Review and application for the Institute for Musculoskeletal Health.
- SLHD Communications Board Sub-committee
- Representing SLHD in planning for key precinct developments, including the Camperdown-Ultimo Collaboration Area, Camperdown Health Education and Research Precinct, RPA Redevelopment, Tech Central and Central Railway developments, Eveleigh and Pyrmont.

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 852 subscribers
- The PFCC Research Working Group bi-monthly newsletter, 'Consumers in Research', has an audience of 162 subscribers.
- @SydneyResearch currently has 1,093 followers on Twitter

COVID-19 UPDATE

The District continues to perform well in relation to our staff vaccination program, with 93% of Phase1a staff and 76% of all staff having received their first COVID vaccination. 74% of all staff are fully vaccinated. A small number of staff have declined to be vaccinated, due to reasons such as pregnancy or attempting to become pregnant. All staff that have decline to receive the vaccination have been moved to low risk areas.

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 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.
- Continued to ensure COVID-19 Clinic surge capacity

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.
- At the end of May 2021, the SHA had 402 negative cases and 26 positive cases.

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.
- Continued the NSW Health Testing Program for Airport Workers at Sydney International Airport (Saliva Testing) and Daily testing.

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
- Continuation of Fit Testing for staff
- Commencement of Fit Testing for staff from high risk areas, note this is on top of existing Fit Checking that currently occurs.

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.
- Enhanced and expanded Contact Tracing through the SLHD Public Health Unit for locally acquired cases. Support to NSW Health and the State of Victoria in providing contact tracing to assist their outbreak management team.
- Assistance provided to NSW Health in providing Special Health Accommodation for incoming international passengers under the Public Health Order requiring medical supervision.

Strategic Communications and Relations

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

SLHD COVID-19 Support Centre

- Establishment of the SLHD COVID-19 Support Centre to answer enquiries regarding from people seeking assistance with general COVID-19 enquiries.
- Enhancement of the SLHD COVID-19 Support Centre to assist with enquiries regarding NSW Health Testing Program (Saliva Testing).
- Enhancement of the SLHD COVID-19 Support Centre to provide assistance to GPs with results from patients undertaking COVID-19 testing.
- Provision of assistance with members of the general public who have difficulty booking into either the NSW Health Vaccination Centre or the RPA Vaccination Centre or require to change their appointment date due to illness, self-isolation or other factors.

Quarantine Facility Surveillance Testing Program

- Coordination of and support for the NSW Health Testing Program (Saliva Testing) for Quarantine Facilities (NSW Police managed quarantine hotels).
- Continued management of the SLHD COVID-19 Support Centre to provide phone support to people required to undertake saliva testing as part of the NSW Health Testing Program.
- Continued management of NSW Health Testing Program for quarantine and border workers at Sydney Airport.
- Continued 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.
- Established the Surveillance Testing Program at Sydney International Airport for all border workers.

COVID-19 Vaccination Hub and Vaccination Clinic

- Sydney LHD was 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.
- Continued management of major Vaccination Clinic supported by RPA Hospital in the University of Sydney Mallett Street Building delivering up to 10,000 Pfizer vaccinations per week to Phase 1a and Phase 1b workers and General Population aged 40-49yrs.
- Continued management of Vaccination Clinic at Sydney Airport delivering up to 350 Pfizer vaccinations per day to Phase 1a and Phase 1B Border Workers.
- Continued management of the NSW Health Mass Vaccination Centre at 1 Figtree Drive originally enabled to administer 30,000 Pfizer vaccinations per week, soon moving to the ability to provide 36,000 Pfizer and 5,000 Astra Zeneca per week.
- Continued management of Flying Squad model to provide COVID-19 vaccinations to Residential Aged Care Facilities (RACF), Seaports, Disability Group Homes and other areas, in addition to in-reach to selected speciality clinics at RPA and Concord Hospital.
- Continued management of Vaccination related Health Information issues including error reports, data integrity checks, reviewing automatic extracts Medicare Australia via the Australian Immunisation Register (AIR).
- Continued management and monitoring of Policed Managed Quarantine Hotels, Airport and Special Health Accommodation vaccination compliance.

LHD and MoH initiatives and support

- Continuing to provide support to the MOH by seconding 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.
- Continued planning, preparedness and response work with RACFs within SLHD to prepare these facilities in the event of a COVID-19 outbreak.
- Continued planning, preparedness and response work 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.
- Continuing 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). SLHD oversees the saliva testing program of all quarantine and border workers in partnership with the SHEOC.
- Expanded the SLHD EOC to cover Vaccination Roll out.
- Establishment of major Vaccination Clinic supported by RPA Hospital in the University of Sydney Mallett Street Building delivering vaccination to Phase 1a and Phase 1b workers.
- Established Vaccination Clinic at Sydney Airport delivering vaccination to Phase 1a and Phase 1B Border Workers.

Interagency

- Continued regular meetings with Emergency Management representatives from LGAs (City of Sydney, Inner West, Burwood, Strathfield, Canada Bay and Canterbury Bankstown Councils).
- Continued working with the PHEOC/PHRB on the framework to deal with an outbreak within a social housing complex.
- Continued to 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
- Continued regular meetings with the SHEOC on Airport and 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: 27.8.21