
Sydney Local Health District

Meeting One Hundred and Seventeen of the Board

Date: Monday 15 November 2021

Time: 8.00am - 10.00am

Venue: Via Zoom

Chair: The Hon. John Ajaka, Chair

1. Present and apologies

The Hon, John Ajaka, Chair
Ms Ronwyn North, Member
Dr Mary Haines, Member
Ms Kerry-Anne Hartman, Member
Mr Richard Acheson, Member
Mr John McGee, Member
A/Professor Christine Giles, 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
Mr Tom O'Sullivan, GHMP Trainee
Mr James Sheather, GHMP Trainee

2. Welcome and introductions

The Chair acknowledged the traditional owners of the land.

The Chair welcomed members and guests to meeting one hundred and seventeen 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.

Minutes

4. Confirmation of previous minutes

4.1 Minutes of the previous meeting held 18 October 2021

The minutes of the Board Meeting held on Monday 18 October 2021 were moved and seconded as a true and accurate record of the meeting.

The Chair signed the minutes.

4.2 CE Report – October 2021

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

5. Matters arising from the previous minutes

5.1 Action sheet

The Board received and discussed the action list including:

- The thank you letters were distributed to the Board Members on 20 October 2021. This agenda can be removed from the action list.
- The Sustainability Committee terms of Reference were distributed to the Board Members on 9 November 2021. This agenda can be removed from the action list.
- The Social Housing addresses have been removed from the CE report. This agenda can be removed from the action list.
- The remainder of the action items are still pending.

6. Patient Story

Dr Anderson provided a verbal report from a family whose mother was a patient of the Sydney District Nursing Services and the Redfern Community Health Service. The family were very grateful for the palliative care and support provided by these services.

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.

8. Chair's Report

The Chair provided a verbal report including:

- Congratulations to all staff involved for winning the Premier's Award
- Support from Board Members re Canterbury Hospital redevelopment planning
- The tours of our facilities have been very impressive to date, in particular RPA Virtual.

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.
- This report includes a mixture of data for the period August, September and October 2021.
- A new governance structure will be trialed for six months in Mental Health Services. This will include the appointment of a General Manager to assist the clinical staff to oversee the \$200M budget and one hundred and seventy seven beds and allow for planning for future growth.
- A copy of the Recovery Plans for elective surgery will be provided to the Board.
- Need to balance opening up and COVID-19
- Ministry's Guideline for Privately Referred Non-inpatient Service was discussed. Work is continuing where a valid referral to a treating doctor is received and a gap analysis is being prepared.
- A presentation on the Diabetes Model of Care Redesign will be provided to the Board in the new-year.
- For the period ending 30 September 2021, GF Expenditure was \$95.368M (16.05%) unfavourable to budget. The District has assessed the YTD September 2021 COVID-19 Incremental cost as \$215.367M. The District's unfavourable result for YTD September 2021 was primarily due to COVID-19 Incremental expense of \$94.736M and the delay in budget supplementation for Outsourced Elective Surgery, Clinics and Screening, COVID-19 Wards, Pathology testing, Special Health Accommodation, PPE, Cleaning, Contract Tracing and Vaccination Program associated with the standard Treasury reconciliation process. The District has received the August 2021 COVID-19 Stimulus Budget of \$68.619M in September 2021. Excluding the impact of COVID-19, the District is \$632K unfavourable to YTD September 2021 Expense budget.
- The MoH ABF team were very complimentary on the use of the District's COVID dollars at a recent meeting.
- Sydney Research is on-going and progressing very well
- The information on COVID-19 was noted including:
 - the changing protocols for managing COVID-19
 - staff remain diligent and are prepared for any out-break
 - management of close contacts
 - roll-out of third doses
 - risk assessments for staff
 - compulsory wearing of masks

- four square metre rule

9.1 Finance and Performance Reports

9.1.1 SLHD Board reporting pack – September 2021

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

9.1.2 Selected Performance Indicators – September 2021

The Board noted this report was not available.

9.1.3 HealthPathways Dashboard Report

The Board received, read and noted this report.

9.1.4 MoH Board Report for the SLHD

The Board received, read and noted this report for the period April to June 2021 including:

- Telehealth reporting does not include RPA Virtual
- The non-performing rates of seclusion is due to the high acuity of the patients. This is for on-going discussions with the MoH.
- Not possible to do everything due to the COVID response, however confident in all the services.

9.1.5 HAC Committee Report

The Board received, read and noted this report.

9.2 Project updates

9.2.1 Lifehouse

Nil to report.

9.2.2 Macquarie International Private Hospital

Nil to Report

9.3 Capital Works Report

The Board received, read and noted the Capital Works report. Following a tour of the RPA Hospital last week, the Board were impressed by the new Renal Dialysis Unit on level 2 in the PMBC.

Minutes

9.4 Clinical Governance and Risk Reports

(i) Quarterly Report

The Board noted the next report for the period July – September 2021 is due in December 2021.

(ii) Between the Flags and CERS

The Board received, read and noted this report, in particular, there are no areas of concern and no recommendations.

(ii) SLHD Risk Register

The Board noted this report is due in December 2021.

9.5 Audit and Risk Committee Report (period 15 September 2021 – 17 November 2021)

The Board noted this report for the period 15 September 2021 – 17 November 2021 is due in December 2021.

9.6 Facility Reports – September 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, in particular, the emergency department presentations compared to last year is due to COVID lockdowns.

(iii) Community Health

The Board received, read and noted the Community Health Services report, in particular,

- the restructure of Sydney District Nursing sitting with RPA Virtual is working very well
- the appropriateness of some Council owned facilities for the provision of clinical services.

(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, in particular, the establishment of “virtual pods” in each community health centre to provide staff with capacity to conduct audio and video virtual contact.

(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. The Emergency Department ETP admitted/discharge four hour rule was explained.

(x) RPA Virtual Hospital

The Board received, read and noted the RPA Virtual Hospital report. An Evaluation report will be provided to the Board at the next meeting.

(xi) SLHD Special Health Accommodation

The Board received, read and noted this report. A verbal report was provided on the increase of reported incidents and examples of concerning behavior.

(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. It is to be noted:

- there are 650 Boarding Houses/Hostels in our District.
- Management of current COVID outbreaks include a School, Aged Care Facility and in a Church.

(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.

Minutes

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 18 October 2021.

11.2 Education and Research Committee

The Board noted the next meeting is to be held on 15 November 2021.

11.3 Communications Committee

The Board noted the next meeting will be held in 2022.

11.4 Audit and Risk Committee

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

11.5 Health Care – Clinical Quality Council

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

11.6 Health Care – Clinical Council

The Board noted the next meeting is to be held on 24 November 2021.

11.7 Medical Staff Executive Council

The Board received, read and noted the minutes of the meeting held on 5 November 2021.

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

The Board noted the meeting to be held on 3 November 2021 was cancelled.

11.9 Aboriginal Health Steering Committee (bi-monthly)

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

11.10 Organ Donation for Transplant – Quarterly Report (July 2021 – September 2021)

The Board received, read and noted the report for the period July 2021 – September 2021.

12. Other Committee reports / minutes

12.1 Sustainability Committee (bi-monthly)

The Board noted the meeting to be held on 19 October 2021 was cancelled.

Minutes

12.2 Medical and Dental Appointments Advisory Committee

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

12.3 Surgical Demand Committee (bi-monthly)

The Board noted the meeting to be held on 20 October 2021 was cancelled.

12.4 Finance Leaders Forum

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

12.5 NSW Health / SLHD Performance Review Meeting

The Board noted the next meeting is to be held on 10 December 2021.

12.6 Organ Donation for Transplantation

The Board noted the meeting held on 28 September 2021 was cancelled.

12.7 Major Procurement, Assets and Imaging Steering Committee

The Board received, read and noted minutes of the meeting held on 12 October 2021.

12.8 Yaralla Estate Community Advisory Committee (bi-monthly)

The Board noted the next meeting is to be held on 16 November 2021.

12.9 Concord Hospital Redevelopment Executive Steering Committee

The Board received, read and noted the minutes of the meeting held on 15 September 2021.

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

The Board noted the next meeting is to be held in 2022.

12.11 Security and Violence Prevention Committee

The Board noted the meeting to be held on 7 October 2021 was cancelled.

13. Matters for noting

13.1 Chief Executive's Priorities

The Chief Executive provided a verbal report on the Chief Executive's top twenty priorities. A copy of the list of the priorities is to be circulated via email to the Board this afternoon for review and comments by the end of the week.

13.2 Recruitment – Program Manager

Interviews have been held for the position of “Program Manager”. This position will assist to deliver safe care of mental health and behaviourally disturbed patients in acute care facilities.

13.3 SLHD AGM

The virtual AGM will be held on 2 December 2021 at 4.00pm.

14. Other Business

14.1 Opening of Borders

The District is optimistic with the opening of the borders, however, will remain alert and be prepared and ready to act swiftly.

14.2 Tours of Facilities

The Board commented on the very valuable tour to the facilities so far and places all the relevant reports into context.

14.3 Planning Day

The Board discussed the Planning Day for next year. It is to be held end of February 2022.

15. Next Meeting

The next meeting will be held on Monday 20 December 2021 at 8.00am (Virtually) or 9.00am (in person).

The meeting closed at 9.30am


Chair

20 . 12 . 21
Date

Board Report

Chief Executive's Report to the Finance, Risk and Performance Management Committee and the SLHD Board November 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 Serious Adverse Events overdue during the month of September 2021.

There was an increase in the number of Mental Health Readmissions within 28 days for the month of July 2021 to 21.6% in comparison to 17.5% for the same period last year. The District is investigating what may be contributing to this. 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, reporting 4.6% for the month of August and 5.4% YTD August, which is below the State average of 5.6% for the month and 5.9% YTD August. Unplanned Emergency Representations (same ED within 48 hours) were 4.2% for the month and YTD September 2021, which is below the State averages of 4.5% for both the month and YTD September 2021.

The District is performing well in relation to infection prevention and control and is below the target (1.0/10,000 bed days) for Staphylococcus Aureus Bloodstream Infections (SABSI), with 0.2 per 10,000 bed days for the month of July 2021. There was 0 Central Line Associated Bloodstream (CLAB) infections reported in June 2021. Ongoing education and training in infection control strategies and CLAB awareness discussions at ICU morbidity and mortality meetings continue. The District has invested significantly during COVID-19 on additional infection prevention and control measures which have also been supported by the Tiger teams.

The District is performing well in relation to 13 of the 14 HACs. The rate of hospital acquired endocrine complications was at 31.3 per 10,000 episodes which is above the target of 29.7 for the 12 month rolling period of August 2020 – July 2021. However, hospital acquired endocrine complications decreased by 84 instances during the reporting period, when compared to the same period last year.

The District continues to work on improving its 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. September 2021 premium staff usage has decreased by 0.71 for Medical staff

and increased by 1.56 and 0.99 for Nursing and Allied Health staff respectively when compared to the same period last year. This was associated with the increase in COVID-19 cases during August September, 2021.

The District has continued to focus on ensuring its hospitals are appropriately staffed to manage the increasing activity associated with COVID-19 in the Emergency Departments, COVID-19 wards and Intensive care units that was occurring during September 2021. There has been ongoing focus on the workforce challenges in ICU surge activity which has been required to manage the recent COVID-19 outbreak since June 2021.

The District has also been continuing to focus on ensuring appropriate 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 7 days per week, the mobile vaccination clinics and the Special Health Accommodation which has had up to 1,200 patients at any one time. New models of workforce have been developed to ensure that nursing and medical staff are released to support the hospitals as hospital admissions have increased.

Activity

Significant pressure has continued to be placed on all hospitals in the District with the significant increase in the presentation and admission of COVID-19 positive patients and patients on COVID-pathways since June associated with the recent COVID-19 outbreak. Hospital capacity to deal with the outbreak has been increased through ceasing all non-urgent elective surgery and reducing outpatient clinics across the District.

As a result, there has been a decrease of 17.11% in the number of separations (10,941) for the month of September 2021 when compared to the same period last year. YTD September separations have decreased by 13.25% when compared to the same period last year. This is consistent with the decrease in elective surgery and reduced inpatient activity associated with the latest outbreak of COVID-19. In September 2021, the District's occupancy rate decreased by 6.01% to 80.55% when compared to the 86.56% reported in September 2020.

There were 12,271 attendances to the District's Emergency Departments in September 2021, which is a 1.52% decrease from 12,460 in September 2020. YTD September Emergency Department attendances have decreased by 0.37% to 37,105 when compared to the same period last year. For the month of September, case weighted attendances have decreased by 2.59% when compared to the same period last year. The District is continuing to investigate the impact of COVID-19 on the reduction of Emergency Department presentations in partnership with the George Institute.

Emergency Treatment Performance (ETP) (formerly NEAT)

The District continues to work on its ETP performance. There was a 10.55% decrease in ETP in the month of September 2021 to 58.84% when compared to the same period last year which is due to the increased demands associated with the increase in COVID-19 cases presenting to and being admitted to its hospitals. YTD September ETP decreased by 7.98% to 60.85% when compared to the same period last year. Admitted ETP was below target (50%) for the month of September at 26.60%, which is a 16.99% decrease on the same period in the previous year.

Transfer of Care

The District performed below target (90%) for transfer of care (TOC) in September 2021, with 79.40% of all patients transferred from ambulance to our emergency departments in 30 minutes or less. This has been due to the significant increase in the number of patient on a COVID-19 pathway presenting to the Emergency Department which has significant increased processing times due to PPE and Infection Prevention and Control measures required.

Board Report



ED Triage

The District achieved triage Categories 1, 4 and 5 targets for the month of September. Triage Categories 2 and 3 performance is below the revised targets at 79.71% (target 95%) and 75.53% (target 85%) respectively. Triage time has been significantly impacted by the increase in COVID-19 patients and COVID-19 pathway patients as discussed above.

Elective Surgery

As indicated previously in this report, non-urgent elective surgery has been ceased to enable capacity to deal with the current COVID-19 Outbreak. As a result, there were 1,324 less elective surgeries performed in SLHD facilities in September 2021 when compared to the same period in the previous year, representing a decrease of 65.13% (excluding Collaborative Care surgery).

For the month of September, 100% of Category A, 93.61% of Category B, and 96.65% of Category C elective surgery patients were admitted within the clinically appropriate timeframe for their surgery. YTD September surgical patients not ready for care decreased 10.07% (397) when compared to the same period last year.

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

A Surgical Taskforce has been established at RPA, Concord and Canterbury Hospitals to oversee the surgical recovery program. Membership of the taskforce in each facility includes the District and Facility Executive, Senior medical, nursing and allied health clinicians and clinical directors from surgical departments, operating theatres, anaesthetics, emergency departments, ICU and wards.

Emergency Surgery

There were 5 less emergency surgeries performed in the month of September 2021 when compared to the same month last year, representing a 0.43% decrease. This is a significant improvement on last month.

Community Care and Hospital in the Home

The District has continued to manage its activity through the support of Sydney District Nursing, which continues to manage over 1,000 patients per day in the community who would otherwise be seen in Hospital. YTD September 2021 Hospital in the Home overnight separations decreased 0.1% when compared to the year to date period last year. There has also been an increase in virtual health care provided through the RPA Virtual Hospital.

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 19.76% variance for July, excluding Dental.

Stream*	Target	Actual	Variation	Variation %
Acute**	28,734	24,901	- 3,833	-13.34%

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ED	3,968	3,458	- 510	-12.84%
NAP***	7,910	17,847	9,937	125.62%
SNAP^				
MH Admit	2,948	2,887	- 61	-2.08%
MH NAP	1,828	1,894	66	3.61%
Total	45,388	50,988	5,599	12.34%
Dental DWAU	11,336	3,609	- 7,727	-68.16%
Dental NWAU#	1,423	453	-970	-68.16%
Total (NWAU)	46,812	51,441	4,629	9.89%

* All streams are in NWAU20 except NAP which is NWAU21

** 31 uncoded episodes

*** inclusive of COVID clinics and the Special Health Accommodation

^ Unavailable awaiting MoH upgrade to NWAU21

NWAU=589/4691*DWAU

REVENUE ENHANCEMENT DEVELOPMENT COMMITTEE

SLHD REVENUE COMMITTEE

Private Health Insurance Usage

For the month of September 2021, 15.05% (1,500 separations) of all patients discharged by SLHD facilities were classified as privately insured.

There was a decrease of 551 (26.86%) patients who elected to use their private insurance compared to the same period last year and a decrease of 26 (1.70%) in total separations from previous month. This is consistent with the decrease in elective surgical cases associated with the COVID-19 response.

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

- RPAH – a decrease of 377 (33.30%) private patients.
- Concord – a decrease of 125 (15.80%) private patients.
- Canterbury Hospital – a decrease of 25 (29.41%) private patients.
- IRO – a decrease from 23 to 0 private patients.
- Balmain Hospital – a decrease of 1 (5%) private patients.

Single Room Usage

For the month of September 2021, 7.27% of patients were flagged as infection control across the District.

For the month, 13% of all available single rooms were occupied by private patients and 31% of all private patients were accommodated in single rooms.

SLHD Strategic Revenue Network

Key notes:

- SLHD Strategic Revenue Network meeting was held in September 2021 where the matter regarding Ministry's Guideline for Privately Referred Non-inpatient Service was discussed.
- 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 141 registered users and total \$1.3M has been raised through the portal to date.

REDESIGN AND SERVICE IMPROVEMENT

Innovations

The Pitch

- Due to the COVID restrictions, the next round of the Pitch has been placed on hold.

CHR

- The GPCanShare Project team remains deployed to RPA Virtual Hospital to assist with the COVID response. Depending on the timing of the team's release they may be able to resume project work in February 2022 in line with the postponed ACI Redesign course.

Other Projects

- Diabetes Model of Care Redesign
 - Interviews for the new SLHD Outpatient Diabetes Model of Care gap analysis are underway. This work is expected to be completed by the end of November as agreed at the meeting with the CE on 14 September 2021.
 - The current state of the SLHD Outpatient Diabetes in Pregnancy Model of Care is to be tabled and discussed with SLHD executive once the COVID-19 situation becomes less pressing.

Accelerating Implementation Methodology (AIM):

The scheduled AIM course on 15-16 November has been cancelled due to COVID restrictions. There are no further courses planned for this year.

HealthPathways

Content Development and Maintenance

Supporting the handover of low to moderate COVID-19 positive cases in the Community the program developed the COVID-19 Case Management pathway. The pathway builds on previous COVID-19 adult assessment and management pathways and aligns to the rpavirtual model of care for sustainable COVID-19 management within SLHD. The pathway and model were consulted upon widely at local and state level with support from the ACI, RACGP and CESPAN. It has promoted through a number of CPD events locally. Work continues on maintaining this pathway given the fluid nature of COVID-19 management and notification of release and vaccine exemption.

The Program Team continues to support the development of state-wide COVID-19 content for the ACT/NSW HealthPathways community with HP Sydney being the Lead regions for Post COVID-19 Conditions HealthPathway and a COVID-19 Isolation Support pathway.

Currently we have the following COVID-19 vaccine specific content accessible to General Practice:

	Page views October 1 - 24	Page views September 2021	Page views August 2021
COVID-19 Vaccination Information	76	197	227
COVID-19 Vaccination Procedure	76	141	230
COVID-19 Vaccine-induced Thrombosis with Thrombocytopenia Syndrome (TTS)	44	196	326

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Myocarditis and Pericarditis After mRNA COVID-19 Vaccines	134	131	
COVID-19 Case Management	911		
COVID-19 Initial Assessment & Management	207	89	71
Post-COVID-19 Conditions	158	55	55

Some return to normal productivity will commence in late October and November with the return of Program team members from mobile vaccination services. Major updates also took place during this reporting period to accommodate the launch of 13 new GP e-Referral across Concord and Royal Prince Alfred Hospitals. Taking the total of e-Referral forms now available to General Practice to 58.

Usage of HealthPathways

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

	*October 1 - 24 2021	September 2021	August 2021	*October 1-24 2020
Users	1,365 ↑ 28.53%	1,435	1,450	1,062
Sessions of use	7,980 ↑ 26.14%	9,808	9,370	6,326
Total Page Views	26,494 ↑ 23.45%	32,732	30,951	21,461

- Comparison data

SLHD e-Referral Project

Service recruitment

The phase 1 implementation of e-Referral at Royal Prince Alfred Hospital occurred on the 13th October 2021. This implementation enables 13 services to now receive electronic referrals from General Practitioners. The launch also included 1 service at Concord Hospital and form updates across a number of SLHD services. The RPA Virtual form was modified to align with the new model of care provided by the service. As part of the October 2021 launch, all testing and training activities were completed, with 50 staff members trained to access the receiving platform, RMS Lite.

Work has recommenced on the development of the forms for Phase 2 of the Royal Prince Alfred Hospital implementation. Phase 2 services require customised referral forms, and the Project Team will continue to work with services to design these forms over the coming months.

Board Report

Development work has commenced by the e-Referral vendor for the Engage.Outpatients Project. The anticipated go live date of this project is February 2022.

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	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	Live
Royal Prince Alfred Hospital Phase 1 (13 services)	October 2021	Live
Engage Outpatients Program: Gynaecology, Pelvic Mesh and Maternity – Royal Prince Alfred Hospital	2022	Build
Royal Prince Alfred Hospital (5 services)	2022	Design

Platform development

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

Referrer update:

- A total of 1551 referrals have been received.
- 70% of referrers using HealthLink to refer to SLHD have referred more than once.

FINANCIAL PERFORMANCE – NET COST OF SERVICE BASIS

GENERAL FUND (GF)

The 2021/22 Service Level Agreement between the Board and Ministry of Health has key financial performance targets for Expense and Revenue. The following analysis reflects the result for the period ended 30 September 2021 based on the District's budgeted NCoS.

For the period ended 30 September 2021, GF Expenditure was \$95.368M (16.05%) unfavourable to budget. The District has assessed the YTD September 2021 COVID-19 Incremental cost as \$215.367M. The District's unfavourable result for YTD September 2021 was primarily due to COVID-19 Incremental expense of \$94.736M and the delay in budget supplementation for Outsourced Elective Surgery, Clinics and Screening, COVID-19 Wards, Pathology testing, Special Health Accommodation, PPE, Cleaning, Contract Tracing and Vaccination Program associated with the standard Treasury reconciliation process. The District has received the August 2021 COVID-19 Stimulus Budget of

Board Report

\$68.619M in September 2021. Excluding the impact of COVID-19, the District is \$632K unfavourable to YTD September 2021 Expense budget.

YTD September 2021 Expenditure increased significantly (by \$149.004M or 27.57%) compared to YTD September 2020 due to the increase in COVID-19 related activity (SHA occupancy, COVID-19 testing clinics, COVID-19 Vaccination clinics, COVID-19 patient activity in wards etc). The average monthly expense rate increased from \$160.292M (excluding LSL adjustment in June 2020) for the 2019-20 Financial Year to \$188.249M (excluding LSL adjustment in June 2021) for the 2020-21 Financial Year and to \$229.8M YTD September 2021. Increase in FTE numbers and the impact of COVID-19 is contributing to these results.

GF Revenue (including Doubtful Debts) was \$6.699M (3.33%) favourable to budget for the month and \$38.226M (6.42%) favourable to YTD September 2021 budget. The District continues to see unfavourable results in a number of Own Source Revenue categories including Patient Fees, High Cost Drugs, Facility Fees and Prosthesis income as a result of the impact of COVID-19. Excluding the impact of Quarantine Hotel Passenger Fees on Own Source Revenue and Doubtful Debts, the District is \$14.979M unfavourable to September 2021 GF Revenue budget primarily due to the impact of COVID-19 and in particular on elective surgery activity. The District recognised Quarantine Hotel Passenger Fees of \$61.440M YTD September 2021. MoH is yet to provide a Revenue budget for this, thereby resulting in a favourability. This revenue is separate to the District's Own Source Revenue target.

The NCoS for September 2021 was \$16.212M unfavourable to budget. For YTD September 2021, the District's NCoS was \$57.142M unfavourable to budget. Excluding the impact of COVID-19 (Expenditure, Quarantine Hotel Passenger Fees and Doubtful Debts) SLHD is \$15.611M unfavourable to NCoS budget. This unfavourability in NCoS is primarily due to the impact of COVID-19 on Own Source Revenue as mentioned above. The table below shows the summary of the YTD September

Board Report



2021 Financial Performance – including and excluding the impact of COVID-19:

	YTD Actual \$000	YTD Budget \$000	Variance (Actual vs Budget) \$000	
Expense (incl COVID)	689,401	594,033	-95,368	Unfav
Pending COVID-19 budget supplementation	215,367	120,631	-94,736	Unfav
GF Expense (excl COVID-19 impact)	474,035	473,402	-632	Unfav
Own Source Revenue	-112,602	-64,992	47,610	Fav
Quarantine Hotel Passenger Fees	-61,440	0	61,440	Fav
GF Revenue (excl the impact of Quarantine Hotel Passenger Fees)	-51,163	-64,992	-13,829	Unfav
Doubtful Debts (incl Quarantine Hotel Passenger Fees)	9,419	192	-9,226	Unfav
Loss on Sale of Asset	158	0	-158	Unfav
Doubtful Debts (Quarantine Hotel Passenger Fees)	8,235	0	-8,235	Unfav
Doubtful Debts & Loss on Sale of Asset (excl the impact of Quarantine Hotel Passenger Fees)	1,342	192	-1,150	Unfav
NCoS (excl the impact of Quarantine Hotel Passenger Fees)	424,214	408,603	-15,611	Unfav

MoH provides COVID-19 incremental budget one month in arrears

Unfavourable to budget due to the impact of COVID-19 on OSR including Patient Fees, Facility Fees and Prothesis incomes

Unfavourable to budget primarily due to the impact of COVID-19

The District, based on MoH requirement to show full year COVID-19 impact, projects the NCoS to be unfavourable for the 2021/22 financial year by \$410M relating to unfavourable results for: Expense (\$600M) related to the management of the COVID-19 response and Doubtful Debts (\$20M) offset by a favourable result for Own Source Revenue (\$210M) due to the impact of COVID-19 Quarantine Hotel Passenger Fees.

Excluding the impact of COVID-19, the District forecasts a break-even position for Expense and unfavourability of \$4.7M in Doubtful Debts. Excluding Quarantine Hotel Passenger Fees, the District forecasts unfavourability of \$30M in Own Source Revenue due to the impact of COVID-19.

The Chief Executive and the A/Executive Director of Finance are confident that the District would have an on budget NCoS result (excluding the impact of COVID-19 and Doubtful Debt) for the 2021/22 financial year despite the challenges that are facing the District. The District has continued to maintain the good controls that it has in place and monitors performance on a daily basis despite the material increase in all activity (prior to the advent of COVID-19) and the impact of the management of the COVID-19.

The major variances for the month were:

Expenditure

- GF Total Expenditure for the month of September 2021 was \$22.911M (10.35%) unfavourable to budget. The result for the month was primarily attributable to unfavourable results for Goods and Services Expenses (\$18.198M), Employee Related Expenses (\$3.657M) and RMR (\$1.462M) offset by favourable results for VMOs (\$0.551M).

Board Report



- YTD September 2021, GF Total Expenditure was \$95.368M unfavourable to budget, primarily reflecting unfavourable results for Salaries & Wages (\$11.548M), Overtime (\$13.927M), Annual Leave Provision (\$4.013M), Superannuation (\$6.993M), VMO Payments (\$1.016M), RMR (\$5.507M) and Goods & Services (\$51.669M). Excluding the impact of COVID-19, the District is \$0.632M unfavourable to YTD September expense 2021 budget.

Revenue

- GF Total Revenue for the month of September 2021 was \$6.699M (3.33%) favourable to budget, reflecting the favourable results from User charges (\$12.498M) and Grants and Contributions (\$0.717) offset by unfavourable results in Patient Fees (\$2.107M), Other Sources of Revenue (\$1.125M) and Doubtful Debts (\$3.285M).
- YTD September 2021 GF Revenue was \$38.226M (6.42%) favourable to budget. This result reflects favourable variance in Quarantine Hotel Passenger Fees (\$61.44M), Car Park Fees (\$0.251M) and Pharmacy Sales (\$0.07M) offset by unfavourable variances in High Cost Drugs (\$0.254M), Facility Fees (\$1.394M), Prosthesis Income (\$1.186M), Patient Fees (\$5.719M), Grants and Contributions (\$0.077M) and Doubtful Debts \$9.226M. The unfavourability in Patient Fees, Facility Fees, Prosthesis Income and Pharmacy Sales is predominantly due to the impact of COVID-19. Excluding the impact of Quarantine Hotel Passenger Fees on Own Source Revenue and Doubtful Debts, the District is \$14.979M unfavourable to September 2021 GF Revenue budget primarily due to the impact of COVID-19.

SPECIAL PURPOSE AND TRUST (SP&T)

SP&T NCoS was \$3.577M unfavourable to budget for the period of September 2021. This result reflects unfavourable budget variance for Expenditure (\$0.736M) and Revenue (\$2.84M).

CONSOLIDATED RESULT

For the period ended 30 September 2021, the consolidated YTD NCoS result for the General Fund and SP&T was \$60.718M unfavourable to budget. The result comprises unfavourable variances for Expenditure (\$96.104M), Doubtful Debts (\$9.226M), Loss on Sale of Asset (\$0.158M) and favourable variances for Own Source Revenue (\$44.77M).

FINANCIAL PERFORMANCE – BASED ON NEW MOH REPORTING FORMAT

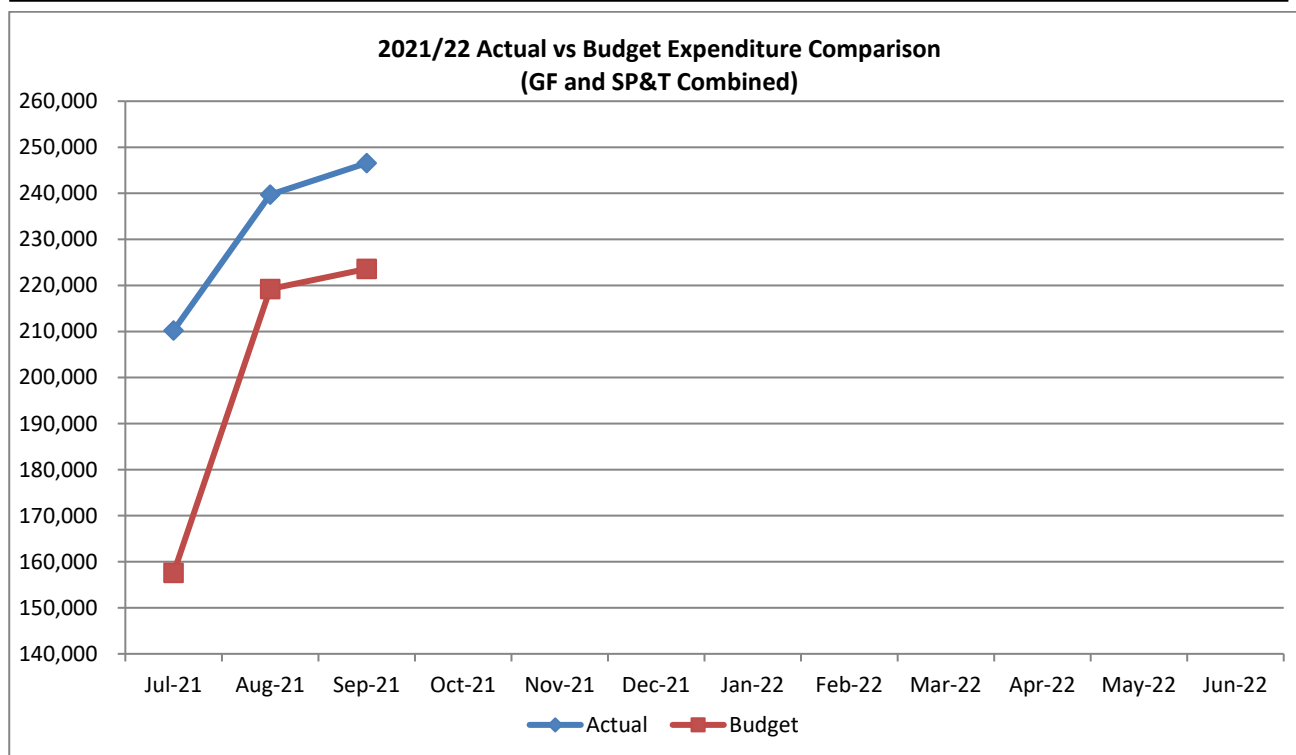
For the period ended 30 September 2021, SLHD recorded a Total Net Result of \$43.944M which was \$60.638M unfavourable to budget. The Net Direct Operating Result (GF and SP&T) for YTD September 2021 was \$45.417M unfavourable to budget, reflecting an unfavourable budget variance for Expenditure (\$90.267M) offset by favourable variance for Revenue (\$44.850M).

For the YTD September 2021, Total Direct Revenue was \$44.850M favourable to budget, comprising a favourable variance for the General Fund (\$47.610M) and unfavourable variance for SP&T Fund (\$2.760M). This result for the GF reflects favourable variances in User Charges offset by unfavourable variances in Patient Fees, Other Income and Grant Income.

YTD September 2021 Total Direct Expenditure was \$90.267M unfavourable to budget, reflecting an unfavourable variance for General Fund (\$89.826M) and SP&T Fund (\$0.441M). The result for the General Fund reflects unfavourable variances in Salaries & Wages (\$11.548M), Overtime (\$13.927M), On-costs (\$10.874M), VMOs (\$1.016M), Grants (\$0.791M), Direct Clinical Operating (\$16.264M), G&S Corporate (\$30.223M) and G&S Supporting Services & Utilities (\$5.182M).

MONTHLY BUDGET PERFORMANCE

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



LIQUIDITY

The cash balance at 30 September 2021 for the SLHD Operating bank account was \$25.284M and the Operating Cash book balance was \$25.052M.

CAPITAL WORKS – SMRS PROJECTS

As at 30 September 2021 the District's Full Year Capital works budget relating to SMRS Projects is \$13.450M comprising \$7.801M of MoH funded and \$5.649M of locally funded projects. In September 2021 a locally funded project (Canterbury Hospital Radiology Screening Unit - \$0.475M) was approved by MoH.

Actual expenditure as at the end of September 21 was \$0.1874M which is on budget. In addition, the actual expenditure for MoH funded Minor works & Equipment for COVID-19 was \$0.262M at the end of September 2021.

OTHER CAPITAL PROJECTS

As at the end of September 2021, the District has expended \$0.227M relating mainly to RPAH Paediatrics Stage 3, RPAH Microsurgery Lab Redesign and CRGH Research Centre. The total expenditure of \$0.127M was sourced from the General Fund.

CAPITAL WORKS

RPA

Redevelopment

Key activities undertaken for the RPA Redevelopment in October 2021 are as follows:

- Commencement of Design Competition
- Commencement of Clinical Design Development
- Continued development of design and documentation required for planning approvals for the Early and Enabling works packages.
- Ongoing development of staging and decanting strategy and consultation with users to facilitate initial moves.

Parent and Baby Unit

Over the course of this reporting period, service rough-ins for hydraulic mains, mechanical roof penetrations, nurse call and fire detection have all been successfully completed. External cladding and installation of the skylights are progressing well and civil works to the main entrance of the building have commenced. Wall sheeting and external painting works are also well underway.

Renal Dialysis PMBC Level 2

During October, the laying of the new vinyl flooring and installation of joinery was completed. Service fit-offs for fire detection was also completed and the installation of ceiling tiles and wall dispensers was underway.

RPU Hot Cells Building 63

Capital works activities that occurred during this reporting period include the ongoing installation of new pneumatic tubes and led shielding for the RPU hot cells. Mechanical service works and cladding for the external exhaust pipes also continued throughout the month. COVID-19 restrictions have continued to impact the delivery of this project including materials unable to be delivered as well as technicians that reside in areas outside of NSW unable to attend site.

Concord

Redevelopment

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

- Interim occupation certificate granted by the Principal Certifying Authority
- Accelerated completion of the redevelopment building to assist SLHD in the COVID-19 response and occupation of Levels 1, 2 and 3
- Orientation and training of all staff moving into the new COVID-19 response wards
- Defect inspections underway

CSSD Sterilising

Over the course of this reporting period, Stage 2 demolition works and mechanical rough-in and laggings were completed. Framing for the new ceiling commenced and installation of fire detection services was underway.

Sydney Olympic Park

SLHD Training Hub

The capital works program for the SLHD training hub was successfully completed. The facility has been commissioned and handed over for occupation.

PLANNING

Canterbury – Stage 0 Planning

- The Planning Unit has worked with the Canterbury Executive to undertake a round of consultations including:
 - Vision Workshop with Canterbury Executive
 - Meetings with Clinical Stream Directors
 - Workshop with Community-Based managers
- Service statements have been updated for 22 hospital services and 13 community health services. These have formed the basis of consultation with service groupings which have now commenced.
- The extensive range of demand management strategies is being documented.
- A particular focus is on Virtual Care. A District Workshop is planned for the end of November to discuss Canterbury virtual Care models.

- The Planning Unit has facilitated and written up two primary care provider and community workshops in collaboration with the Central and Eastern Sydney Primary Health Network to inform the options for improving care in the community.
- A set of proformas has been developed for consultation with the state-wide entities to test the alignment of the LHD planning with state-wide policies and plans and test the agreement with core planning assumptions, models of care and approach to the delivery of state-wide functions and services. The state-wide entities for the initial consultation include: Agency for Clinical Innovation, e-Health, Ministry of Health, NSW HealthShare and NSW Health Pathology.
- The forecasting analysis for the future infrastructure at Canterbury is being undertaken using the approved MoH Forecasting tool, HealthApp. Scenario modelling will be undertaken to reflect Canterbury's models of care and future strategy.

Canterbury Hospital Dialysis Unit

The Planning Unit has contributed to the development of the renal dialysis and education interim strategies for Canterbury.

Tech Central (Camperdown-Ultimo Collaboration Area)

- Planning continues in collaboration with the Greater Sydney Commission for a Tech Central brand, website, narrative, a set of case studies and a place collaboration tool (map).
- A workshop has been organised for the Greater Sydney Commission to provide an update on the RPA redevelopment.

Other Plans

The following plans are being supported to some extent by the Planning Unit

- SLHD Mental Health Strategic Plan.
- Rpvirtual Strategic Plan
- SLHD Workforce Strategic Plan.
- SLHD Aboriginal Workforce Strategic Plan.
- SLHD Education Strategic Plan.
- SLHD Digital Health Strategy.

SYDNEY RESEARCH

COVID-19 Operational Support

The Sydney Research teams continues to support Sydney Local Health District (SLHD) in its response to COVID-19 and with the vaccination program as members of the SLHD COVID-19 Steering Committee; in ensuring that our research, clinical, academic and industry partners are informed of the latest guidance, restrictions and data; and in coordinating approximated 90 individuals from across our partnership to support the vaccination centres managed by the District as well as with the Special Health Accommodation, rpavirtual and general hospital services.

Franklin Women

2021 Dr Teresa Anderson AM Scholarship

Franklin Women announced a new scholarship titled after Dr Teresa Anderson AM in recognition of Dr Anderson's contributions to Franklin Women, the research community, and towards supporting the community in the COVID-19 response and vaccination program. The 2021 Dr Teresa Anderson Scholarship aims to support health and medical researchers that are experiencing additional unexpected caring responsibilities as a result of the COVID-19 pandemic, and required to balance these additional responsibilities with full-time work or research.

Board Report



Applications for the 2021 Teresa Anderson Scholarship closed on Saturday 22 August 2021, and 12 applications were received from across the Franklin Women partnership (including one application from SLHD). The Franklin Women team have notified Sydney Research that there were 8 well-deserving successful recipients, which include:

Recipient	Position	Organisation	Amount/Type of Support
Dr Melissa Farnham	Cardiovascular Neuroscience Unit Leader	Heart Research Institute	\$520, Meal Service
Dr Monica Zen	Research Fellow, focussing on preeclampsia in pregnant women	University of Sydney	\$700, Meal Service
Dr Kristina Cook	Research Fellow, focussing on the role of hypoxia in cancer and cardiovascular disease	University of Sydney and Westmead Hospital	\$500, Meal Service
Dr Daria Di Filippo	Medical practitioner, midwife and PhD candidate studying gestational diabetes	UNSW and Hunter New England Local Health District	\$1,000, Childcare
A/Prof Kirsten Morley	Director, Addition Treatment Research Stream	Edith Collins Centre, Royal Prince Alfred Hospital	\$700, Meal Service
Dr Kavita Bisht	Honorary Fellow, focussing on haematopoietic stem cell research	Mater Research institute	\$376, Professional memberships
Dr Shadma Fatima	Post-doctoral Fellow, focussing on stem cell biology and cancer	Ingham Institute of Applied Medical Research	\$200, Technical Writing Service
Dr Shu Yang	Neuropathology and Cell Biology lead within the Centre for Motor Neuron Disease Research	Macquarie University and the ANZAC Research Institute	\$520, Meal Service

Academic Leaders Brunch – Building Mentally Healthy Workplaces

Ms Ivanka Komusanac, Executive Director, Nursing and Midwifery Services and Ms Lou-Anne Blunden, Executive Director, Clinical Services Integration and Population Health participated in the annual Franklin Women Academics Leaders Brunch on Tuesday 19 October 2021. The Leaders Brunch is an opportunity for senior representatives across the member organisations of Franklin Women to meet informally, learn from the experiences of others, and bring back learnings to their own organisation and staff.

This year's session focused on contemporary thinking in building mentally healthy workplaces, especially following the COVID-19 pandemic and with respect to diversity and inclusion. Presentations were provided by Mrs Lucinda Brogden, Chair, Australian Government Mental Health Commission, Professor Angela Martin, Professorial Research Fellow in Work and Mental Health, Menzies Institute for Medical Research, and Mr Mike Powell, Chief Health and Safety Officer, University of Sydney.

Board Report



Mentoring Program Publication

The Franklin Women team have just published the formal evaluation of the 2018 Mentoring Program in the *BMJ Open* journal, titled 'Do mentoring programmes influence women's careers in the health and medical research sector? A mixed-methods evaluation of Australia's Franklin Women Mentoring Programme'. The publication was completed in partnership with the George Institute for Global Health, and is a mixed-method study measuring the outcomes as reported by mentors and mentees that participated in the 2018 Franklin Women Mentoring Program. The publication provides evidence that participation in the Program leads to positive outcomes for both mentees and mentors, including:

- Mentees reporting positive impacts on professional promotions, grant opportunities and their career plan.
- Mentees and mentors reporting changes to their understanding of diversity and inclusion as well as the knowledge and skills to be more inclusive.
- Mentors reporting positive impacts on their communication style and how they manage their teams.

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

As part of the initial stage of Round 6 of the Translational Research Grant Scheme (TRGS), five (5) Expressions of Interest (EOI) with SLHD as the Host Organisation were submitted by Sydney Research to the NSW Office for Health and Medical Research (OHMR) on Friday 22 October 2021. The five EOIs submitted include:

Chief Investigator/s	Project Title
Prof Paul HABER	Preventing advanced liver disease: a randomised controlled trial using a personalised approach
Ms Rheannwynn SNEESBY	Enhancing the identification and response to vulnerable children in the Emergency Department using an new framework of eHealth targeted, multidisciplinary team approach: The Safer Kids Project
Dr Michelle BARAKAT-JOHNSON & Prof Fiona COYER	Improving patient outcomes and reducing the hidden burden of chronic wounds: a digitally enabled Wound Model of Care (VIRTUE study)
Prof Vasi NAGANATHAN & Prof John CULLEN	The effectiveness, cost-effectiveness and implementation of a new Emergency Hospital in the Home model of care in reducing hospital admission rates of community living frail older people
Dr Kate MCBRIDE	A pragmatic controlled trial of a 'mental health screening and care planning program' for patients undergoing routine surgery

All applications received by Sydney Research with SLHD as the Host Organisation were reviewed and ranked by the SLHD Internal Expert Review Panel using the selection criteria outlined in the opportunity guidelines. These five EOIs were endorsed by the Chief Executive, SLHD, and received approval from all partnering organisations.

OHMR will be consulting with the Ministry's policy branches and statewide agencies for a targeted review and eligibility check for all EOIs received from participating NSW Public Health Organisations, and an internal review panel will be established to submit recommendations to Deputy Secretaries of NSW Health. The review process commenced on Monday 25 October 2021, and applicants will be notified of an outcome and their progression to a full application by Monday 31 January 2022.

NSW Office of Health and Medical Research (OHMR) – Embedding Quality Research

Research Governance

NSW OHMR and Sydney Research are leading a project investigating potential solutions towards a more effective and efficient research governance model. Ms Asra Gholami joined Sydney Research as the Project Manager for this initiative, to be guided by Adj A/Prof Vicki Taylor and Prof Terry Campbell, Research Director, St Vincent's Hospital Network.

Since her commencement, Ms Asra Gholami has developed a draft work plan covering the three phases of the project (*Understanding the Problem, Formulating Potential Solutions, and Reforming the Process*), undertaken an literature review and presented initial findings to the Expert Working Group, and is currently investigating a promising UK Governance model and its potential applicability within NSW. The body of work was presented by Ms Asra Gholami, Project Manager (Embedding Quality Research), Sydney Research to the Embedding Quality Research (EQR) Steering Committee on Thursday 21 October 2021.

The Expert Working Group have agreed and co-developed an anonymous survey for researchers and Research Governance Offices across NSW Local Health Services and Specialty Health Networks, which will be crucial as part of the first phase of the project in understanding the critical issues and barriers that currently exist with research governance. The survey has been circulated by Ms Asra Gholami to the Chief Executives and Research Directors of all NSW Public Health organisations, seeking their support to circulate to researchers and research governance officers within their own network for completion by Friday 12 November 2021

Intellectual Property and Commercialisation Support

Sydney Research have been in discussions with the Anne O'Neill, Director of Enterprise and International Partnerships and the OHMR team on a new initiative to provide structured business development support within NSW Local Health Districts to researchers with projects of commercial potential. Given the potential commercial exploitation of research and associated intellectual property matters, it has become evident that LHDS need increased support for innovation and commercialisation beyond what is currently provided both locally and through OHMR.

In tandem with a new NSW Health Intellectual Property and Commercialisation Framework that will be released over the coming month, OHMR have suggested a 12-month program to engage a service provider who will be embedded within the LHDs to work with research projects to develop business plans. The pilot program will seek to target high-quality research projects that are directly relevant to clinical, health service and population health practice in NSW. The program will be at no cost to the LHD's and will be sourced from the OHMR Commercialisation budget. If the pilot program is successful, OHMR will seek to implement the Program on a rolling basis. The initiative was presented to the EQR Steering Committee on 21 October 2021 for their endorsement.

Clinical Trial Management System

On 9 September 2021, OHMR announced the successful vendor and implementation schedule for CTMS. The CTMS is an online system that will act as a central repository for clinical trial management, including electronic document storage, financial management, participant management, forecasting and automatic reporting.

Advarra (formally Bio-Optronics) were announced as the chosen vendor, due to their impressive system functionality, capacity to centrally manage large scale dispersed healthcare organisations and demonstrated experience in both the Australian sector and internationally.

The CTMS will be tested and developed over the remainder of 2021 with the guidance and support of the CTMS Steering Committee (involving Adj A/Prof Vicki Taylor and Penny Vogelzang) and the CTMS Working Group (involving Prof David Cook and Merela Ghazal).

The pilot implementation of the system will occur at ISLHD and NSLHD from November 2021, with SLHD scheduled to implement the CTMS from August 2022 (Q3). Sydney Research have been working with OHMR on developing a communications and training strategy for the CTMS, which will include a NSW Health-wide communique, monthly webinars, onsite presentations, change managers and quick reference guides.

The Chief Executive, Director of Research, and Sydney Research had also met with Dr Tony Penna and the team from OHMR on Friday 1 October 2021 to discuss ongoing financial arrangements for the CTMS, where OHMR will fully fund the cost of the CTMS for the first 3 years, LHDs will be responsible for contributing from 1 September 2024. It has been suggested that the cost per LHD is proportional to their current trial portfolio and forecasted growth.

A webinar for all NSW Health Staff advising of the new CTMS platform and implementation strategy will be held on Wednesday 3 November 2021, which has been distributed amongst the SLHD Research network and through the Sydney Research e-Update and OHMR newsletter.

Clinical Trials Alliance

Sydney Research has been involved in discussions to establish a collaboration between SLHD, NSW OHMR, the University of Sydney and Sydney Health Partners to strengthen the capacity, efficiency and impact of clinical trials in NSW. The primary objective of the Alliance is to establish processes and new infrastructure that will be universally accessible and secure NSW as a global destination for clinical trials.

A monthly Think Tank series led by Prof Meg Jardine, Director, NHMRC Clinical Trial Centre has been arranged with Sydney Research, Dr Teresa Anderson AM, Dr Antonio Penna, Executive Director, OHMR, Prof Robyn Ward, Executive Dean and Pro-Vice Chancellor (Medicine and Health), University of Sydney, and Prof Don Nutbeam, Executive Director, Sydney Health Partners. The most recent meeting was held on Tuesday 28 July 2021, where it was agreed that a proposal outlining an initial strategy for the Alliance would be developed to seek the support of the NSW Health Secretary and University of Sydney. A Project Manager has been appointed by the NHMRC Clinical Trial Centre to support the development of this proposal prior to the next Think Tank meeting on Monday 29 November 2021.

The George Institute's Join Us Registry

Adj A/Prof Vicki Taylor and Penny Vogelzang have continued to participate on the Join Us Steering Committee on Monday 11 October 2021, where a new communications approach was discussed. All partnering organisations of Join Us have since been provided with a series of communication materials and messaging to encourage their staff to become involved in the registry. Sydney Research have provided SLHD Research and SLHD Strategic Relations and Communications team with this material, and have circulated via the Sydney Research e-Update and Twitter platforms.

Sydney Research have also arranged for Prof David Cook, Clinical Trials Governance, Innovation and Operations Lead to be involved in the Join Us Governance Sub-Committee, and Dr Karena Conroy, PFCC Consumer Engagement in Research Coordinator, SLHD, which will hold their next meetings in early November 2021.

Sydney Biomedical Accelerator Complex

Together with Health Infrastructure NSW and the University of Sydney, Sydney Research continues to lead the planning for the Sydney Biomedical Accelerator (SBA) Complex, a new world-class biomedical innovation complex to be located within the RPA and University of Sydney campuses. Dr Teresa Anderson AM and Adj A/Prof Vicki Taylor remain the SLHD Executive Leads on this project.

Board Report

An internal deadline of December 2021 has been set for a revised Strategic Business Case which has been requested by the Secretary, NSW Health and SLHD Chief Executive. The Business Case will comply with the requirements set for a Gate 1 Assurance Review reinforcing that the SBA is aligned with local service needs, system-wide objectives and Government policy using a collaborative approach.

To facilitate the delivery of the Business Case and according to the NSW Health Facility Planning Process, the following committees have been established

- SBA Executive Steering Committee, chaired by Rebecca Wark, Chief Executive, Health Infrastructure NSW
- SBA Project Planning and Delivery Committee, chaired by Dr Teresa Anderson AM, Chief Executive, SLHD
- SBA Internal Working Group, chaired by Adj A/Prof Vicki Taylor, Executive Director, Sydney Research and Steve Hall, Senior Project Director, Health Infrastructure NSW
- SBA Joint Working Group (SLHD/HINSW/USYD), chaired by Adj A/Prof Vicki Taylor, Executive Director, Sydney Research and Steve Hall, Senior Project Director, Health Infrastructure NSW

Dr Teresa Anderson and Adj A/Prof Vicki Taylor as her delegate have also been invited to join the University of Sydney SBA Project Working Group, which is predominately focussing on the infrastructure planning process and design competition application for the University's Building C with their confirmed \$150 million investment.

Sydney Research have been working closely with Steve Hall, Senior Project Director, Health Infrastructure NSW to engage the appropriate consultants to facilitate planning. Mr Sam Sangster, Managing Director, KLOK Advisory and former Chief Executive Officer for Health Infrastructure NSW has been engaged to develop an industry engagement and market sounding approach for the SBA. Health Infrastructure are currently advertising for a new Project Director and will soon engage a Probity Advisor and Ernst and Young as the Project Manager to support Business Case development and market sounding.

Sydney Health Partners

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

Encouraging More Clinical Trials in Australia

- The SHP Clinical Trials Advisory Panel (CTAP) has been established to progress this SHP initiative, in collaboration with the NHMRC Clinical Trials Centre and the NSW OHMR. SLHD is a key contributor to this initiative with both Sydney Research and SLHD Research represented on the Advisory Panel, which will next meet on Monday 1 November 2021 to discuss the progression of the centralised recruitment service that was implemented at the Institute of Bone and Joint Research, Royal North Shore Hospital to support and reduce the administrative burden associated with participant recruitment for clinical trials.
- SHP have also partnered with the University of Sydney to develop Electronic Trial Management Folders and associated Guidelines, which will be made publicly available on the SHP website later this year.

SHP Clinical Academic Groups

- Groups of clinicians and translational researchers are now invited to apply to establish a Sydney Health Partners (SHP) Clinical Academic Group.
- Under a specific clinical discipline or population group, these Clinical Academic Groups aim to accelerate the transfer of research innovation into health care improvements, and replace the previous themes and streams component of the SHP Strategy.

- Financial support will be available for each CAG with funding up to \$50,000 per annum as well as substantial in-kind support from the SHP Secretariat.
- The deadline for applications was Monday 4 October 2021.
- The newly established Research Development Sub-Committee of the SHP Board will review these applications as part of their first meeting on 24 November 2021

SHP Research Translation Fellowship Program

- Using the remaining allocated funds from the MRFF Rapid Accelerated Research Translation scheme and with the support of the SHP Board involving Dr Teresa Anderson AM and Adj A/Prof Vicki Taylor, SHP have developed the Research Translation Fellowship program to provide protected time for clinicians, health professionals and researchers to upskill in research translation methods and implement health care projects.
- As part of the program, fellows will be completing a research translation project and while doing so, will be provided with a salary stipend (0.4-0.5FTE) and support for learning and professional development.
- The successful recipients were announced on 26 October 2021, which includes Dr Merran Findlay, Robyn Sierla and Dr Nicholas Williams from SLHD.

Sydney Research Council

The Sydney Research Council meeting is scheduled for Tuesday 26 October 2021, which will feature an introductory presentation from the Chief Executive Officer and General Manager of Research Australia. SLHD have recently become a new partner of Research Australia, which is the national peak body for health and medical research, representing the entire health and medical research pipeline – from laboratory, the health service, to the marketplace.

Other Activities

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

- ClinTrial Refer and a potential new SLHD-branded application
- SHP Board Meeting
- SLHD Research Consumer Reference Group
- Business Sydney CBD Reference Group
- Research Australia Health Economics Roundtable
- Introductory meeting with Ingrid Marsh, Director of Partnerships and Business Development, Cicada Innovations
- Business Sydney Webinar with Amy Brown, CEO, Investment NSW
- TRGS Round 5 EVIDENCE Study Steering Committee
- Tech Central Communications Strategy with Greater Sydney Commission, Health Infrastructure NSW and the University of Sydney

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 823 subscribers
- The PFCC Research Working Group bi-monthly newsletter, 'Consumers in Research', has an audience of 140 subscribers.
- @SydneyResearch currently has 1,158 followers on Twitter

COVID-19 UPDATE – end of October

On 30 September, staff who are not compliant with the Public Health Order in relation to mandatory vaccinations will not be able to perform work, whether from a NSW Health site or remotely. The District has worked towards this requirement including a comprehensive review of all staff with the District and

their vaccination status. As at 30 October, all staff who are working have had at least their first dose of COVID-19 vaccine.

SLHD

- Central coordination of COVID-19 activities through the SLHD Emergency Operations Centre (EOC), central coordination of supply and ordering of PPE, equipment and other issues.
- Special Flying Squad Teams established to support community testing, Special Health Accommodation and other sites.
- Mobile Vaccination Clinics established to provide access to vulnerable communities to COVID-19 vaccination.
- Dedicated Outbreak Management Teams established to provide oversight and coordination for outbreaks within Social Housing Complexes, Residential Aged Care Facilities (RACFs), Disability Homes and Commercial Venues.
 - 18 RACF OMTs have been established and all have now been declared closed.
 - 38 Group Homes impacted by COVID-19 since 20 July 2021 and all have now been declared closed
 - There are no Group Homes or RACFs of concern as at the end of October, 2021.

SLHD Facilities

During September we saw a significant increase in COVID-19 presentations and hospitalisations, however, towards the last week of October 2021, COVID presentations and hospitalisation have significantly decreased and are significantly less than what had been projected. Towards the end of October 2021, RPA, Concord and Canterbury Hospitals have progressively increased internal surgical capacity back to 50 per cent in line with the MoH guidelines.

Activity included the following:

- Maintained 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.
- Maintained expanded inpatient COVID-19 ward spaces made available and utilised to manage COVID-19 positive and close contacts at RPA, Concord and when required Canterbury Hospitals.
- Creation of Staff and Visitor Screening Stations to check all people entering the health facilities established at all sites.
- Continued Staff and Visitor Screening Stations to check all people entering the health facilities established at all sites.
- Expanded community based COVID-19 Screening Clinics established Eddy Ave, Redfern, Summer Hill, and Roselands, capable of seeing between 1-2,000 people per day. Working closely with private providers to ensure rapid establishment of COVID-19 testing sites to assist with outbreak management.
- Continued to ensure COVID-19 Clinic surge capacity
- Expanded facility based COVID-19 Screening Clinics established at RPA, Concord and Canterbury Hospitals capable of seeing between 400-1000 people per day.

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.

Airport Operations

- 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.

SLHD Tiger Teams 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
- Continued Fit Testing for staff from high risk areas, note this is on top of existing Fit Checking.

SLHD COVID-19 Support Centre

- Continued the SLHD COVID-19 Support Centre to answer enquiries regarding from people seeking assistance with general COVID-19 enquiries.
- Continued enhancement of the SLHD COVID-19 Support Centre to assist with enquiries regarding NSW Health Testing Program (Saliva Testing).
- Continued 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.
- Support to the Quarantine Facility Vaccination Program.

NSW Health Testing and Vaccination Program for COVID-19

- Continued coordination and support to establish 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.
- Daily compliance monitoring of Quarantine Hotel, SHA and International Airport saliva testing and vaccination status. 100% of staff working in these areas are at least partially vaccinated.
- Opening and running drive through saliva testing clinic for airport transport drivers to ensure they have the ability to quickly and efficiently participate with the NSW Health Testing Program.
- Daily compliance monitoring of International Flight Crew drivers saliva testing and vaccination status.

Vaccination

Since February 2021, Sydney Local Health District has completed more than 1.4 million COVID-19 vaccinations. It has continued to support the NSW Health Vaccination Program through a range of fixed and mobile vaccination clinics including the following:

- NSW Health Vaccination Centre – (1 Figtree Drive) with an ability to vaccinate 12,500 per day
- WaterView in Bicentennial Park – with the ability to vaccinate 4,000 per day - to cease operations at this site 18 October 2021 due to the reduction in restrictions and the venue reopening for functions.
- Canterbury Hospital Clinic – with the ability to vaccinate 500 per day – planning is underway to convert to an inpatient/outpatient clinic from 25 October 2021.
- RPA Vaccination Clinic – with the ability to vaccinate 4,500 per day
- Sydney Airport Clinic – with the ability to vaccinate 600 per day
- Redfern (Koori) Clinic – Commenced initially in NCIE and then moved to 119 Redfern Street on 30 September and has provided 1,279 vaccinations until 3 October 2021.
- Ultimo Clinic – Commenced 20 September and has provided 1,808 vaccinations until 3 October 2021.
- Outbreak Management vaccination teams to support and vaccinate people identified by the Outbreak Management Team leads.
- Commenced vaccination for returned travellers prior to discharge across 18 Quarantine Hotels.
- Social Housing Vaccination teams established to target residents of various social housing areas with the District.
- Mobile Vaccination Program. The mobile Vaccination Program has consisted of many components:
 - Community Based Vaccination Clinics
 - Social Housing Based Vaccination Clinics
 - Quarantine Facility Vaccination Program
 - Port Authority Vaccination Program
 - Outbreak Management Vaccination Program
 - Support the RACF and Disability Homes Vaccination Program
 - This program has run 218 clinics until 3 October 2021, and provided 54,614 vaccinations.
- Aboriginal Task Force established to provide assistance to Aboriginal families who have been affected by COVID-19. Many initiatives have been undertaken including planning of a Koori BBQ at Redfern Oval on 24 October 2021.

Continued management of Flying Squad model to provide COVID-19 vaccinations to RACF, Ports, Disability Homes and other areas, in addition to in-reach to selected speciality clinics at RPA and Concord Hospital.

Special Health Accommodation

- Continued to provide Special Health Accommodation for incoming international travellers under the Public Health Orders who are symptomatic on arrival or who become positive during quarantine in a NSW Police managed hotel.
- Continued to provide accommodation for international travellers requiring additional care that is not available within the NSW Police managed quarantine hotels
- Continued to provide specialist accommodation for aircrew who require to use CPAP.
- Continued to provide accommodation for people from the community who are positive or close contacts who are unable to safely self-isolate in their own homes.
- At the end of September 2021, the SHA had 879 patients of which 704 were positive cases.
- At the end of October 2021, the SHA had 666 patients of which 588 were positive cases.

Board Report



rpavirtual

- At the end of September 2021, Rpavirtual was providing clinical care to 1057 COVID positive patients in the community and 704 positive patients in the SHA.
- At the end of October 2021, Rpavirtual was providing clinical care to 1,201 COVID positive patients in the community and 588 positive patients in the SHA.

Dr Teresa Anderson AM

Chief Executive

Date:

- Social Housing Vaccination teams established to target residents of various social housing areas with the District. On 4 October over 76% of Social Housing tenants with the District received at least their first dose and 65% are fully vaccinated.

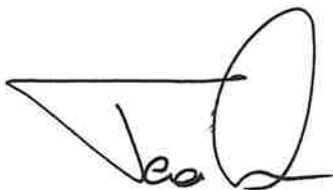
Continued management and enhancement of Flying Squad model to provide COVID-19 vaccinations to RACF, Ports, Disability Homes and other areas, in addition to in-reach to selected speciality clinics at RPA and Concord Hospital.

Special Health Accommodation

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- Continued to provide accommodation for international travellers requiring additional care that is not available within the NSW Police managed quarantine hotels
- Continued to provide specialist accommodation for aircrew who require to use CPAP.
- Continued to provide accommodation for people from the community who are positive or close contacts who are unable to safely self-isolate in their own homes.
- At the end of August 2021, the SHA had 907 patients of which 709 were positive cases.

rpavirtual

- On 31 August, 2021, Rpavirtual was providing clinical care to 1057 COVID positive patients in the community and 709 positive patients in the SHA.



Dr Teresa Anderson AM
Chief Executive
Date: 15.11.21