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## Sydney Local Health District

### Meeting One Hundred and Twenty One of the Board

Date: Tuesday 19 April 2022  
Time: 9.00am - 11.00am  
Venue: SLHD Boardroom / Zoom  
Chair: The Hon. John Ajaka, Chair

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#### 1. Present and apologies

The Hon, John Ajaka, Chair  
Ms Ronwyn North, Member  
Ms Kerry-Anne Hartman, Member  
Mr Richard Acheson, Member  
Mr John McGee, Member  
A/Professor Christine Giles, Member  
Dr Paul Hosie, Member  
Mr Rob Furolo, Member  
Ms LaVerne Belleair, Member (arrived 10.00am)  
Adj/Professor Karen Crawshaw PSM, Member (departed 10.30am)  
Dr John Sammut, Member  
Mr Raymond Dib, Member  
Dr Teresa Anderson, AM, Chief Executive

#### Apologies

Dr Mary Haines, Member

#### In attendance

Dr Alicja Smiech, Chair, Medical Staff Executive Council  
Mr Michel Morris, Acting General Manager, Canterbury Hospital (9.00am – 9.50am)  
Ms Pam Garrett, Director of Planning, SLHD (9.00am – 9.50am)  
Ms Nerida Bransby, Secretariat

#### 2. Welcome and introductions

The Chair acknowledged the traditional owners of the land.

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

# Minutes

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### 3. Declaration / Removal of conflicts of interest

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

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

### 4. Confirmation of previous minutes

#### 4.1 Minutes of the previous meeting held 21 March 2022

The minutes of the Board Meeting held on Monday 21 March 2022 were moved and seconded as a true and accurate record of the meeting.

The Chair signed the minutes.

#### 4.2 CE Report – March 2022

The Chair declared that the CE Report for March 2022 was ready for publication.

### **Presentation: Canterbury Hospital and Campus Redevelopment Stage O Planning**

Mr Morris and Ms Garrett presented on the Canterbury Hospital and Campus Redevelopment Stage O Planning including:

- Acknowledgement of Country
- Current Canterbury and Hospital and Community Health Services
- Canterbury Hospital opened in 1929
- Our Vision: A welcoming, caring, future-orientated service dedicated to improving health that delivers comprehensive, world-class, digitally enabled healthcare that can be confidently navigated by our diverse communities
- Forecasting demand 2018/2019 – 2036
- Core components of a transformed service
- Demand Management Programs and Services
- Digitally enabled healthcare
- Strategic shift to Virtual Care
- Strategic shift to Ambulatory Care
- Strategic shift to Care in the Community
- Redeveloped Canterbury Hospital
- Upgraded Core Diagnostics / Services
- Proposed features of the Redeveloped Canterbury Hospital
- Focus on Precincts and Sustainability
- Multicultural Access Committee

Following the presentation the Board discussed:

- Multicultural Community
- Forecasting Tool
- Population projections
- Variable health outcomes
- Increase birthing suites
- Aged Care Facilities surrounding Canterbury Hospital
- Lack of single rooms
- Commercial spaces will be included in stage one
- Funding for this work is through the State
- In the light of the above, the Board recognised the importance of continuing to advocate for the progression of this redevelopment in a timely manner.

The Chair thanked Mr Morris and Ms Garrett for the presentation and for attending the meeting.

## 5. Matters arising from the previous minutes

### 5.1 Action sheet

The Board received and discussed the action list including:

- The Forensic bed numbers is 42.
- Virtual Care numbers are now included in the Chief Executive's Report. This agenda item can be removed from the action sheet.
- The report on serious adverse effects is a standard report from the MoH. This agenda item can be removed from the action sheet.
- The presentation on Canterbury Hospital redevelopment stage O was today. This agenda item can be removed from the action sheet.
- The video on Population Health was provided at the March 2022 meeting. This agenda item can be removed from the action sheet.
- A letter of congratulations was sent to Tresillian. This agenda item can be removed from the action sheet.
- The timeframe for works at Lakemba Community Health Centre is sitting with the Council. This is to remain on the action sheet.
- "Émploy My Ability" was mentioned in the Disability inclusion Action Plan Annual Report. This agenda item can be removed from the action sheet.

### 5.2 Report on the Mental Health Seclusion/Restraints

This report was received, read and noted. This agenda item can be removed from the action sheet.

### 5.3 Conflicts of Interests Registry

The Board received, read and noted this updated report. This agenda item can be removed from the action sheet, however, a copy of the register is to be provided to the Board as updates occur.

# Minutes

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## 6. Patient Story

A patient presenting to the Emergency Department at RPAH and suffered a cardiac arrest and is now well. The family were very appreciative and grateful to all the staff.

## 7. Standing Items

### 7.1 Acronyms List

The Board received and noted this list.

### 7.2 Financial Classification Codes

The Board received and noted this list.

### 7.3 Board Calendar 2022

The Board received and noted the Board Calendar for 2022.

## 8. Chair's Report

The Chair provided a verbal update including:

- Met with the MoH Secretary on two occasions
- Met with Minister on two occasions via zoom
- Appointment of A/Professor Christine Giles as SLHD Deputy Chair. The paperwork is to be submitted to the Minister's Office for consideration.

## 9. Chief Executive's report

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

- COVID-19 information updates.
- Continue to utilize Mallett Street and Sydney Olympic Park for co-location of services during redevelopment periods.
- According to the Ministry of Health Framework, the District remains at performance level zero, which is the highest level achievable.
- HACs remain a major focus for the SLHD.
- There are 75 patients in the Special Health Accommodation.
- There is a Surgical Taskforce in each facility.
- Non-urgent elective surgery has been ceased to enable capacity to deal with the current COVID-19 Outbreak. As a result, there were 1,522 less elective surgeries performed in SLHD facilities in February 2022 when compared to the same period in the previous year, representing a decrease of 66.40% (excluding Collaborative Care surgery). For the month of February 2022, 100% of Category A, 89.67% of Category B, and 92.24% of Category C elective surgery patients were admitted within the clinically appropriate timeframe for their surgery. YTD February surgical patients not ready for care decreased by 10.38% (113) when compared to the same period last year.
- There is no further update on the revenue target. The Board requested a breakdown in Private Health usage in our areas.

- There were three winners of The Pitch held on 25 March 2022.
- HealthPathways strongly continues.
- For the period ended 28 February 2022, GF Expenditure was \$40.901M (2.48%) unfavourable to budget. The District has assessed the YTD February 2022 COVID-19 Incremental cost as \$451.952M. The District's unfavourable result for YTD February 2022 was primarily due to COVID-19 Incremental expense of \$39.62M 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 January 2021 COVID-19 Stimulus Budget of \$59.013M in February 2022. Excluding the impact of COVID-19, the District is \$1.281M unfavourable to YTD February 2022 Expense budget.
- Discussions are occurring for the Camperdown Health Education and Research Precinct Governance Structure.
- Sydney Research is progressing well.
- The Board discussed and agreed that the District is in a good strong position despite all the challenges.

## 9.1 Finance and Performance Reports

### 9.1.1 SLHD Board reporting pack – February 2022

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

### 9.1.2 Selected Performance Indicators – February December 2021

The Board received, read and noted this report.

### 9.1.3 HealthPathways Dashboard Report

The Board received, read and noted this report.

### 9.1.4 MoH Board Report for the SLHD

The Board noted this report for the period October to December 2021 was not available.

### 9.1.5 HAC Committee Report

The Board received, read and noted this report, in particular, the District's commitment in relation to HACs.

## 9.2 Project updates

### 9.2.1 Lifehouse

The Board received, read and noted the information in the Chief Executive's Confidential Report.

## 9.2.2 Macquarie International Private Hospital

The Board received, read and noted the information in the Chief Executive's Confidential Report

## 9.3 Capital Works Report

The Board received, read and noted the Capital Works report. The Board enquired if there were any delays with procurement for the capital works projects. There has been a delay with the Parent and Baby Unit due to the ongoing persistent rain and provision of glazing.

## 9.4 Clinical Governance and Risk Reports

### (i) Quarterly Report

The Board noted this report for the period January 2022 – March 2022 is due in June 2022.

### (ii) Patient Experience

The Board received, read and noted this report.

### (ii) SLHD Risk Register

The Board noted this report is due in June 2022.

## 9.5 Audit and Risk Committee Report (period 18 November 2021 – 14 March 2022)

The Board received, read and noted this report for the period 18 November 2021 – 14 March 2022. Four of the Audits followed up were rated satisfactory and the remainder four were rated partially satisfactory. The Board sought clarification on the staff member receiving reimbursement for the purchase of fuel in a district's fleet vehicle.

## 9.6 Facility Reports – February 2022

### (i) Balmain Hospital

The Board received, read and noted the Balmain Hospital facility report.

### (ii) Canterbury Hospital

The Board received, read and noted the Canterbury Hospital facility report.

### (iii) Community Health

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

- (iv) Concord Hospital  
The Board received, read and noted the Concord Hospital facility report.
- (v) Drug Health Services  
The Board received, read and noted the Drug Health Services report.
- (vi) Mental Health Services  
The Board received, read and noted the Mental Health Services report.
- (vii) Oral Health Services and Sydney Dental Hospital  
The Board received, read and noted the Oral Health Services and Sydney Dental Hospital facility report.
- (viii) Population Health  
The Board received, read and noted the report.
- (ix) Royal Prince Alfred Hospital  
The Board received, read and noted the Royal Prince Alfred Hospital facility report. The Chief Executive advised the Board of the resignation of the General Manager of RPAH and the acting arrangements.
- (x) RPA Virtual Hospital  
The Board received, read and noted the RPA Virtual Hospital report.
- (xi) SLHD Special Health Accommodation  
The Board received, read and noted this report.
- (xii) Tresillian  
The Board received, read and noted the Tresillian report.
- (xiii) Lifehouse  
The Board received, read and noted the Lifehouse report.
- (xiv) Public Health Unit  
The Board received, read and noted this report.
- (xv) Health Equity Research and Development Unit (HERDU)  
The Board received, read and noted this report.
- (xvi) Croydon / Marrickville / Redfern Community Health

The Board received, read and noted this report.

## 10. Matters for approval / resolution

Refer to 13.3

## 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 14 March 2022.

### 11.2 Education and Research Committee

The Board noted the meeting was held on Monday 21 March 2022.

### 11.3 Strategic Communication and Partnerships Committee (Previous Communications Committee)

The Board received, read and noted the minutes of the meeting held on 5 April 2022.

### 11.4 Audit and Risk Committee

The Board received, read and noted the minutes of the meeting held on 24 March 2022. Due to current workloads and commitments, Mr McGee advised the Board of his resignation as a member on this Committee.

### 11.5 Health Care – Clinical Quality Council

The Board received, read and noted the minutes of the meeting held on 23 March 2022.

### 11.6 Health Care – Clinical Council

The Board noted the next meeting is to be held on 25 May 2022.

### 11.7 Medical Staff Executive Council

The Board noted the next meeting is to be held on 6 May 2022.

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

The Board noted the meeting was held on 6 April 2022.

### 11.9 Aboriginal Health Steering Committee (bi-monthly)

The Board received, read and noted the minutes of the meeting held on 29 March 2022. The Board enquired if there was an opportunity to look at Aboriginal trainee positions for all contractors. Further information will be provided.

### 11.10 Organ Donation for Transplant – Quarterly Report (January 2022 – March 2022)



The Board noted the report for the period January 2022 – March 2022 is due in May 2022.

## 12. Other Committee reports / minutes

### 12.1 Sustainability Committee (bi-monthly)

The Board received, read and noted the minutes of the meeting held on 15 March 2022.

### 12.2 Medical and Dental Appointments Advisory Committee

The Board received, read and noted the minutes of the meeting held on 9 February 2022.

### 12.3 Finance Leaders Forum

The Board received, read and noted the minutes of the meeting held on 16 February 2022.

### 12.4 NSW Health / SLHD Performance Review Meeting

The Board received, read and noted the minutes of the meeting held on 25 February 2022.

### 12.5 Organ Donation for Transplantation

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

### 12.6 Major Procurement, Assets and Imaging Steering Committee

The Board received, read and noted minutes of the meeting held on 8 March 2022.

### 12.7 Yaralla Estate Community Advisory Committee (bi-monthly)

The Board received, read and noted the minutes of the meeting held on 15 February 2022. Negotiations are underway for the filming of the Great Australian Bake-off at Yaralla.

### 12.8 Concord Hospital Redevelopment Executive Steering Committee

The Board noted the minutes of the meeting held on 22 March 2022 were not available. Work has commenced on the car park at Concord.

### 12.9 RPAH Redevelopment Executive Steering Committee

The Board received, read and noted the minutes of the meeting held on 22 March 2022.

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

The Board noted the meeting to be held on 7 April 2022 was cancelled.

### 12.11 Security and Violence Prevention Committee

The Board received, read and noted the minutes of the meeting held on 8 March 2022.

## 13. Matters for noting

## 12.11 Security and Violence Prevention Committee

The Board received, read and noted the minutes of the meeting held on 8 March 2022.

## 13. Matters for noting

### 13.1 SLHD COVID-19 response in Culturally and Linguistically Diverse (CALD) Communities.

The Board received, read and noted this report. The Board requested this report be nominated for an award.

### 13.2 Evaluation of the Inner West Sydney Child Health and Wellbeing Plan (CHWP) 2016-2021

The Board received, read and noted this report, in particular the positive and negative outcomes mentioned in the evaluation.

### 13.3 MDAAC Membership

The Committee received, read and approved the information contained in the brief.

## 14. Other Business

Nil to report

## 15. Next Meeting

The next meeting will be held on Monday 16 May 2022 at 9.00am.

The meeting closed at 10.50am



Chair

16.05.21

Date

# Board Report



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

### COVID-19 UPDATE

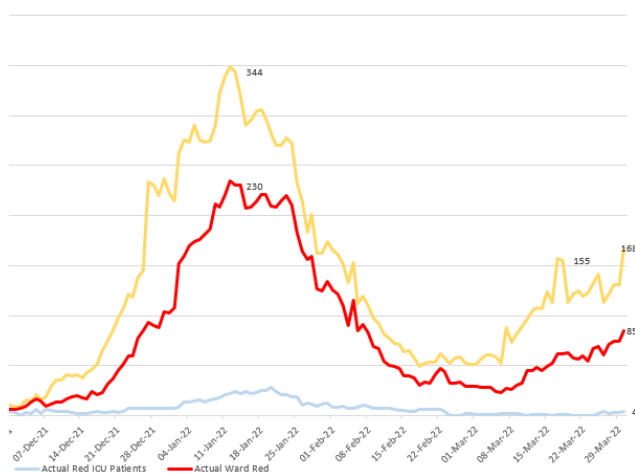
#### SLHD

- Central coordination of COVID-19 activities have continued through the SLHD Operations Centre, central coordination of supply and ordering of PPE, equipment and other issues.
- Special Flying Squad Teams continue to support community testing, Special Health Accommodation and other sites including Residential Aged Care Facilities.
- Special Health Accommodation has continued to provide adjunct accommodation to support the vaccination program.
- Mobile Vaccination Clinic continues to provide COVID-19 vaccinations to vulnerable communities.
- Quarantine Facility Vaccination Program has continued.
- A SLHD process has been developed to manage and dispense non-PBS COVID-19 anti-virals through the Vaccination Program to patients who are prescribed these medications by their GPs.
- Transition working groups continue to develop transition plans for Vaccination and Screening Services for operational to a BAU model.

#### SLHD Facilities

- Continued to expand ICU capacity at RPA, Concord, CCMH, PMBC and Canterbury Hospitals to manage surge in demand of COVID-19 positive patients.
- Continued to expand inpatient COVID-19 wards to manage COVID-19 positive and amber at RPA, Concord and Canterbury Hospitals.
- Maintained service provision despite increase in furloughed staff due to COVID-19.
- Continued Staff and Visitor Screening Stations to check all people entering the health facilities established at all sites.

SLHD Facility COVID Clinics No. Tests	11-Mar	12-Mar	13-Mar	14-Mar	15-Mar	16-Mar	17-Mar	18-Mar	19-Mar	20-Mar	21-Mar	22-Mar	23-Mar	24-Mar	25-Mar	26-Mar	27-Mar	28-Mar
RPAH	381	229	286	494	470	388	421	329	226	312	445	444	439	321	337	271	291	464
CRGH	109	52	51	104	98	113	113	124	54	57	124	186	129	109	79	40	80	115
Canterbury	78	103	95	98	95	94	89	77	68	87	105	90	107	89	109	64	67	93
Redfern	77			134	98	101	87	99			113	110	144	71	83			118
Balmain GPC	2	5	4	9	7	6	10	4	2	5	9	8	5	3	8	17	28	31
<b>Total</b>	<b>647</b>	<b>389</b>	<b>436</b>	<b>839</b>	<b>768</b>	<b>702</b>	<b>720</b>	<b>633</b>	<b>350</b>	<b>461</b>	<b>796</b>	<b>838</b>	<b>824</b>	<b>593</b>	<b>616</b>	<b>392</b>	<b>466</b>	<b>821</b>



## SLHD Public Health Unit

- 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 capability through the SLHD Public Health Unit for locally acquired cases.
- Assistance provided to NSW Health by running the Special Health Accommodation for incoming international passengers, local acquired cases under the Public Health Order requiring medical supervision.

## Airport Operations

- Managing the transfer of passengers to Quarantine Facilities via a contract with SERCO on behalf of the NSW Treasury.

## SLHD Tiger Teams

- Continued the use of the Special Flying Squad Teams to support community testing, Special Health Accommodation and other sites and support to facilities and services in COVID-19 operations.
- Continued 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

- The COVID-19 Support Centre has ceased operations in March 2022.

## Vaccination

The SLHD managed vaccination centres have administered over 1.6 million vaccine doses since the vaccination program commenced in February 2021. The District has continued to support the NSW Health Vaccination Program through a range of fixed and mobile vaccination clinics including the following:

Current vaccines available:

- Pfizer available for primary doses for 12 years and older
- Pfizer available for booster doses for 18 years and older
- Astra Zeneca available for primary doses for 18 years and older.
- Astra Zeneca available for select people who have cannot have an mRNA vaccine as a booster.
- Moderna available for primary doses for 12 years and older.
- Pfizer Paediatric available for 5-11 years for primary doses.
- Novavax available for primary doses for 18 years and older.

Current SLHD Vaccination Program sites and capability

- NSW Health Vaccination Centre – (1 Figtree Drive) with an ability to vaccinate 14,500 per day
- RPA Vaccination Clinic – with the ability to vaccinate 4,500 per day
- Redfern (Koori) Clinic – with the ability to vaccinate 250 per day
- TCH Vaccination Clinic – with the ability to vaccinate 250 per day
- Croydon, Forest Lodge, Marrickville, Punchbowl and Riverwood paediatric vaccination clinics established.
- Mobile Vaccination Clinics established
- Outbreak Management vaccination teams to support and vaccinate people identified by the Outbreak Management Team leads.
- Social House Vaccination teams established to target residents of various social housing areas.

- Aboriginal Task Force established to provide assistance to aboriginal families who have been affected by COVID-19

The Paediatric Vaccination Program for children 5-11 years commenced on 10 January 2022. Significant work was undertaken to ensure that we provided a positive environment for children at all of the centres including art work, Bravery Certificates and activity bags for the children.

The SHEOC Controller has recently endorsed a proposed collaboration of SLHD with the Sydney Royal Easter Show to increase paediatric COVID-19 vaccination rates. The Chief Executive has proposed each child vaccinated at one of SLHD's clinics will receive a free children's ticket to the Sydney Royal Easter Show, during the period of 1 April 2022 – 18 April 2022. Successful negotiation has occurred with each ticket being provided at a discounted rate of \$10, compared to the sale price of \$28.

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

- In February 2022 patient numbers decreased dramatically with a change to the requirements for self-isolation under the Public Health Order including definition of a close contact.
- There were 150 admissions during the month of February 22 compared to 556 in January 2022
- The Mascot SHA make good project was finalised and the property was handed back to Meriton on February 28 2022.
- Make good commenced at the Zetland SHA property in February in preparation for handover on 1 May 2022. The Zetland SHA make good project covers the four blocks across the property which SLHD have held since March 2020. It is a large scope of works and being project managed by the DCS, SHA.
- Staff transition planning is ongoing in conjunction with the COVID-19 transition workforce group and staff are being actively encouraged to find alternate work.
- SHA's top 10 risks were reviewed and updated to reflect current risks to the service.
- The SHA Bed Management System developed in conjunction with the webmaster went live in Feb 22 and staff are providing regular feedback for updates/features required prior to dismantling old systems and solely using the new system. However, it is a really promising development in business practice that should create more accurate and efficient ways of working for the team.
- All allied health KPI's were met for the month of February.
- Most staff have successfully secured new positions in NSW health as we continue to downsize the SHA. Staff on secondments, including our case managers, have returned to their substantive positions.
- All disciplines have been continuing to review referral data from the past 12 months as part of a project on learnings from the covid-19 pandemic in hotel quarantine.
- Through February the IPAC team have supported areas within SLHD including Mental Health services, CRGH and RACF.
- First group of nursing staff have attended transition to acute care education sessions at Olympic Park.
- DETECT sessions for SHA staff being organized.
- Onsite clinical skills development in services continue to be rolled out.
- Discussion with facilities regarding supernumerary placements for SHA staff to consolidate transition knowledge.
- CV writing and interview skills sessions provided to nursing staff.

A number of nursing staff have interviewed and gained positions internally and externally to the district.

## **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. SLHD is currently returning services across the District to pre-COVID-19 levels and activity, ensuring safety and quality for staff and patients is at the forefront of this transition.

There were no Serious Adverse Events reports overdue during the month of February 2022.

There was a decrease in the number of Mental Health Readmissions within 28 days for the month of December 2021 to 13.2% in comparison to 14.8% for the same period last year. The District continues to focus on strategies to improve mental health performance. The General Manager and Clinical Director of Mental Health continue to engage with stakeholders to improve performance.

The District continues to perform well in relation to unplanned readmissions within 28 days of separation, reporting 4.9% for the month of January 2022 and 4.8% YTD January 2022, which is below the State average of 5.6% for the month and 5.4% YTD January 2022. Unplanned Emergency Representations (same ED within 48 hours) were 5.1% for the month of February 2022 and 4.5% YTD February 2022, which is in line with the State average of 5.1% for the month, and in line with the state average for YTD February 2022 at 4.5%.

The District is below the target (1.0/10,000 bed days) for Staphylococcus Aureus Bloodstream Infections (SABSI), with 0.9 per 10,000 bed days for the month of January 2022. There were 0 Central Line Associated Bloodstream (CLAB) infections reported in January 2022. 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 particularly through the IPC teams in the SHA and the Tiger teams. Further support has been implemented with IPC facilitators deployed to high risk clinical streams across the District. An Infection Prevention Taskforce has been established to leverage off the learning during COVID-19. The goal is to have no Hospital Acquired Infection by 2025.

The District is performing well in relation to 9 of the 14 HACS, under performing in relation to Fall Related Injuries in Hospital, Hospital Acquired Renal Failure, and Hospital Acquired Delirium as well as not performing in relation to, Hospital Acquired Venous Thromboembolism and Hospital Acquired Endocrine Complications. The rate of Fall Related Injuries in Hospital was 6.0 per 10,000 episodes, which is above the target of 5.7 for the 12 month rolling period of January 2021 – December 2021. The instances of Fall Related Injuries decreased by 14 during the period, when compared to the previous 12 month rolling period. The rate of Hospital Acquired Renal Failure was 3.6 per 10,000 episodes which is slightly above the target of 3.4 for the 12 month rolling period of January 2021 – December 2021. The instances of Hospital Acquired Renal Failure increased by 6 during the period, when compared to the previous 12 month rolling period. The rate of Hospital Acquired Delirium was 55.7 per 10,000 episodes, which is slightly above the target of 55.1 for the 12 month rolling period of January 2021 – December 2021.



The instances of Hospital Acquired Delirium increased by 39 during the period, when compared to the previous 12 month rolling period. The rate of Hospital Acquired Venous Thromboembolism was 11.9 per 10,000 episodes, which is above the target of 11.0 for the 12 month rolling period of January 2021–December 2021. The instances of Hospital Acquired Venous Thromboembolism increased by 41 during the period, when compared to the previous 12 month rolling period. The rate of Hospital Acquired Endocrine Complications was 34.4 per 10,000 episodes, which is above the target of 29.7 for the 12 month rolling period of January 2021 – December 2021. The instances of Hospital Acquired Endocrine Complications decreased by 80 during the period, when compared to the previous 12 month rolling period.

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, including the response to COVID-19. In February 2022, premium staff usage has increased by 0.01 for Medical staff, increased by 0.09 for Allied Health staff and decreased by 5.07 for Nursing staff when compared to the same period last year.

The District has continued to focus on ensuring its hospitals are appropriately staffed to manage the increasing activity associated with COVID-19 in the Emergency Departments, COVID-19 wards and Intensive Care Units that is continuing to occur. 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 with the commencement of the Paediatric Vaccination Program on 10 January 2022. A Paediatric Vaccination Campaign will begin from 1 April 2022 in an effort to boost vaccination rates for children 5 – 11 years of age.

## **Activity**

Significant pressure has continued to be placed on all hospitals in the District with the increase in the presentation and admission of COVID-19 positive patients and patients on COVID-pathways since December, associated with the recent COVID-19 Omicron 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. The District is currently implementing a return of services to manage the demand and impact of COVID-19, as well as the demands of surgery and patient care.

As a result, there has been a decrease of 16.03% in the number of separations (10,847) for the month of February 2022 when compared to the same period last year (12,918). YTD February separations have decreased by 14.00% when compared to the same period last year. This is consistent with the decrease in elective surgery and reduced inpatient activity associated with the recent outbreak of COVID-19. In February 2022, the District's occupancy rate decreased by 6.67% to 80.51% when compared to the 87.19% reported in February 2021.

There were 11,867 attendances to the District's Emergency Departments in February 2022, which is a 7.61% decrease from 12,845 in February 2021. YTD February Emergency Department attendances have decreased by 2.13% to 103,603 when compared to the same period last year (105,856). For the month of February 2022, case weighted attendances have decreased by 8.74% when compared to the same period last year. The District is continuing to investigate the impact of COVID-19 on the reduction of Emergency Department presentations in partnership with the George Institute.

## **Emergency Treatment Performance (ETP) (formerly NEAT)**

Despite the impact of COVID-19, the District continues to work on its ETP performance. There was a 2.71% increase in ETP in the month of February 2022 to 67.48% when compared to the same period last year. YTD February ETP decreased by 4.98% to 63.56% when compared to the same period last year. The decrease in performance is due to the increased demands associated with the increase in COVID-19 cases presenting to, and being admitted to, the District hospitals. Admitted ETP was below target (50%) for the month of February at 43.93%, which is a 0.4% decrease on the same period in the previous year.

## **Transfer of Care**

The District performed below target (90%) for transfer of care (TOC) in February 2022, with 87.65% 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.

## **ED Triage**

The District achieved triage Categories 1, 3, 4 and 5 targets for the month of February. Triage Category 2 performance is below the revised target at 84.61% (target 95%). 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 1,522 less elective surgeries performed in SLHD facilities in February 2022 when compared to the same period in the previous year, representing a decrease of 66.40% (excluding Collaborative Care surgery).

For the month of February 2022, 100% of Category A, 89.67% of Category B, and 92.24% of Category C elective surgery patients were admitted within the clinically appropriate timeframe for their surgery. YTD February surgical patients not ready for care decreased by 10.38% (113) 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.

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



# Board Report



## Emergency Surgery

There were 33 less emergency surgeries performed in the month of February 2022 when compared to the same month last year, representing a 2.96% decrease.

## 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 February 2022 Hospital in the Home overnight separations decreased by 0.3% when compared to the same period last year. There has also been an increase in virtual health care provided through the RPA Virtual Hospital.

## RPA Virtual

Clinical Activity	Target	This Month	3 Month Avg	FYTD	Prev YTD
Clinical Care Service Events	4,432	4,796	4,740	28,845	25,335
COVID-19 Service events	-	8,622	7,984	67,999	23,739
SDN Face to Face	-	2,042	2,110	13,104	16,178
SDN Video Consult	-	31	36	297	5
SDN Phone	-	1,189	1,083	6,609	6,568
Virtual Care Centre Phone	-	99	107	610	325
Virtual Care Centre Video Consult	-	1,408	1,372	8,042	746

## 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 6.05% variance for YTD February, excluding Dental and Sub-Acute.

Stream	Target	Actual	Variation	Variation %
Acute*	109,121	93,501	-15,620	-14.31%
ED	16,147	14,359	-1,788	-11.07%
NAP***	30,694	61,093	30,399	99.04%
SNAP^				
MH Admit	12,598	11,333	-1,266	-10.05%
MH NAP^^	6,121	5,751	-370	-6.05%
Total	174,681	186,037	11,355	6.50%
Dental DWAU	41,423	20,765	-20,658	-49.87%
Dental NWAU#	5,201	2,607	-2,594	-49.87%
Total (NWAU)	179,882	188,644	8,761	4.87%

\* 270 uncoded episodes

\*\*\* Inclusive of COVID clinics and the Special Health Accommodation

^ SNAP currently unavailable

^^ MH NAP is YTD January

# NWAU=589/4691\*DWAU

## REVENUE ENHANCEMENT DEVELOPMENT COMMITTEE

### SLHD REVENUE COMMITTEE

#### Private Health Insurance Usage

For the month of February 2022 16.46% (1,618 separations) of all patients discharged by SLHD facilities were classified as privately insured.

There was a decrease of 448 (21.68%) patients who elected to use their private insurance compared to the same period last year and an increase of 213 (15.16%) in total separations from previous month. For the month ended February 2022 conversions for facilities as compared to the same period last year were:

- RPAH – a decrease of 184 (17.69%) private patients.
- Concord – a decrease of 170 (19.68%) private patients.
- Canterbury Hospital – a decrease of 73 (55.73%) private patients.
- IRO – a decrease from 20 to 0 private patients.
- Balmain Hospital – a decrease of one (9.09%) private patients.

#### Single Room Usage

For the month of February 2022, 10.36% of patients were flagged as infection control across the District.

For the month, 16% of all available single rooms were occupied by private patients and 35% of all private patients were accommodated in single rooms.

#### SLHD Strategic Revenue Network

Key notes:

- SLHD Strategic Revenue Network meeting was held in February 2022. An update on the progress of implementing the PRNIP framework was provided. Facilities provided an update on respective revenue performance and opportunities.
- Clinician Billing Portal (CBP) is progressing with RPAH, CRGH and TCH working to identify and sign up staff specialists to bill through the application. There are currently 168 registered users and total \$1.74M has been raised through the portal to date.

## REDESIGN AND SERVICE IMPROVEMENT

### Innovations

#### The Pitch

- The next Pitch is for 25 March 2022.
- The event will conduct a hybrid approach with presenters and panel members to host The Pitch at the Kerry Packer Education Centre whilst live streaming via Zoom.
- Applications that have progressed in previously cancelled rounds that were unable to present will present. They include:
  - **Bottles away – cup to stay.** This Pitch looks at the development of educational videos and an interactive book to reduce prolonged bottle use after 12 months & the associated impacts (e.g. tooth decay, ear infections, iron deficiency, speech developmental delay, sleep disturbances).
  - **HeartBeat – be heart smart.** This Pitch is a digital cardiac rehabilitation platform that will prevent further life-threatening cardiac events via data capture including: medication adherence / task completion / blood pressure.
  - **Establishing an ADHD e-learning module to facilitate shared-care partnerships between primary health practitioners and specialists in NSW.** This Pitch looks at the

development of a training and education ADHD e-module to up-skill specialists and primary care practitioners in optimal ADHD management and to facilitate shared care partnerships in our district.

- **Virtual newborn family support:** empowering CALD family centred care through multimedia education. This Pitch looks at the development of six culturally responsive videos in five languages as well as videos targeted at Aboriginal and Torres Strait islander families.
- **High Fidelity Virtual Trauma Learning.** This Pitch looks at the provision of enhanced trauma learning via virtual means.
- **Improving health outcomes via digitally-enabled care in patients with diabetes using insulin therapies.** This Pitch aims to propose a purpose-built mobile application that will assist patients and clinicians to effectively manage at-risk patients on insulin, improve treatment adherence and build stronger therapeutic relationships

## CHR

- The “Initiation” phase of the GPCanShare redesign project has been completed. The report has been approved by the project sponsor and is awaiting final sign off by the CE prior to submission to the ACI. The working group met for the first time on Wednesday 9 March where the team provided an introduction to the project and initiated discussion around the shared care of patients with colorectal diagnosis between primary care and specialist services.

## Other Projects

- Hands Up Project (RPA Hand Clinic)
  - The project was able to secure some backfilling for 2 days a week. This has allowed the project to recommence on 7 March 2022
  - The project lead is in the process of reengaging with stakeholders and progressing implementation of solutions.
- RPAH Transfer of Care Project – ‘Good to Go, Discharge by 10 and 2’
  - Handover between the departing and new RPA Patient Flow managers has occurred.
  - With RPA slowly moving back to BAU processes, the acting DON has requested fortnightly meetings to be established in order to commence implementation of strategies and solutions.
- Diabetes Model of Care Redesign
  - The working group met with the CE and agreed on the recommended enhancements for each facility in order to facilitate implementation of the new outpatient diabetes model of care. Following this, the working group has met with the GMs from all facilities to update them on these recommendations. An additional meeting is being set up with the CRGH diabetes team to further discuss these enhancements.
  - The SLHD Outpatient Diabetes in Pregnancy Model of Care is to be tabled and discussed with SLHD executive after the general outpatient Diabetes Model of Care has been implemented and finalised.

## Accelerating Implementation Methodology (AIM):

- The next scheduled course for 2022 is on 28-29 March and is at full capacity with 22 participants confirmed attending.

## HealthPathways

### Content Development and Maintenance

New HealthPathway development activity is underway to complete pathway sets for Hand Surgery, Wound Care and Andrology. Work has commenced with the Melanoma Institute of Australia to develop new content and update existing for melanoma and other skin cancers.

# Board Report



## COVID-19 Specific Content Usage

	Page views March 2022	Page views February 2022	Page views January 2022	Page views December 2021	Page views November 2021
<b>COVID-19 Vaccination Resources</b>	117	218	194	89	46
<b>COVID-19 Vaccination Procedure</b>	68	59	188	120	100
<b>Myocarditis and Pericarditis After mRNA COVID-19 Vaccines</b>	28	57	76	66	119
<b>COVID-19 Initial Assessment &amp; Management</b>				340	217
<b>COVID-19 Case Management</b>			2,883	4,932	1,371
<b>COVID-19 Active Case Management</b>	2,236	1,474	2,945		
<b>Post-COVID-19 Conditions</b>	190	305	589	263	243
<b>COVID-19 Virtual Care Requests</b>	225	243	1,456	1,103	317
<b>COVID-19 Isolation Support</b>	57	41	277	251	111
<b>COVID-19 Assessment &amp; Management in RACFs</b>	40	42	172	136	48

## Usage of HealthPathways

Across March we have seen a bounce back in the levels of COVID-19 content being viewed with significant use of the main GP supporting pathway – COVID-19 Active Case Management.

	March 1-27 2022	February 2022	January 2022	December 2021
<b>Users</b>	1,741	1,712	2,042	2,020
<b>Sessions of use</b>	11,310	10,637	14,320	13,134
<b>Total Page Views</b>	37,106	36,626	44,929	40,872

## SLHD e-Referral Project

### Service recruitment

SLHD form updates will be scheduled once confirmation is received from SLHD Finance regarding named referral requirements. Confirmation is expected in late February 2022 with updates to be prioritised.

The Engage.Outpatients pilot go live is scheduled for 27 April 2022. Form testing for Fertility, Gynaecology and Maternity was completed in March 2022. Project Team assisting with review of content for training, which is being managed by ICT.

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: Fertility, Gynaecology and Maternity – Royal Prince Alfred Hospital	April 2022	Training
Royal Prince Alfred Hospital (5 services)	2022	Design
Virtual Fracture Clinic – rpavirtual	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 2908 referrals have been received
- 67% 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 28 February 2022 based on the District's budgeted NCoS.

For the period ended 28 February 2022, GF Expenditure was \$40.901M (2.48%) unfavourable to budget. The District has assessed the YTD February 2022 COVID-19 Incremental cost as \$451.952M. The District's unfavourable result for YTD February 2022 was primarily due to COVID-19 Incremental expense of \$39.62M 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 January 2021 COVID-19 Stimulus Budget of \$59.013M in February 2022. Excluding the impact of COVID-19, the District is \$1.281M unfavourable to YTD February 2022 Expense budget.

YTD February 2022 Expenditure increased significantly (by \$253.266M or 17.59%) compared to YTD February 2021. The average monthly expense rate increased from \$160.292M (excluding LSL adjustment in June 2020) for the 2019-20 Financial Year to \$188.249M (excluding LSL adjustment in June 2021) for the 2020-21 Financial Year and to \$211.674M YTD February 2022. Increase in FTE numbers and the impact of COVID-19 is contributing to these results.

GF Revenue (including Quarantine Hotel Passenger Fees and Doubtful Debts) was \$27.792M (14.48%) unfavourable to budget for the month and \$0.562M (0.04%) favourable to YTD February 2022 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 \$39.400M unfavourable to February 2022 GF Revenue budget primarily due to the impact of COVID-19.

The District recognised Quarantine Hotel Passenger Fees of \$70.488M YTD February 2022. MoH is yet to provide a Revenue budget for this, thereby resulting in a favourability. This revenue is separate to the District's Own Source Revenue target and will be netted out by the end of the financial year.

The NCoS for February 2022 was \$6.891M unfavourable to budget. For YTD February 2022, the District's NCoS was \$40.339M unfavourable to budget. Excluding the impact of COVID-19 (Expenditure, Quarantine Hotel Passenger Fees and Doubtful Debts) SLHD is \$45.129M 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 February 2022 Financial Performance – including and excluding the impact of COVID-19:



# Board Report



	YTD Actual \$000	YTD Budget \$000	Variance (Actual vs Budget) \$000		
Expense (incl COVID)	1,693,394	1,652,493	-40,901	Unfav	
Pending COVID-19 budget supplementation	451,952	412,332	-39,620	Unfav	MoH provides COVID-19 incremental budget one month in arrears
<b>GF Expense (excl COVID-19 impact)</b>	<b>1,241,442</b>	<b>1,240,161</b>	<b>-1,281</b>	<b>Unfav</b>	
Own Source Revenue	-203,565	-172,454	31,111	Fav	
Quarantine Hotel Passenger Fees	-70,488	0	70,488	Fav	
<b>GF Revenue (excl the impact of Quarantine Hotel Passenger Fees)</b>	<b>-133,077</b>	<b>-172,454</b>	<b>-39,377</b>	<b>Unfav</b>	Unfavourable to budget due to the impact of COVID-19 on OSR including Patient Fees, Facility Fees and Prothesis incomes
Doubtful Debts (incl Quarantine Hotel Passenger Fees)	30,153	513	-29,640	Unfav	
Loss on Sale of Asset	909	0	-909	Unfav	
Doubtful Debts (Quarantine Hotel Passenger Fees)	26,078	0	-26,078	Unfav	
<b>Doubtful Debts &amp; Loss on Sale of Asset (excl the impact of Quarantine Hotel Passenger Fees)</b>	<b>4,984</b>	<b>513</b>	<b>-4,470</b>	<b>Unfav</b>	
<b>NCoS (excl the impact of Quarantine Hotel Passenger Fees)</b>	<b>1,113,348</b>	<b>1,068,220</b>	<b>-45,129</b>	<b>Unfav</b>	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 \$166M relating to unfavourable results for: Expense (\$152M) related to the management of the COVID-19 response and Doubtful Debts (\$35M) offset by a favourable result for Own Source Revenue (\$21M) 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 \$9M in Doubtful Debts. Excluding Quarantine Hotel Passenger Fees, the District forecasts unfavourability of \$50M 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 February 2022 was \$20.900M (9.99%) favourable to budget. The result for the month was primarily attributable to favourable results for Employee Related Expenses (\$9.787M), Goods and Services Expenses (\$8.719M), VMOs (\$1.806M) and RMR (\$0.703M) offset by unfavourable results for Grants (\$0.103M).

- YTD February 2022, GF Total Expenditure was \$40.901M unfavourable to budget, primarily reflecting unfavourable results for Overtime (\$24.935M), Annual Leave Provision (\$16.289M), Superannuation (\$16.696M) and Goods & Services (\$19.362M) offset by favourable results for Salaries & Wages (\$31.223M), RMR (\$0.870M) and VMO Payments (\$4.811M). Excluding the impact of COVID-19, the District is \$1.281M unfavourable to YTD February 2022 expense budget.

## Revenue

- GF Total Revenue for the month of February 2022 was \$27.792M (14.48%) unfavourable to budget, reflecting the unfavourable results from Patient Fees (\$2.073M), User charges (\$1.922M), Other Sources of Revenue (\$0.708M) and Doubtful Debts (\$24.427M) offset by favourable results in Grants and Contributions (\$1.428M).
- YTD February 2022 GF Revenue was \$0.562M (0.04%) favourable to budget. This result reflects favourable variance in Quarantine Hotel Passenger Fees (\$70.488M), High Cost Drugs (\$0.771M), Pharmacy Sales (\$0.572M) and Grants and Contributions (\$0.734M) offset by unfavourable variances in Facility Fees (\$3.981M), Prosthesis Income (\$3.039M), Car Park Fees (\$2.193M), Patient Fees (\$17.814M) and Doubtful Debts \$29.640M. 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 \$39.400M unfavourable to February 2022 GF Revenue budget primarily due to the impact of COVID-19.

## SPECIAL PURPOSE AND TRUST (SP&T)

SP&T NCoS was \$6.609M unfavourable to budget for the period of February 2022. This result reflects unfavourable budget variance for Expenditure (\$1.489M) and Revenue (\$5.12M).

## CONSOLIDATED RESULT

For the period ended 28 February 2022, the consolidated YTD NCoS result for the General Fund and SP&T was \$46.948M unfavourable to budget. The result comprises unfavourable variances for Expenditure (\$42.390M), Doubtful Debts (\$29.640M), Loss on Sale of Asset (\$0.909M) and favourable variances for Own Source Revenue (\$25.991M).

## FINANCIAL PERFORMANCE – BASED ON NEW MOH REPORTING FORMAT

For the period ended 28 February 2022, SLHD recorded a Total Net Result of \$134.652M which was \$46.847M unfavourable to budget. The Net Direct Operating Result (GF and SP&T) for YTD February 2022 was \$17.381M unfavourable to budget, reflecting an unfavourable budget variance for Expenditure (\$43.362M) offset by favourable variance for Revenue (\$25.982M).

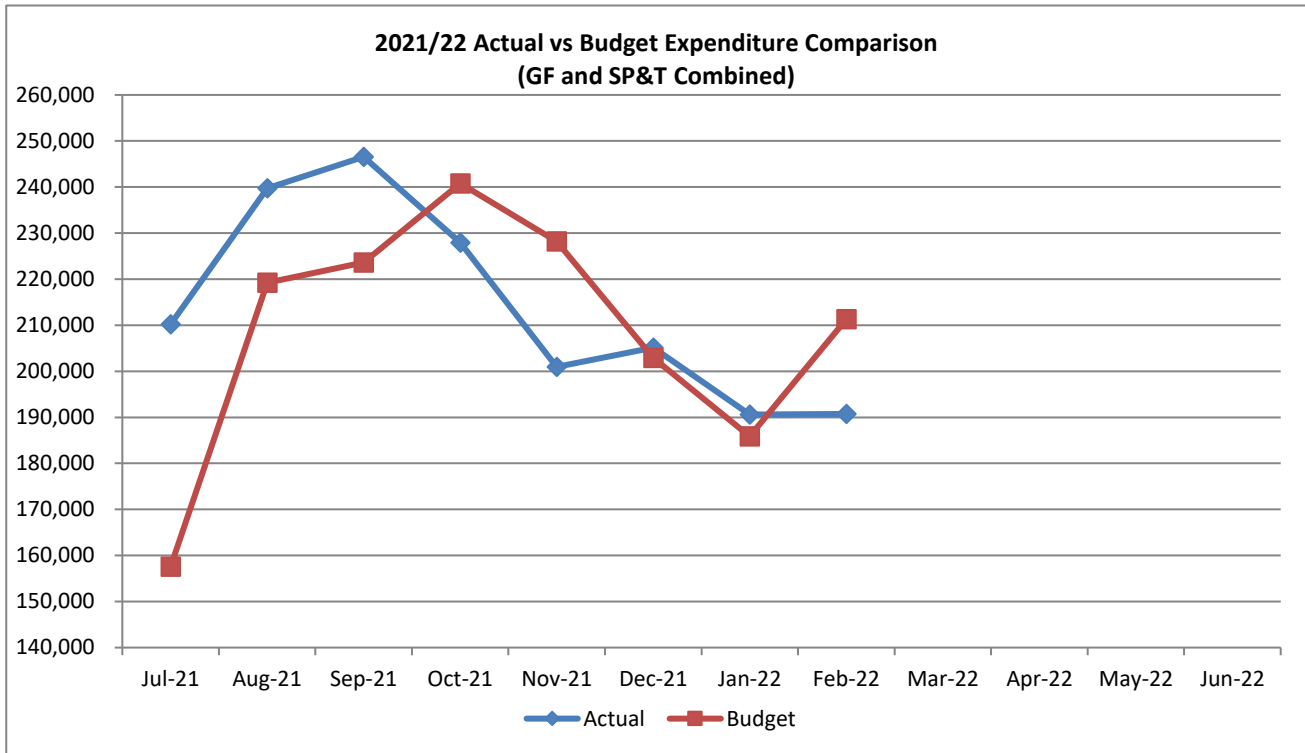
For the YTD February 2022, Total Direct Revenue was \$25.982M favourable to budget, comprising a favourable variance for the General Fund (\$31.000M) and unfavourable variance for SP&T Fund (\$5.019M). This result for the GF reflects favourable variances in User Charges and Grant Income offset by unfavourable variances in Patient Fees and Other Income.

YTD February 2022 Total Direct Expenditure was \$43.362M unfavourable to budget, reflecting an unfavourable variance for General Fund (\$41.578M) and SP&T Fund (\$1.784M). The result for the General Fund reflects unfavourable variances in Overtime (\$24.935M), On-costs (\$32.980M), Grants (\$0.335M), G&S Corporate (\$21.617M) and G&S Supporting Services & Utilities (\$3.451M) offset by favourable variances in Salaries & Wages (\$31.223M), Direct Clinical Operating (\$5.706M) and VMOs (\$4.811M).



## MONTHLY BUDGET PERFORMANCE

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



## LIQUIDITY

The cash balance at 28 February 2022 for the SLHD Operating bank account was \$18.578M and the Operating Cash book balance was \$18.37M.

## CAPITAL WORKS – SMRS PROJECTS

As at 28 February 2022 the District's Full Year Capital works budget relating to SMRS Projects is \$10.961M comprising \$8.523M of MoH funded and \$2.438M of locally funded projects.

Actual expenditure as at the end of February 22 was \$3.278M which is marginally on budget.

Additionally, in the current pandemic circumstances, the actual expenditure for MoH funded Minor works & Equipment for COVID-19 was \$1.371M at the end of February 2022. The total approved funding was \$1.456M.

## OTHER CAPITAL PROJECTS

As at the end of February 2021, the District has expended an amount of \$0.321M relating mainly to RPAH Paediatrics Stage 3, RPAH Microsurgery Lab Redesign and CRGH Research Centre. The total expenditure of \$0.321M was sourced from the General Fund.

## **CAPITAL WORKS**

### **RPA**

#### **Redevelopment**

Key activities undertaken for the RPA Redevelopment are as follows:

- Design competition period second round jury day was held on the 18 March 2022
- Continued development of design and documentation for planning approvals for the early and enabling work packages
- Finalisation of functional briefs for Anatomical Pathology and Molecular Imaging
- Further due diligence investigations including survey, geotechnical, hazmat and contamination
- Media announcement from Minister Hazzard to support the launch of the website and engagement survey
- Commencement of the Arts Working Group

#### **Parent and Baby Unit**

During this reporting period, bathroom tiling and external cladding works were successfully completed. Building works to the courtyards are now also complete with furniture on-site ready for installation. Service fit-offs, wall framing, joinery installation and painting continued throughout the month and floor laying is well underway. Preparation for the installation of solar panels to the building, as well as landscaping is currently taking place and will commence in the coming weeks. Commissioning and building certification is now being compiled in line with handover and completion of building works in April 2022.

#### **vICU Pod and Reception**

The Capital Works program to the vICU Pod and reception were completed in March 2022. The area has been handed over for occupation.

#### **RPU Hot Cells Building 63**

During March building works to the Radiopharmaceutical Production Unit (RPU) hot cells included the installation of pass throughs and electrical service rough-ins for the clean rooms. The mechanical and sprinkler works for the clean room also continued throughout the month.

#### **Building 12 Demolition**

With the relocation of the state-wide renal dialysis service to the Kidney Centre in PMBC, decanting works to Building 12 have commenced. Electrical and hydraulic services have been disconnected and demolition is underway.

### **Concord**

#### **Redevelopment**

Key milestones achieved for the Concord Hospital redevelopment during this reporting period included:

- Departments are now moving into their new facilities.
- The project team are continuing to monitor progress on a weekly basis.
- Official opening by Minister Hazzard and The Hon. David Elliot was held 25 March 2022

#### **CSSD Sterilising**

Over the course of this reporting period building works for stage 1 of the packing area were completed. Stage 2 works for the packing area, including service disconnections and demolition, are now underway.

## **Sydney Dental Hospital**

### **Ground Floor Reception**

During March the new reception counter at Sydney Dental Hospital has been installed. Electrical service fit-offs and new glazing are also complete. Pending installation of a new door, the capital works program will be completed and the new reception will be handed over for use by the facility.

## **PLANNING**

### **Canterbury – Stage 0 Planning**

- The Planning Unit is working with consultants to refine the assumptions guiding the options for addressing the forecasted Canterbury demand.
  - Significant analysis has occurred of the 235 new models of care articulated through service and staff consultations – including for each their capital and recurrent costs, impact on demand, impact on workforce etc
  - Refining the non-asset solutions and estimating the recurrent costs and the minor capital costs.
- Ongoing work is underway to finalise the draft Clinical Services Statement. This includes:
  - Finalising the Non-Admitted Patients data and Community Health data and forecasting in collaboration with the service providers
  - Analysing the options for delivering high quality mental health care locally in Canterbury.
  - Finalising the ICU model of care for Canterbury.
  - Responding to comments from stakeholders
- A Value Management-Type Study, attended by Health Infrastructure and the Executive Steering Committee (ESC) was conducted to formally assess the options for addressing the forecasted demand in Canterbury. Options were developed through expanding the initial list of options developed by the Planning Unit and then prioritising those options to a shorter list for qualitative analysis and cost benefit analysis. Five options were finally agreed for more formal preliminary cost benefit analysis are per the Capital Investment Proposals required by the Ministry.
- Meetings have been held with the MoH to discuss processes for Stage 0 of the Process of Facility Planning, as Canterbury is the pilot site for the State.

### **SLHD Climate Change and Risk Workshop**

The District held a Workshop on Climate Change and Risk ranging across 11 priority areas. These included Vulnerable Communities, Service Access, Asset Readiness and Procurement.

### **SLHD Long COVID Model of Care**

The SLHD Long COVID Steering Committee, chaired by Professor Warwick Britton has been supported by the Planning Unit to finalise the SLHD Long Covid Model of Care for presentation to the Chief Executive, Clinical Council and Board.

### **Capital Investment Priorities**

Meetings are being held with the MoH to provide feedback on their receipt of the SLHD 2021 Capital Investment. The District is currently developing the priorities for 2022.

### **Tech Central (Camperdown-Ultimo Collaboration Area)**

- Comments have been provided on the initial draft documents developed for the Camperdown Structure Plan.
- A briefing on the Sydney Biomedical Accelerator has been scheduled for the consultants undertaking the Structure plan.

- Comments have been made on the Tech Central Pitchbook developed by Investment NSW, in collaboration with Sydney Research.

## **Patient and Family Centred Care – Environment Working Group**

As a co-chair of Environment Working Group with Renee Moreton, we have re-convened the group to recommend priorities for 2022.

## **RPA Redevelopment and Pathology**

A paper outlining the issues for RPA Pathology and the need to establish Anatomical Pathology in a new location has been finalised.

## **Workshops**

- City of Sydney Economics Plan Workshop
- CESPAN Workshop

## **Other Plans**

The Planning Unit has been involved in reviewing several other plans across the District.

## **SYDNEY RESEARCH**

### **CHERP Executive Director**

In a joint announcement by Dr Teresa Anderson AM, Chief Executive, Sydney Local Health District (SLHD) and Prof Robyn Ward AM, Executive Dean and Pro Vice-Chancellor, Medicine and Health, University of Sydney, Adj A/Prof Vicki Taylor has been appointed to the newly established position of Executive Director, Camperdown Health Education and Research Precinct (CHERP). In addition to her role as Executive Director, Sydney Research, Adj A/Prof Taylor will bring together representatives of the founding partners of CHERP (including SLHD and the University of Sydney) and its external research, education and industry collaborators to explore and support a range of strategic and collaborative initiatives for the betterment of research and education capabilities in Camperdown. Dr Anderson AM, Prof Ward AM, and Adj A/Prof Taylor will be establishing an appropriate governance model for CHERP and a team to support this initiative.

### **COVID-19 Operational Support**

The Sydney Research team continues to support Sydney Local Health District (SLHD) in its response to COVID-19 and with the vaccination program. We have continued to participate in the SLHD COVID-19 Steering Committee and ensure that our research, clinical, academic and industry partners are continually informed of the latest guidance, restrictions and data.

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

Sydney Research continues to support the active successful projects from Rounds 3-5 of the Translational Research Grant Scheme. Progress reports and financial acquittals from all rounds have been endorsed by the Chief Executive, SLHD and submitted to the NSW Office for Health and Medical Research (OHMR).

The following three (3) full applications with SLHD as the Host Organisation were submitted to the OHMR for consideration in TRGS Round 6. These applications were developed with the support of Sydney Research, were endorsed by the SLHD Chief Executive and obtained approvals from the Chief Executive of each partner organisation.

# Board Report



District	Chief Investigator	Project Title	Funding Requested
SLHD	Prof Paul <b>HABER</b>	Preventing advanced liver disease: a randomised controlled trial using a personalised approach	<b>\$500,000.00</b>
SLHD	Dr Michelle <b>BARAKAT-JOHNSON</b> Prof Fiona <b>COYER</b>	Improving patient outcomes and reducing the hidden burden of chronic wounds: a digitally enabled Wound Model of Care (VIRTUE study)	<b>\$499,593.00</b>
SLHD	Prof John <b>CULLEN</b> Prof Vasi <b>NAGANATHAN</b>	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	<b>\$499,183.31</b>

SLHD has also been identified as a partner organisation for the following five (5) applications.

District	Chief Investigator	Project Title	Funding Requested
HNELHD	Dr Rachel <b>SUTHERLAND</b> Prof Luke <b>WOLFENDEN</b>	A randomised controlled trial to evaluate the scale-up of a technology based healthy lunchbox initiative: a solution to address poor dietary intake	<b>\$495,771.40</b>
HNELHD	A/Prof Katie <b>WYNNE</b> Laureate Prof John <b>ATTIA</b>	The Liver Life Study: A supportive care bundle (SCB) to optimise health service utilisation and health outcomes for people living with Advanced Liver Disease	<b>\$499,904.00</b>
MLHD	Mr Peter <b>FERNANDO</b>	“DANMM that’s good!”: Evaluating the feasibility and acceptability of the Deadly Aboriginal and Torres Strait Islander Nursing and Midwifery Mentoring (DANMM) Program across rural, regional, and metropolitan NSW.	<b>\$340,256.98</b>
NBMLHD	Dr Kathryn <b>WILLIAMS</b>	Pro-MOVE: Preparing through Onboarding for the Management of Obesity in the Virtual Environment	<b>\$499,299.00</b>
NSWHP	A/Prof David <b>SULLIVAN</b>	Implementing a Primary-Tertiary Shared Care Model for Scaling Up Genetic Medicine	<b>\$403,504.00</b>

## NSW 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, Project Manager (Embedding Quality Research), Sydney Research is managing this project. Phase One of the project (defining the problem) has been completed and Phase Two of the project will involve developing strategic solutions to the issues identified in Phase One. Additionally, NSW OHMR will engage an expert consultant to produce a state-wide Research Governance Framework (the Framework) in consultation with all relevant stakeholders. It is anticipated that the resulting Research Governance Framework will be piloted at two NSW Public Health Organisations prior to a state-wide implementation to ensure its feasibility and appropriateness.

On 7 March 2022, OHMR provided a walkthrough to organisations across the NSW Health network on the latest REGIS update, which included the addition of new parameters developed by Sydney Research and the PFCC Research Working Group to assess the extent of consumer involvement in research. These new parameters are significant as they will be the first reportable measure implemented in NSW on consumer involvement in research.

### *LHD Business Development Plan Initiative*

In November 2021, the Sydney Research team were involved in initial 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 Public Health Organisations (PHO) 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.

OHMR have suggested a 12-month program with the support of an external service provider, who will be embedded within the PHO 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 PHO 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 and endorsed by the Embedding Quality Research Steering Committee in November 2021. Following this endorsement, OHMR released a tender for an experienced service provider who will be embedded into the PHO research team for a short period of time, provide an assessment of the project's current state and assist the team with developing a roadmap of recommendations for commercialisation. Adj A/Prof Vicki Taylor participated on the Tender Evaluation Committee in late February 2022, which did identify a promising organisation to lead this new initiative.

### **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 initiative is being led by Meg Jardine, Director, NHMRC CTC and its primary objective is to establish new processes and infrastructure that will be universally accessible across these organisations and secure NSW as a global destination for clinical trials.

Prof Meg Jardine presented a project proposal in late March 2022 to the Alliance Think Tank, which outlined the project phases, intentions and funding commitments required from NSW Health, SLHD, NSLHD and the University of Sydney.



The Think Tank includes Dr Anderson AM, Adj A/Prof Taylor, Prof Ward AM, Dr Tony Penna, Executive Director, OHMR, Prof Don Nutbeam, Executive Director, Sydney Health Partners, and Deborah Wilcox, Chief Executive, Northern Sydney Local Health District.

As the first initiative of the Alliance, a new Clinical Research Health Engineers Working Group has been established focusing on identifying barriers and solutions to a better integration of the delivery of health care services and clinical research with a central focus on the innovative use of digital technologies. The Working Group consists of clinicians, academics, ICT, bioinformatics and digital health professionals, with Mr Richard Taggart, Chief Information Officer, Dr Angus Ritchie, Chief Medical Information Officer, Dr Owen Hutchings, Clinical Director of rpavirtual, and Prof Warwick Britton, Director of Research representing SLHD on the Committee.

## **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 precinct spanning across three physically connected but distinct buildings on the SLHD and the University campuses. The value proposition for the SBA is unique in NSW - it fuses clinical excellence, creative problem-solving and strong research in the SLHD with world-class multidisciplinary research at the University, all under a shared research mission. The Centenary Institute has been selected as the first MRI partner in the SBA.

A Strategic Business Case developed by the SBA Project Team was submitted to the NSW Health Secretary and NSW Minister for Health on 18 March 2022 ahead of the 2022 NSW Budget. The Business Case seeks an investment of \$125 million from the NSW Government, which will support the construction of Building B – a new research facility on the RPA campus. SLHD has committed to the refurbishment and creation of an Innovation Hub in Building A (Gloucester House) and will be contributing \$25 million to support early and enabling works for Building B. If successful, NSW Health investment will total \$150 million. The University have committed \$185 million for the construction of a new research facility on the University campus (Building C). The Business Case complies 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.

Sydney Research continue to lead the market sounding process and have received over eight (8) enquiries to date from local, interstate and international organisations that are interested in becoming collaborators of the SBA.

## **Sydney Health Partners**

The Sydney Research team continues to work closely with the Sydney Health Partners (SHP) team to support the following key initiatives. Dr Anderson AM and Adj A/Prof Taylor continue to participate as members of the SHP Board as well as representing SLHD in the newly established SHP Research Development Committee. Sydney Research has also recently supported SHP in the development of their application to be re-accredited by the National Health and Medical Research Council (NHMRC) as an Advanced Health Research Translation Centre (AHRTC).

### *Encouraging More Clinical Trials in Australia*

- The SHP Clinical Trials Advisory Panel (CTAP) has been established to progress this SHP initiative, in collaboration with the NHMRC Clinical Trials Centre and the NSW OHMR. SLHD is a key contributor to this initiative with both Sydney Research and SLHD Research represented on the Advisory Panel.
- A meeting between Sydney Research and the Chair of CTAP, Prof John Simes, has been arranged for late March 2022 to ensure alignment with the initiatives of the Embedding Quality

Research Steering Committee, Clinical Trial Management System and Clinical Trial Alliance – ahead of the next meeting of CTAP.

- Ms Asra Gholami, Program Manager for the EQR Research Governance initiative has been invited to join the CTAP.

## New Grant Opportunities

In a joint initiative between Sydney Local Health District, Chris O'Brien Lifehouse, and University of Sydney, the Sydney Cancer Institute Seed Grant Scheme seeks to support research in the areas of cancer diagnosis, prevention, treatment or care. In 2022, there will be twelve (12) x \$25,000 Seed Grants available, to support projects investigating any aspect of cancer and its various sub-types. These grants aim to expand existing cancer research capacity and collaboration across disciplines to improve care, outcomes, and quality of life for patients with cancer. Sydney Research received 38 applications and are undertaking an initial review prior to circulating to the review panel consisting of Dr Teresa Anderson AM, Prof Robyn Ward AM, and Prof Michael Boyer.

The Tim Trigg Scholarship will be re-advertised as the applications received were not eligible for the opportunity. The donor, Ms Paula Triggs, has been informed and supportive of re-advertising following discussions with Prof Michael Buckland and Ms Penny Vogelzang.

Sydney Research also continue to support the implementation of the new Sami Azmol Scholarship with the SLHD Finance department. This scholarship seeks to support up-and-coming accountants gain additional professional qualifications in honour of the late Sami Azmol, who was a valued member of the SLHD Finance team.

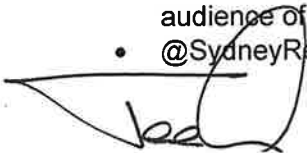
## Other Activities

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

- ANZAC Research Institute Transition Working Group
- WCX Dive Site Inter-agency Working Group
- REGIS Update Walkthrough
- vICU Evaluation and Monitoring Committee
- PFCC Our People Working Group
- PFCC Our Patients Leadership Group
- The Virtual Pitch
- Australian-Israel Chamber of Commerce Boardroom Lunch – Future of Health Care with Prof Edward Byrne
- Spark Festival Ecosystem Leaders Lunch
- Rusty Priest Building opening at Concord Hospital

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 1,012 subscribers
- The PFCC Research Working Group bi-monthly newsletter, 'Consumers in Research', has an audience of 140 subscribers.
- @SydneyResearch currently has 1,258 followers on Twitter



Dr Teresa Anderson AM  
**Chief Executive**

Date: 19.9.22