
Sydney Local Health District

Meeting One Hundred and Twenty Six of the Board

Date: Monday 19 September 2022

Time: 9.00am – 11.00am

Venue: SLHD Boardroom / Zoom

Chair: The Hon. John Ajaka, Chair

1. Present and apologies

The Hon, John Ajaka, Chair
A/Professor Christine Giles, Deputy Chair
Ms Ronwyn North, Member
Dr Mary Haines, Member
Mr John McGee, Member
Dr Paul Hosie, Member
Ms LaVerne Belleair, Member
Adj/Professor Karen Crawshaw PSM, Member
Dr John Sammut, Member
Mr Raymond Dib, Member
Mr Richard Acheson, Board Member
Dr Teresa Anderson, AM, Chief Executive

Apologies

Mr Rob Furolo, Member
Ms Kerry-Anne Hartman, Member

In attendance

Dr Alicja Smiech, Chair, Medical Staff Executive Council
Dr Kate McBride, Director, RPAH Institute of Academia Surgery (9.00am – 9.30am)
Ms Emma Swan, GHMP Trainee (9.00am – 10.00am)
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 six of the Sydney Local Health District (SLHD) Board.

Minutes

3. Declaration / Removal of conflicts of interest

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

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

4. Confirmation of previous minutes

4.1 Minutes of the previous meeting held 15 August 2022

The minutes of the meeting held on 15 August 2022 were moved and seconded as a true and accurate record of the meeting.

The Chair signed the minutes.

4.2 CE Report – August 2022

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

Presentation:

1. Institute of Academic Surgery – Dr Kate McBride

Dr McBride presented on Supporting and Promoting Surgical Research and Education including:

- Acknowledgement of Country
- Background
- Portfolios
- Surgical Research - Strategic Directions
- Surgical Research - Activity Metrics 2021
- Surgical Research - 0.5 FTE Academics
- Research Leads
- 20 Years of Surgical Outcomes Research Centre (SOuRCe)
- Institute of Academic Surgery Portfolios
- Surgical Education - Strategic Directions
- Surgical Education – Activity Metrics
- Surgical Education Highlights
- Innovation, Value and Thought Strategic Objections
- Innovation, Value and Thought Surgical Robotics - Clinical Research Program
- Innovation, Value and Thought Surgical Robotics - Pre-clinical Training Program
- Innovation, Value and Thought Surgical Robotics - Collaboration
- Innovation, Value and Thought Surgical Robotics - Advanced GI Surgical Program
- Innovation, Value and Thought Surgical Robotics – Surgical Innovation
- Strategic Partnerships
- Governance

- Workforce
- Future Plans
- Thank you

Following the presentation the Board discussed:

- All surgical departments are involved
- Close overseas partnerships and collaboration with papers
- Focus on education and training
- Partnership with COBL
- Focus on consumer engagement has been discussed at the Advisory Council
- Meeting with the SLHD Consumer Manager held last week and a stand-alone consumer meeting will be convened next year
- Robust model, tremendous and impressive outcome.

The Chair thanked Dr McBride for attending the meeting and for the presentation.

2. Enforceable Undertaking – Dr Teresa Anderson

Dr Anderson presented on the Enforced Undertaking including

- Acknowledgement of Country
- What is an Enforced Undertaking
- Why the Enforced Undertaking
- Work Health and Safety Benefits
- Rectifications and changes since the alleged contravention
- Work Related Violence (WRV) - clinical issues affecting and exacerbating behaviours
- Strategies
- Resources and Models of Care
- Prevention through Education
- Partnerships towards Prevention
- Other Related Initiatives

Following the presentation, the Board discussed:

- Code Black response to this incident was less than two minutes.
- Introduction of Behavioural Escalation Support Team (BEST) at a cost of \$3M over two and a half years is supported and will replace one on one nurse specials.
- Audits conducted by Safework will remain unchanged.
- The Report has been published.
- Staff involved in the incident feel supported.

The Chair thanked Dr Anderson for the presentation.

Minutes

5. Matters arising from the previous minutes

5.1 Action sheet

The Board received, read and noted the action list including:

- All actions on the sheet are still pending.

5.2 Brief – Surgical Access for Period 2019-2020 and 2021-2022

The Board received, read and noted this very informative brief. This agenda item can be removed from the action sheet.

6. Patient Story

The Chief Executive provided a verbal report on positive feedback received from a patient in the Medi-Hotel.

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.

7.4 Board Calendar of Meetings

The Board received, read and noted the Board Calendar of Meetings. The pattern of meetings will remain the same for 2023 and will be circulated to the Board.

8. Chair's Report

The Chair provided a verbal report including:

- The Chair provided his dates for annual leave and A/Professor Christine Giles, Deputy Chair will act as Chair.
- An evaluation of all Board Members was completed and signed by the Chair.
- Media issues regarding the nurse's strike and elective surgery was noted.

9. Chief Executive's report

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

- Actively managing COVID-19 and information updates.
- Retain Sydney Olympic Park for 3 years which can be actively used.
- Actively recruiting overseas for nursing positions.
- According to the Ministry of Health Framework, the District remains at performance level zero, which is the highest level achievable.
- Work is continuing on the No Visitors policy and the impact it has had on the HACs.
- Elective Surgery is increasing.
- Collaborative Care arrangements are on-going
- Stars in the Surgical Access 2020 -2022 represent the Alpha, Delta and Omicron strains.
- The Pitch held last Friday was successful.
- Increase in revenue at RPAH due to increase in surgery.
- LHD Strategic Revenue Network meeting was held in July 2022. Status of Medicare billing rejections was discussed, including the major reasons for the rejections. It is to be noted that 25% of budget is own source revenue.
- Private Patient Officers will have a more customer focus role.
- A lift will be put in the staff and patient carpark.
- The helicopter landing pad will move to the top of the new building, but the current space will also remain.
- Sydney Health Pathways is progressing well.
- Sydney Research is progressing well.

9.1 Finance and Performance Reports

9.1.1 SLHD Board reporting pack – July 2022

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

9.1.2 Selected Performance Indicators – July 2022

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 March to June 2022 was not available.

9.1.5 HAC Committee Report

The Board received, read and noted this report.

Minutes

9.2 Project updates

9.2.1 Lifehouse

The Board noted there was no further updates in the Chief Executive's Confidential Report.

9.2.2 Macquarie International Private Hospital

The Board noted there was no further updates in the Chief Executive's Confidential Report

9.3 Capital Works Report

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

9.4 Clinical Governance and Risk Reports

(i) Quarterly Report

The Board received, read and noted the report for the period April 2022 - June 2022 in particular the information contained in SAER 5 and the internal model being used to manage radiology reporting.

(ii) HACs

The Board received, read and noted this report.

(iii) SLHD Risk Register

The Board received, read and noted this report including the updates in red.

(iv) Disaster Management Board Report (Quarterly)

The Board received, read and noted this report and the link to Cyber Security due to the role of e-Health.

9.5 Audit and Risk Committee Report (period 17 June 2022 to 15 September 2022)

The Board noted this report for the period 17 June 2022 – 15 September 2022 is due in October 2022.

9.6 Facility Reports – July 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. A presentation on the Cemplicity Patient Survey Results will be provided to the Board.

(iii) Community Health

The Board received, read and noted the Community Health Services report. Due to COVID and the need to cease face to face services, the provision of Community Health Services will need time to recover.

(iv) Concord Hospital

The Board received, read and noted the Concord Hospital facility report. The water leaks in the new building is being followed-up with Health Infrastructure.

(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,

- COVID isolation and social isolation has made an impact
- Mental Health patients in ED greater than 24 Hours - Step-down beds at Callan Park and the new Forensic beds should assist with this
- Mental Health Strategic Plan should include creative thinking and innovations.

(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. This week is RPAH's 140th Birthday. A schedule of the celebrations has been forwarded to the Board.

(x) RPA Virtual Hospital

The Board received, read and noted the RPA Virtual Hospital report. Given this report is now a regular monthly report, the information in the CE report on RPAV has been removed.

- (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

Nil to report.

11. Board Committee reports / minutes

11.1 Finance, Risk and Performance Management Committee

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

11.2 Education and Research Committee

The Board received, read and noted the minutes of the meeting held on 18 July 2022.

11.3 Strategic Communication and Partnerships Committee (Previous Communications Committee)

The Board noted the next meeting is to be held on 11 October 2022.

11.4 Audit and Risk Committee

The Board received, read and noted the minutes of the meeting held on 2 September 2022.

11.5 Health Care – Clinical Quality Council

The Board received, read and noted the minutes of the meeting held on 24 August 2022.

Minutes

11.6 Health Care – Clinical Council

The Board received, read and noted the minutes of the meeting held on 24 August 2022.

11.7 Medical Staff Executive Council

The Board noted the next meeting is to be held on 4 November 2022.

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

The Board received, read and noted the minutes of the meeting held on 3 August 2022. A copy of the presentation “COVID response” was requested by the Board.

11.9 Aboriginal Health Steering Committee (bi-monthly)

The Board noted the next meeting is to be held on 27 September 2022.

11.10 Organ Donation for Transplant – Quarterly Report (July 2022 – September 2022)

The Board noted the report for the period July 2022 – September 2022 is due in November 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 16 July 2022. A draft Sustainability Plan is currently being prepared, utilising information collected from Sustainability consultants Climate Wise. The plan is currently with District Communications for review prior to submission to the CE and Board for review and approval.

12.2 Medical and Dental Appointments Advisory Committee

The Board received, read and noted the minutes of the meeting held on 10 August 2022.

12.3 Finance Leaders Forum

The Board received, read and noted the minutes of the meeting held on 20 July 2022.

12.4 NSW Health / SLHD Performance Review Meeting

The Board noted the meeting was held on 25 August 2022.

12.5 Organ Donation for Transplantation

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

Minutes

12.6 Major Procurement, Assets and Imaging Steering Committee

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

12.7 Yaralla Estate Community Advisory Committee (bi-monthly)

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

12.8 Concord Forensic Mental Health Executive Steering Committee

The Board received, read and the minutes of the meeting held on 20 July 2022.

12.9 RPAH Redevelopment Executive Steering Committee

The Board received, read and the minutes of the meeting held on 20 July 2022.

12.10 Security and Violence Prevention Committee

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

12.11 Contracts Implementation Committee

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

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

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

13. Matters for noting

13.1 Membership – Audit and Risk Committee

The Board received, read and noted this correspondence.

13.2 Institute of Academic Surgery Update

The Board received, read and noted this correspondence.

13.3 Letter – NSW Health Secretary

The Board received, read and noted this correspondence.

14. Other Business

Nil to report

15. Next Meeting

The next meeting will be held on Monday 17 October 2022 at 9.00am in the SLHD Boardroom.

The meeting will be Chaired by A/Professor Christine Giles, Deputy Chair

The meeting closed at 11.00am


Chair


Date

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

COVID-19 UPDATE

The District has continued a range of activities in response to COVID-19. They include the following:

SLHD

- Continued the central coordination of COVID-19 activities through the SLHD Operations Centre
- Continued the Mobile Vaccination Clinic providing COVID-19 vaccinations to vulnerable communities. The last community clinic was scheduled for 28 August 2022.
- Established a working group with the NSW Department of Education to target low vaccination take-up areas
- Continued to manage and dispense non-PBS COVID-19 anti-virals through the Vaccination Program to patients who are prescribed these medications by their GPs.
- Continued the transition working groups developing transition plans for Vaccination and Screening Services for operational to a BAU model.

SLHD Facilities

- Continued to maintain ICU capacity across SLHD Hospitals to manage demand of COVID-19 positive patients. COVID-19 positive ICU admissions remain stable.
- Continued to maintain inpatient COVID-19 wards to manage COVID-19 positive and amber at RPA, Concord, and Canterbury Hospitals. COVID-19 positive patients on wards remain high but stable.
- Continued Staff and Visitor Screening Stations to check all people entering the health facilities. The screening questions have continued to be revised to ensure alignment with the current context.
- Continued facility based COVID-19 Screening Clinics although activity remains low.

SLHD Public Health Unit

- Continued assistance provided to NSW Health in providing Special Health Accommodation
- Development of the White Bay Cruise Ship Terminal reception plan in conjunction with the Ministry of Health and South Eastern Sydney Local Health District Public Health Unit.

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 use of the special purpose vehicles to run mobile COVID-19 Testing Clinics.
- Continued to provide Tiger teams to support staff as required
- Continued Fit Testing for staff from high-risk areas, note this is on top of existing Fit Checking.

Vaccination

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

Vaccines that continue to be 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 a 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). The last vaccinations were scheduled on 27 August 2022.
- Mobile Vaccination Clinics continue at various community locations to provide accessible vaccinations. A total of 59 clinics were conducted during August 2022.
- Outbreak Management vaccination teams to support and vaccinate people identified by the Outbreak Management Team leads.
- Social Housing Vaccination teams established to target residents of various social housing areas.
- Aboriginal Cultural Support Team continues to provide assistance to aboriginal families who have been affected by COVID-19.

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

The remaining SHA property is Atlas Serviced Apartments (30 apartments) which is continuing to provide accommodation for COVID-19 positive patients who are unable to isolate in the community. The number of referrals has significantly reduced and has continued to reduce during the more recent peak of COVID-19 cases driven by the BA.4 and BA.5 variants. As of 30 August 2022, there is only 1 patient admitted to the SHA service. There are 20 apartments available for the SHA model given 10 apartments are needed for the surgical medi-hotel pilot. It is proposed that the SHA will cease operation on 30 September 2022 given the change in demand for the service.

The Atlas property is continuing to be leased by SLHD until 26 March 2023 with the option of a further six months extension to enable a pilot of a surgical medi-hotel model of care. This model aims to reduce pressure on inpatient beds at RPA by supporting the earlier discharge of surgical patients from regional and rural NSW from hospital. These patients tend to stay between 2 to 3 days longer than local patients as they cannot readily access hospital services following discharge or timely readmission, if necessary, given they live longer distances from RPAH. The pilot commenced operation on Monday 8 August 2022.

The evaluated pilot is leveraging the expertise developed during the COVID-19 response in the SHA and RPA Virtual Hospital. The model of care combines the added safety of in-person monitoring and care by onsite nurses with the clinical oversight, virtual in-reach and escalation pathways of the RPA Virtual Hospital.

PERFORMANCE

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

Safety and Quality

SLHD continues to maintain the quality and safety of our services despite the significant ongoing demands placed on staff due to the ongoing COVID-19 response and the increase in influenza cases. Work is continuing to return services and activity across the District to pre-COVID-19 levels, 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 July 2022.

Mental Health services continue to be under significant pressure with the significant increase in activity and the challenges associated with managing complex behaviourally disturbed patients on a COVID-19 pathway. There was an increase in the number of Mental Health Readmissions within 28 days for the month of May 2022 to 15.8% compared to same time last year. YTD May 2022 has seen a slight change in readmissions, at 15.4% when compared to 15.2% YTD May 2021. 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 5.1% for the month of June 2022 and 4.7% YTD June 2022, which is below the State average of 5.3% for the month and 5.3% YTD June 2022. Unplanned Emergency Representations (same ED within 48 hours) were 4.0% for the month of July 2022 and 4.0% YTD July 2022, which is below the State average of 4.6% for the month, and below the state average of 4.6% for YTD June 2022.

The District is performing well compared to target (1.0/10,000 bed days) for Staphylococcus Aureus Bloodstream Infections (SABSI), with 0.7 per 10,000 bed days for the month of June 2022. The District continues to perform well compared to the State average for Central Line Associated Bloodstream (CLAB) infections. There were no CLAB infections reported in June 2022, compared to the State average of 4 in the same period. The District remains vigilant with ongoing education and training in Infection Prevention and Control (IPC) strategies and CLAB awareness discussions at ICU morbidity and mortality meetings are continuing.

IPC facilitators continue to be deployed to high-risk clinical streams across the District. The Infection Prevention Taskforce has continued to meet, leveraging learnings during COVID-19. The District aims to have no Hospital Acquired Infection by 2025.

The District's HAC performance overall has deteriorated to April 2022 due to the impact of the COVID-19 particularly during the OMICRON outbreak. The District continues to perform well in relation to 7 of the 14 Hospital Acquired Complications (HACs), underperforming in relation to Hospital Acquired Renal Failure, and Hospital Acquired Cardiac Complications; and not performing in relation to Fall Related Injuries in Hospital, Hospital Acquired Respiratory Complications, Hospital Acquired Venous Thromboembolism, Hospital Acquired Delirium and Hospital Acquired Endocrine Complications.

The rate of **Hospital Acquired Renal Failure** was 3.5 per 10,000 episodes, which is slightly above the target of 3.4 for the 12-month rolling period of June 2021 – May 2022. The instances of Hospital

Acquired Renal Failure decreased by 5 during the period, when compared to the previous 12 month rolling period.

The rate of **Hospital Acquired Cardiac Complications** was 51.1 per 10,000 episodes, which is slightly above the target of 51.0 for the 12-month rolling period of June 2021 – May 2022. The instances of Hospital Acquired Cardiac Complications increased by 44 during the period, when compared to the previous 12 month rolling period.

The rate of **Fall Related Injuries** in Hospital was 8.2 per 10,000 episodes, which is above the target of 5.7 for the 12-month rolling period of June 2021 – May 2022. The instances of Fall Related Injuries increased by 12 during the period, when compared to the previous 12 month rolling period.

The rate of **Hospital Acquired Respiratory Complications** was 45.8 per 10,000 episodes, which is above the target of 38.7 for the 12-month rolling period of June 2021 – May 2022. The instances of Hospital Acquired Respiratory Complications increased by 145 during the period, when compared to the previous 12 month rolling period.

The rate of **Hospital Acquired Venous Thromboembolism (VTE)** was 15.3 per 10,000 episodes, which is above the target of 11.0 for the 12-month rolling period of June 2021– May 2022. The instances of Hospital Acquired Venous Thromboembolism increased by 61 during the period, when compared to the previous 12 month rolling period.

The rate of **Hospital Acquired Delirium** was 64.7 per 10,000 episodes, which is above the target of 55.1 for the 12-month rolling period of June 2021 – May 2022. The instances of Hospital Acquired Delirium increased by 89 during the period, when compared to the previous 12 month rolling period.

The rate of **Hospital Acquired Endocrine Complications** was 45.3 per 10,000 episodes, which is above the target of 29.7 for the 12-month rolling period of June 2021 – May 2022. The instances of Hospital Acquired Endocrine Complications increased by 69 during the period, when compared to the previous 12 month rolling period.

Despite the deterioration, the District has remained focused on improving its performance in relation to all HACs, with facilities/services providing monthly updates to their HAC Action Plans. The SLHD HAC Steering Committee continues to meet with the District HAC Operational Coordinators and Clinical Leads for each of the HACs supporting facilities and services in the development of strategies to reduce HACs District wide. “Deep Dives” into strategies for specific HACs are provided to the District Clinical Quality Council.

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 July 2022 with ongoing furloughed staff, premium staff usage has increased by 1.25 for Medical staff, decreased by 5.76 for Nursing staff and decreased by 1.12 for Allied Health staff and when compared to the same period last year.

The District has continued to focus on ensuring its hospitals are appropriately staffed to manage the activity associated with COVID-19 in our Emergency Departments, COVID-19 wards and Intensive Care Units that is continuing to occur, while recovering business as usual. There has been ongoing

focus on the workforce challenges in all facilities activity which has been required to manage COVID-19 outbreaks and community transmission. This is particularly important as the District is currently managing the increase in activity associate with the winter demand. Staff within the SLHD Vaccination program have been actively deployed within facilities to assist with the COVID-19 and winter demand. Recruitment against winter strategies is progressing, and influenza vaccination clinics across the District have been implemented.

The District has formed an Executive Coordination Group to oversee the Recovery and Resilience Program for Sydney Local Health District. A Program Manager for Recovery and Resilience has been temporarily appointed to facilitate the review, monitoring and coordination of the allocated 124 FTE by the Ministry of Health. Recovery and Resilience will aim to improve the workplace wellbeing at all facilities, decrease the overall excessive annual leave balance and decrease the overtime being done. Proposals by the District have been considered and will be approved by this group.

Activity

Significant pressure has continued to be placed on all hospitals in the District with continued volume of COVID-19 positive and precautionary patients, increase in influenza cases alongside the return of pre-COVID-19 activity levels with elective surgery and outpatient activity. Hospitals have been working to reduce the volume of deferred care in relation to elective surgery and outpatient clinics across the District; however, this has been impacted by the growing number of COVID-19 and influenza cases presenting to hospital.

There has been a decrease of 3.81% in the number of separations (12,825) for the month of July 2022 when compared to the same period last year (13,333). Separations have increased from last month (12,756). YTD July separations have decreased by 3.81% when compared to the same period last year. This is consistent with the increased occupancy rates experienced across the District associated with continued COVID-19 activity. In July 2022, the District's occupancy rate increased by 4.93% to 89.63% when compared to the 84.71% reported in July 2021, which continues the trend of increasing hospital capacity.

There were 13,804 attendances to the District's Emergency Departments in July 2022, which is a 12.67% increase from 12,252 in July 2021. YTD July Emergency Department attendances have increased by 12.67% to 13,804 when compared to the same period last year (12,252). For the month of July 2022, case weighted attendances have increased by 9.36% 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. This includes a range of winter strategies to support the winter demand period. There was a 5.09% decrease in ETP in the month of July 2022 to 58.75% when compared to the same period last year. This relates to the increase in ED presentations for the month compared to the same time last year. YTD July ETP decreased by 5.09% to 58.75% 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, as well as the impact of influenza. Admitted ETP was below target (50%) for the month of July 2022 at 30.19%, which is a 6.30% decrease on the same period in the previous year.

Transfer of Care

The District performed slightly below target (90%) for transfer of care (TOC) in July 2022, with 85.63% of all patients transferred from ambulance to our emergency departments in 30 minutes or less. TOC continues to be impacted by the significant number of patients on a COVID-19 pathway presenting to the Emergency Department which has significantly increased processing times due to PPE and Infection Prevention and Control measures required, including the use of single bay rooms. Continued monitoring of this is occurring, with TOC and ED performance discussed at the District's daily ETP meeting. TOC performance has been further impacted by the increased occupancy rate and decreased rates of separations.

ED Triage

The District achieved triage Categories 1, 4 and 5 targets for the month of July 2022. Triage Category 2 performance is below the target at 88.13% (target 95%). Triage Category 3 performance is below the target at 83.52% (target 85%). Triage 2 and 3 times have improved compared to July 2021 by 3.41% and 4.43% respectively.

Elective Surgery

There were 164 less elective surgeries performed in SLHD facilities in July 2022 when compared to the same period in the previous year, representing a decrease of 8.15% (excluding Collaborative Care surgery). In partnership with Collaborative Care arrangements the District is working towards reducing the surgical backlog and increasing capacity to complete deferred cases on the waiting list.

For the month of July 2022, 99.59% of Category A, 88.84% of Category B, and 82.86% of Category C elective surgery patients were admitted within the clinically appropriate timeframe for their surgery. YTD July surgical patients not ready for care increased by 34.46% (409) when compared to the same period last year.

Collaborative Care

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.

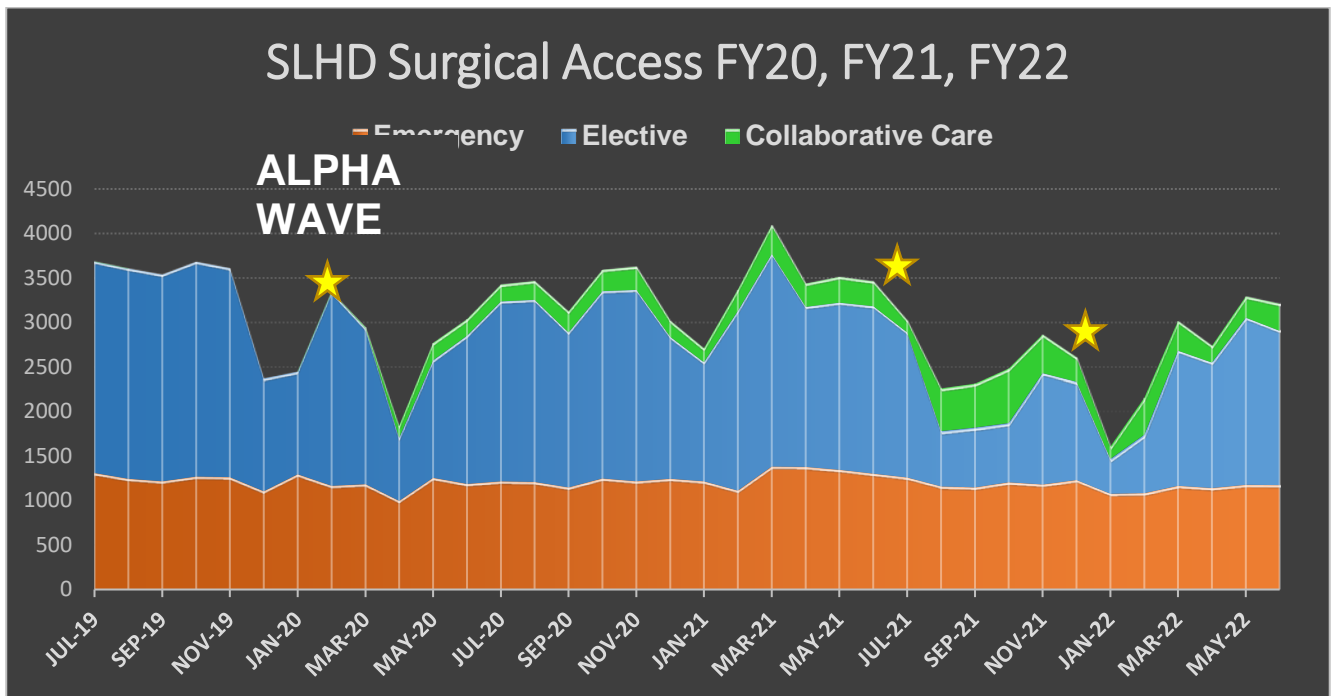
Surgical Taskforces at RPA, Concord and Canterbury Hospitals continue to oversee the surgical recovery program. Membership of the taskforce in each facility includes the District and Facility Executive, senior medical, nursing, and allied health clinicians and clinical directors from surgical departments, operating theatres, anaesthetics, emergency departments, ICU, and wards. Please see below table and graph which outlines in the increase in Collaborative Care arrangements to supplement elective surgery activity. The emergency surgery numbers have gradually normalised to pre COVID1-9 levels as the number of deferred cases reduces. There is significant progress made towards reducing the total deferred surgery cases across the District. The District is on track to return to triple zero elective surgery access performance by the end of the 2022/23 Financial Year.

The District is in the process of finalising the evaluation of the Private Preferred Provider Agreements with the Ministry of Health.

Board Report



	Collaborative Care	Elective	Emergency	Total
2019/2020	581	21,843	14,496	36,920
2020/2021	3,130	22,957	15,021	41,108
2021/2022	6,527	13,526	13,999	34,052
Total	10,238	58,326	43,516	112,080



Facility	Jun-22	Jun-21	% Var Month	YTD	Prev YTD	% Var YTD
Canterbury	87	0	-	696	13	-
Concord	109	41	165.85%	1,638	268	511.19%
IRO	2	0	-	154	6	2,466.67%
RPAH	302	279	8.24%	4,039	2,843	42.07%

Emergency Surgery

There were 177 less emergency surgeries performed in the month of July 2022 when compared to the same month last year, representing a 14.22% decrease which is positive and is likely to be linked in the increase in elective cases being undertaken.

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 March 2022 Hospital in the Home overnight separations increased by 4.58% when compared to the same period last year.

NATIONAL FUNDING REFORM / ACTIVITY BASED FUNDING

NWAU Activity against Target

The District continues to perform well in relation to the NWAU activity against target, finishing up with 0.55% variance for 2021/22, excluding Dental. The positive variance driven by the non admitted COVID activity.

Stream	Target	Actual	Variation	Variation %
Acute*	167,873	145,762	-22,112	-13.17%
ED	24,294	22,700	-1,594	-6.56%
NAP**	50,880	79,339	28,459	55.93%
SNAP***	13,412	12,129	- 1,283	-9.57%
MH Admit^	19,247	18,392	-855	-4.44%
MH NAP^^	9,660	8,623	-1,037	-10.73%
Total	285,366	286,944	1,578	0.55%
Dental DWAU	62,282	53,927	-8,355	-13.41%
Dental NWAU#	7,820	6,771	-1,049	-13.41%
Total (NWAU)	293,186	293,715	529	0.18%

*42 uncoded episodes

** Inclusive of COVID clinics and the Special Health Accommodation

*** SNAP currently unavailable

^ 2 uncoded

^^ MH NAP is YTD May

NWAU=589/4691*DWAU

REVENUE ENHANCEMENT DEVELOPMENT COMMITTEE

SLHD REVENUE COMMITTEE

Private Health Insurance Usage

For the month of July 2022 15.91% (1,897 separations) of all patients discharged by SLHD facilities were classified as privately insured.

There was a decrease of 63 (3.2%) patients who elected to use their private insurance compared to the same period last year and a decrease of 31 (1.61%) in total separations from previous month.

For the month ended July 2022, conversions for facilities as compared to the same period last year were:

- RPAH – an increase of 29 (3.10%) private patients.
- Concord – a decrease of 50 (5.82%) private patients.
- Canterbury Hospital – a decrease of 34 (25.37%) private patients.
- IRO – No changes in comparison from same period last year.
- Balmain Hospital – a decrease of 8 (44.44%) private patients.

Single Room Usage

For the month of July 2022, 9.47% of patients were flagged as infection control across the District.

For the month, 14% of all available single rooms were occupied by private patients and 28% of all private patients were accommodated in single rooms.

SLHD Strategic Revenue Network

Key notes:

- SLHD Strategic Revenue Network meeting was held in July 2022. Status of Medicare billing rejections was discussed, including the major reasons for the rejections. An update on the progress with the implementation of the PRNIP framework was provided. Update on Ministry workshop for revenue opportunities was provided. Facilities provided an update on the 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 176 registered users and total \$2.28M has been raised through the portal to date.

REDESIGN AND SERVICE IMPROVEMENT

INNOVATIONS

The Pitch

- The next round of The Pitch will be held on 16 September 2022.
- The event follows a hybrid approach with some face-to-face attendance at the Kerry Packer Education Centre as well as the ability to also connect via live stream.
- Applications for submissions to the Pitch close mid-August 2022.

CHR

- Centre for Healthcare Redesign (CHR) Graduate Certificate Program
 - *HealthPathways Sydney Periodic Review Redesign:*
 - The team are in the Project Initiation phase of the project and finalising deliverables.
 - The project aims to improve the effectiveness of the periodic HealthPathways Sydney Reviews process and improve clinician and patient satisfaction for Sydney Local Health District Diabetes Services by February 2024
 - *Meeting Challenges through Collaboration at Balmain Hospital General Practice Casualty:*
 - The team are in the Project Initiation phase of the project and finalising deliverables.
 - The project aims to improve patient experience by providing equitable, responsible, culturally safe, integrated, and competent model of care in GPC by December 2023.
 - *GPCanShare Redesign Project:*
 - The solution design phase of this project has been finalised. The solutions report has been submitted to the Chief Executive for approval. The team followed a vigorous and engaging solution design process and prioritised the following solutions:
 1. Develop a shared care model for colorectal cancer patients
 2. Develop and implement a Multidisciplinary team (MDT) communication workflow for colorectal cancer patients
 3. Develop an information sharing protocol and update the MDT Terms of Reference (ToR)

4. Host more continuous professional development (CPD) events for GPs [quick win]
5. Review and update colorectal section on HealthPathways [potential quick win]

Other Projects

- Hands Up Project (RPA Hand Clinic)
 - Solutions Statements continue to be reviewed by the project lead.
 - Implementation of quick wins for the project are being prioritised as the process of reengaging with stakeholders continues.
- RPA Virtual Hospital/SDN Demand Management Strategy Redesign
 - The project team are finalising the Diagnostic Phase of the project with staff interviews and data collection due by mid-August.
- RPAH Transfer of Care Project – ‘Good to Go, Discharge by 10 and 2’
 - Implementation of solutions is progressing as below:
 - EDD and Waiting for What (WFW) guideline has been drafted and sent out for feedback.
 - Communication plan developed.
 - Development of a checklist for nursing staff pertaining to actions and responsibilities when attending ward rounds is in progress.
 - Transit lounge:
 - Recruitment of permanent staff is complete
 - Transit lounge policy is being updated.
 - Targeted communication regarding increased use of transit lounge has commenced.
 - Meeting with pharmacy to facilitate discharge medication process is scheduled.
- Diabetes Model of Care Redesign
 - The brief and memo have been resubmitted to the CE for signature including the additional information requested. Brief is pending sign off.
 - 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.

Accelerating Implementation Methodology (AIM):

- A follow up meeting for the participants who attended the 2-day AIM training in July is scheduled for end of August. This will provide an opportunity for participants to practice and reflect on their learning.
- The next scheduled course for 2022 is on 5-6 September.

HealthPathways

Content Development and Maintenance

Development and consultation continue for the localisation and Periodic Reviews to the following pathway sets:

- Hand Surgery (awaiting Clinical Re-Design completion and endorsement)
- Chronic Pain

Board Report



- Melanoma and other skin cancers (in collaboration with the Australian Melanoma Institute)
- Andrology (in the final stages)
- Prader-Willi Syndrome

COVID-19 Specific Content

Major structural changes were undertaken to the COVID-19 pathway suite, resulting in the amalgamation of a COVID vaccination content, and the establishment of a new COVID-19 Medications pathway. New service information content was also published to acknowledge the changes to oral COVID-19 medication dispensing and the introduction of Evusheld.

Alongside the release of the eReferral forms for the RPAH Post COVID Respiratory Assessment service and SLHD Long COVID Rehabilitation clinic, new pathway content and service listings were introduced.

Re-Design of our current Periodic Review Process

The Re-Design program has entered Diagnostics and the Project Lead and Stakeholders have begun a series of consultation events to identify diagnostic models and targets. The Inaugural Steering Committee was held on 10th August, with members agreeing to the Terms of Reference and providing input to the Project scope, objectives, and draft Project Management Plan.

Usage of HealthPathways

Usage for August remains on par with July 2022, which showed significant increase in usage from June 2022. High usage remains driven by the COVID-19 content

	1 – 28 August 2022	July 2022	June 2022	May 2022	April 2022
Users	1,805	1,879	1,736	1,896	1,683
Sessions of use	12,272	14,282	11,836	13,292	11,118
Total Page Views	38,885	43,685	38,747	42,084	35,787

COVID-19 Specific Content Usage

	Page views August 1-28 2022	Page views July 2022	Page views June 2022	Page views May 2022
COVID-19 Vaccination Resources	42 (Retired 24/8/22)	69	51	101
COVID-19 Vaccination Procedure	40 (Retired 24/8/22)	97	59	69
COVID-19 Vaccination	70 (Introduced 24/8/22)	-	-	-
COVID-19 Medications	239 (Introduced 23/8/22)	-	-	-
COVID-19 Active Case Management	650 (Retired on 8/8/22)	3,466	1,767	2,385
COVID-19 Management	1,177 (Introduced 8/8/22)	-	-	-
COVID-19 Assessment &	56	34	17	36

Board Report



Management in RACFs				
COVID-19 Virtual Care Requests	119	150	113	160
Post-COVID-19 Conditions	229	399	385	385

Enforceable Undertaking

An incident that occurred on 4 May 2019 in the 6 East 1 ward of Royal Prince Alfred Hospital (RPA) resulted in three nurses and a patient being injured by a separate patient suffering an acute psychotic episode. SafeWork NSW alleged that Sydney Local Health District (SLHD) failed to discharge its obligations as a person conducting a business or undertaking under section 19(1) and 19(2) of the WHS Act in that it did not ensure so far as reasonably practicable the health and safety of workers and others. The District has been working with SafeWork NSW to finalise the Enforced Undertaking in 21/22. The Executive Director, Investigations & Enforcement, accepted the EU for SLHD on 12 August 2022. A 'verification handover meeting' is being arranged to verify the terms of the EU.

SafeWork has advised the reasons for the decision are:

- The alleged contravention does not appear to be a section 31 reckless conduct category 1 offence, which if it was the case, would preclude the proposed enforceable undertaking from being accepted.
- The nature of the alleged contravention and the actions taken by SLHD in response to the incident are assessed as being appropriate for consideration of an enforceable undertaking.
- The strategies proposed in the enforceable undertaking have been assessed as likely to deliver long term, sustainable work health and safety improvements in the workplace, industry, and community.
- The enforceable undertaking addresses the requirements contained within the Enforceable Undertakings Guidelines.

SLHD has commenced actions in relation to dissemination of information about the EU.

SLHD believes that the progression of the EU will have significant benefits for NSW Health and the community.

- Recruitment to Program Manager for safe care of mental health and behaviourally disturbed patients in acute care facilities. The position reports directly to the Chief Executive, Coordinating the enforced undertaking commitment and other major projects and prioritising a whole of district approach
- Behavioural Escalation Support Team (BEST). The BEST will operate as a 24/7 clinical team, designed to collaborate with clinicians and serve as a liaison, consult and clinical resource for all acute care staff. BEST operates similarly to the 'Between the flags' rapid response model whereby teams are established to rapidly respond to patients in emergent medical situations.
- BEST team members will have the necessary experience and skillset to recognise and respond to the antecedents of acute severe behavioural disturbance. BEST clinicians will serve as a dedicated resource across acute wards and will be a highly visible and accessible resource for all staff. They will work proactively with patients providing a more therapeutic response. Recruitment to the BEST team has commenced.
- Development of a recognised qualification in the assessment and management of acute behavioural disturbances

- Safer work, Safer care educations that will be consolidated into one accessible learning pathway
- Scholarship program support community and industry. This includes financial and resource support for external healthcare providers including the NDIS, RACF and NGOs, to undertake the Graduate Diploma in the Assessment and Management of Acute Behavioural Disturbances and Safer Work, Safer Care education pathway
- Prevention by design, including the development of a case study analysis on the impact of purpose-built environmental design on patient behaviours and incidents of Work Related Violence (WRV)
- Sydney Local Health District will provide funding and personal effort to a research partner approved by the Centre for WHS to undertake research to improve the knowledge base on work health and safety in home care environments.

The District will also as part of the EU:

RPAH in partnership with the Green Light Institute and the University of Sydney?

- Evaluate the subsequent actions made by staff using a behavioural disturbance risk assessment and response tool for patients in an emergency department
- Implement a behavioural escalation support team in an acute care facility
- CRGH in partnership with the Centre for Education and Research on Ageing study the effect of relocation of ward 17 on agitated and aggressive behaviours in patients with dementia

The District has established a Safe and Healthy Taskforce. The purpose of the Safe and Healthy Taskforce will be to strengthen the District's proactive focus on workplace health and safety in accordance with Safe and Healthy Taskforce Terms of Reference and through the implementation of the SLHD Safe and Healthy Plan. Membership will include stakeholders from SLHD and external to the District.

SLHD e-Referral Project

Service recruitment

The Long COVID Rehabilitation and Post COVID Respiratory e-Referrals are now live. e-Referrals for the Virtual Fracture Clinic at rpavirtual and Neurosurgery at Concord Hospital are scheduled to go live 31 August 2022.

Updates to the RPAH Maternity e-Referral are in progress in preparation for the Canterbury Hospital roll out. Modifications to existing e-Referrals to align with requirements from the SLHD PRNIP Compliance Steering Committee, regarding named referrals and Medicare billing, have been submitted to the e-Referral vendor.

Service	Deployment	Stage
Engage.Outpatients Program: Fertility, Gynaecology and Maternity – RPAH	April 2022	Live
Long COVID Rehabilitation – RPAH	Early August 2022	Live
Post COVID Respiratory Assessment – RPAH	Early August 2022	Live
Virtual Fracture Clinic – rpavirtual	August 2022	Testing/Training
Neurosurgery – CRGH	August 2022	Testing/Training

Hospital in the Home	2022	Design
Endocrinology – RPAH and CRGH	2022	Design
Engage.Outpatients Program: Maternity - Canterbury	2022	Design

Platform development

No platform development work to report during August 2022.

Referrer update:

- 776 referrals received in August 2022
- Total referrals received 6,415
- 50 new referrers have used e-Referral during August 2022, with 7 new Practices
- 70% of referrers using HealthLink to refer to SLHD have referred more than once
- An ongoing increase in use of e-Referrals across all existing services has occurred since the deployment of Fertility, Gynaecology and Maternity e-Referral at RPAH

FINANCIAL PERFORMANCE – NET COST OF SERVICE BASIS

GENERAL FUND (GF)

The 2022/23 Service Level Agreement between the Board and Ministry of Health has key financial performance targets for Expense, Revenue and NCoS. The following analysis reflects the result for the period ended 31 July 2022 based on the District's budgeted NCoS.

For the period ended 31 July 2022, GF Expenditure was \$13.146M (7.88%) unfavourable to budget. The District's unfavourable result for YTD July 2022 was primarily due to COVID-19 incremental expense of \$13.012M and the delay in budget supplementation for Outsourced Elective Surgery, Clinics and Screening, Pathology testing, Special Health Accommodation, PPE, Cleaning, Contact Tracing and Vaccination Program.

Excluding the impact of COVID-19, the District is \$0.134M unfavourable to July 2022 Expense budget. Expenditure in the month of July 2022 decreased by \$28.540M (or 13.68%) compared to July 2021. The average monthly expense rate increased from \$160.292M (excluding LSL adjustment in July 2020) for the 2019-20 Financial Year to \$188.249M (excluding LSL adjustment in July 2021) for the 2020-21 Financial Year to \$214.342M for the 2021-22 Financial Year and decreased to \$180.032M YTD July 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 \$3.509M (1.8%) unfavourable to budget for the month of July 2022. The District continues to see unfavourable results in several Own Source Revenue categories including Patient Fees, Facility Fees, Car Parking 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 \$3.858M unfavourable to July 2022 GF Revenue budget primarily due to the impact of COVID-19.

The District recognised Quarantine Hotel Passenger Fees of \$0.373M in July 2022. There was no revenue budget provided for this, thereby resulting in a favourability in this account line. This revenue is separate to the District's Own Source Revenue target.

Board Report

The NCoS for July 2022 was \$16.655M unfavourable to budget. Excluding the impact of COVID-19 (Expenditure, Quarantine Hotel Passenger Fees, and Doubtful Debts) SLHD is \$3.992M unfavourable to NCoS budget.

The table below shows the summary of the July 2022 Financial Performance – including and excluding the impact of COVID-19:

	YTD Actual \$000	YTD Budget \$000	Variance (Actual vs Budget) \$000	
Expense (incl COVID)	180,032	166,886	-13,146	Unfav
Pending COVID-19 budget supplementation	13,012	0	-13,012	Unfav
GF Expense (excl COVID-19 impact)	167,020	166,886	-134	Unfav
Own Source Revenue	-22,131	-24,955	-2,824	Unfav
Quarantine Hotel Passenger Fees	-373	0	373	Fav
GF Revenue (excl the impact of Quarantine Hotel Passenger Fees)	-21,757	-24,955	-3,198	Unfav
Doubtful Debts (incl Quarantine Hotel Passenger Fees)	746	65	-681	Unfav
Loss on Sale of Asset	0	0	0	Fav
Doubtful Debts (Quarantine Hotel Passenger Fees)	20	0	-20	Unfav
Doubtful Debts & Loss on Sale of Asset (excl the impact of Quarantine Hotel Passenger Fees)	726	65	-660	Unfav
NCoS (excl the impact of Quarantine Hotel Passenger Fees)	145,988	141,996	-3,992	Unfav

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 Chief Executive and the A/Executive Director of Finance are confident that the District will have an on budget NCoS result (excluding the impact of COVID-19 and Doubtful Debt) for the 2022/23 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 daily despite the impact of the management of the COVID-19.

The major variances for the month were:

Expenditure

- GF Total Expenditure for the month of July 2022 was \$13.146M (7.88%) unfavourable to budget. The result for the month was primarily attributable to unfavourable results for Employee Related Expenses (\$5.409M), VMOs (\$0.115M), Goods and Services Expenses (\$9.518M) offset by favourable results for RMR (\$0.237M) and Grants (\$1.670M).

Revenue

- GF Total Revenue for the month of July 2022 was \$3.509M (1.8%) unfavourable to budget, reflecting the unfavourable results from Patient Fees (\$1.492M), User charges (\$1.450M), Grants and Contributions (\$0.154M), Doubtful Debts (\$0.681M) offset by favourable results in Other Sources of Revenue (\$0.272M).

SPECIAL PURPOSE AND TRUST (SP&T)

SP&T NCoS was \$1.252M unfavourable to budget for the period of July 2022. This result reflects unfavourable budget variance for Expenditure (\$0.355M) and unfavourable for Revenue (\$0.896M).

CONSOLIDATED RESULT

For the period ended 31 July 2022, the consolidated YTD NCoS result for the General Fund and SP&T was \$17.907M unfavourable to budget. The result comprises unfavourable variances for Expenditure (\$13.502M), Own Source Revenue (\$3.721M) and Doubtful Debts (\$0.681M).

FINANCIAL PERFORMANCE – BASED ON NEW MOH REPORTING FORMAT

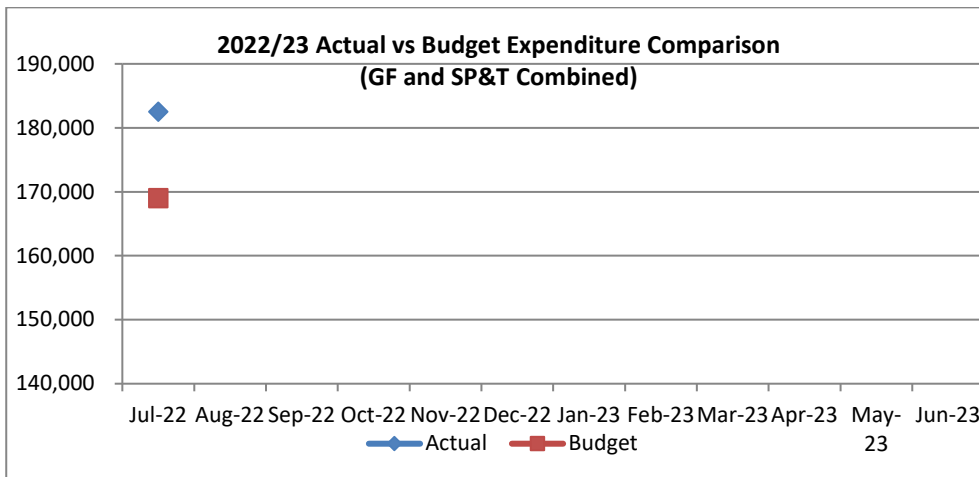
For the period ended 31 July 2022, SLHD recorded a Total Net Result of \$13.552M which was \$17.907M unfavourable to budget. The Net Direct Operating Result (GF and SP&T) for July 2022 was \$17.537M unfavourable to budget, reflecting an unfavourable budget variance for Expenditure (\$13.813M) and Revenue (\$3.724M).

For the month of July 2022, Total Direct Revenue was \$3.724M unfavourable to budget, comprising unfavourable variances for the General Fund (\$2.824M) and SP&T Fund (\$0.900M). This result for the GF reflects unfavourable variances in Patient Fees, User Charges and Grant Income offset by a favourable variance in Other Income.

Total Direct Expenditure for July 2022 was \$13.813M unfavourable to budget, reflecting an unfavourable variance for General Fund (\$13.373M) and SP&T Fund (\$0.440M). The result for the General Fund reflects unfavourable variances in G&S Corporate (\$4.981M), Salaries & Wages (\$4.122M), Direct Clinical Operating (\$4.558M), On-costs (\$1.201M) and VMOs (\$0.115M) offset by favourable variance in Grants (\$1.670M).

MONTHLY BUDGET PERFORMANCE

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



LIQUIDITY

The cash balance at 31 July 2022 for the SLHD Operating bank account was \$9.110M and the Operating Cash book balance was \$9.001M.

CAPITAL WORKS – SMRS PROJECTS

As of 31 July 2022, the District's Full Year Capital works budget relating to SMRS Projects is \$17.587M comprising \$7.182M of MoH funded and \$10.405M of locally funded projects.

Actual expenditure as at the end of July 22 was \$0.316M which is marginally on budget.

OTHER CAPITAL PROJECTS

As at the end of July 2022, the District has expended nil amount on other projects.

CAPITAL INFRASTRUCTURE & ENGINEERING SERVICES

RPA

Redevelopment

SLHD continues to work with Health Infrastructure on key activities undertaken for the RPA Redevelopment:

- Progression of Concept Design close out activities including further consultation on the affordable scope option with Sydney Local Health District (SLHD) Executive, Health Infrastructure and the Planning and Development Committee (PDC).
- Design review and feedback session with the NSW Government Architect
- Ongoing SSDA program and deliverables review with design and planning team including planning for Design Integrity Panel sessions
- Continued development of design and documentation required for planning approvals for the Early and Enabling Works packages, including design finalisation for Anatomical Pathology and Molecular Imaging

Innovation Hub – Gloucester House Level 7

The installation of structural steel and wall framing for the Innovation Hub continued throughout the course of this reporting period. Electrical service cable trays were installed, and existing gas and water line pipes have also been relocated.

Strategic Relations and Communications Building 28 Level 4

Installation of the electrical service cable trays are complete and wall sheeting to the area is well underway. Air conditioning ducting continued throughout the month and electrical and hydraulic services were nearing completed.

Rapid Autopsy – Shell Space and Lift

Pile rigging for the rapid autopsy shell space and lift continued throughout the month of August. Formwork for the lift shaft commenced and piles have been poured.

RPU Hot Cells Building 63

Building works to the Radiopharmaceutical Production Unit (RPU) hot cells have continued throughout the month and the mechanical services rough-in was nearing completion. Gyprock walls have been sealed and the electrical services rough-in commenced.

Concord

Concord Multistorey Carpark

Key milestones for this reporting period include:

- Lipman builders have taken possession of the ramp wards
- Service disconnections are underway

CSSD Sterilising

Over the course of this reporting period, electrical and mechanical service rough ins were ongoing, and installation of air and steam were underway.

Palliative Care Redesign

The capital works program for the underground storage space was completed in August 2022. The area has been commissioned and handed over for occupation.

PET Suite

Testing and commissioning for the new PET Suite at Concord Hospital commenced in August. Commissioning and certification are being prepared for submission to the Chief Executive.

Supply Services Tearoom

The capital works program for the SLHD Supply Services tearoom has been completed. The area is now being utilised by the department.

PLANNING

Canterbury Hospital and Health Services

The Canterbury Clinical Services Statement (CSS) was finalised by SLHD and HI and was formally submitted to the Ministry of Health in July 2022 for approval.

The District is currently awaiting review and response from the Ministry.

Health Infrastructure has approved the development of an Investment Decisions Document which is the next required process prior to the development of a Business Case for NSW Treasury.

Concord Repatriation General Hospital Stage 2 Planning

Significant work is continuing to finalise the Concord Repatriation General Hospital Stage 2 Clinical Services Statement for submission to the Ministry. Consultations with the NSW Statewide services are being undertaken including with NSW Health Pathology and HealthShare NSW to understand future infrastructure requirements for these services on the Concord campus. The Plan includes updates to the projected activity (2031 and 2036) for inpatient and ambulatory care services, and outlines the new models of care and service initiatives including virtual models of care.

Other Plans

The Planning Unit is currently supporting the development of several other plans across the District including:

- Sydney Education Strategic Plan
- Public Health Observatory Strategic Plan
- SLHD Mental Health Strategic Plan
- The Inner West Child Health and Wellbeing Plan
- SLHD Eating Disorders Plan update
- SLHD Palliative Care Strategic Plan
- Haematology Strategic Plan
- SLHD Cancer Services Executive Strategic Planning

Tech Central (Camperdown-Ultimo Collaboration Area)

Key activities supported by the Planning Unit:

- **Tech Central Alliance – CHERP Structure Plan:** Consultants have been engaged to evaluate the current and future land use in Camperdown, and mechanisms available to activate Camperdown to attract, retain and grow industries associated with biotechnology, health, research and innovation.
- **Tech Central Economic Analysis – Stage 1:** The first stage of a review of Tech Central's economic context and its competitive advantage has been drafted to assist in identifying the strategic direction and potential future economic opportunities. The Planning Unit has coordinated significant comments on this initial draft.
- **Tech Central Governance:** Consultants have been engaged by Greater Cities Commission to investigate potential governance models for the future operation of Tech Central. The District has been involved in the consultation process.
- **Tech Central Research Infrastructure Grants:** The Planning Unit has coordinated the SLHD component of a collaborative submission for an infrastructure grant with University of Sydney and University Technology Sydney.

Precinct and Places Planning

The Planning Unit is supporting the co-ordination of feedback from across the District for the following planning processes and proposals:

- Central Precinct (Central Station) State Significant Precinct Rezoning Proposal
- Riverwood Estate Redevelopment
- Waterloo Estate Redevelopment
- Blackwattle Bay Precinct Planning
- Bays West Stage 1 Draft Master Plan and Urban Design Framework
- Canterbury-Bankstown Council Master Planning – Belmore, Lakemba, Belfield, Canterbury.

SYDNEY RESEARCH

Sydney Biomedical Accelerator Complex

In August 2022, there was another significant advancement for the Sydney Biomedical Accelerator complex (SBA) with the announcement of a historic \$478 million investment by University of Sydney, the philanthropic support of the Susan and Isaac Wakil Foundation, the winning architect Denton Corker Marshall and proposed designs for the precinct.

Together with the \$150 million commitment of the NSW Government and \$25 million Sydney Local Health District, this historic investment will be used to establish the SBA as a globally significant biomedical research and innovation precinct across the Royal Prince Alfred Hospital and University of Sydney campuses.

Situated in Tech Central Sydney, the SBA will be a focal point for the Camperdown Health Education and Research Precinct, strengthening existing partnerships (including with the Centenary Institute as the first research collaborator), and drive new collaborations between clinicians, academics, researchers, and industry partners to accelerate the development of new innovations for the complex health challenges of today, tomorrow and in future.

As part of the \$478 investment by the University, the Susan and Isaac Wakil Foundation have donated \$20 million in addition to the \$35 million provided for the Susan Wakil Health Building forming the largest donation given to any organisation in NSW. The donation will be used for a new biomedical research building on the University campus, which will form part of the SBA complex and will be named the Isaac Wakil Biomedical Building. The Isaac Wakil Biomedical Building is one of three distinct and interconnected buildings in the SBA complex, including the existing Gloucester House and a new biomedical research building on the RPA campus.

Early and enabling works are currently underway and Denton Corker Marshall have been selected as the winning architect for the complex. While the main works is anticipated to be completed by 2026, the refurbishment and creation of an Innovation Hub within Gloucester House (SBA Building A) will be completed by the end of 2022.

The SBA Project Team are in the process of establishing the governance structure to support the planning, development, and operationalisation of the SBA, which will be presented to the SBA Executive Steering Committee involving the Chief Executive and senior executive representatives from NSW Health, Health Infrastructure, the University and The Centenary Institute. We are working towards establishing a series of Project User Groups (PUGs) to assist with defining the functional design requirements of the SBA and with joint representation from SLHD, Health Infrastructure, the University and the Centenary Institute. A Letter of Agreement has also been drafted and shared with the Board Chair of the Centenary Institute, which confirms their status as the first medical research collaborator and their role in the planning and design of the SBA.

Camperdown Health Education Research Precinct (CHERP)

The initial meeting of the CHERP Precinct Council has been scheduled for Thursday 22 September 2022, with Paul Robertson as the independent chair and will focus on the precinct naming and governance model. The proposed governance model will provide collaborative, strategic and operational overview of the CHERP through the establishment of three peak committees and up to seven working groups with representation from the anchor institutions (RPA and the University), Health Infrastructure NSW, Tech Central, Greater Cities Commission, and the research, academic and industry partners across the Precinct.

Sydney Research are currently recruiting for a Program Manager, CHERP to support the establishment and administration of the new governance committees.

Camperdown Biotechnology Hub

Sydney Research has been involved in a dedicated Project Working Group with representation from six (6) inter-Government agencies (Sydney Local Health District, Health Infrastructure NSW, Investment NSW, Transport NSW, Greater Cities Commission and NSW Department of Planning and Environment) regarding the establishment of a Biotechnology Hub in Camperdown. It is being proposed that the Biotechnology Hub is established on land owned by Transport for NSW, which is currently being utilised as a dive site for the WestConnex project. The Chief Executive, Adj A/Prof Vicki Taylor and Penny Schmidt are the SLHD representatives on this Working Group and have continued to ensure that the proposal clearly articulates the value of a Biotechnology Hub for the District, CHERP as well as complement the vision and objectives of the SBA.

The Project Working Group has developed a draft brief to seek endorsement from the NSW Secretaries Panel to progress the development of a Business Case to secure the land and funds for the initiative. Sydney Research has progressed a brief to the Secretary, NSW Health providing the context and reinforcing the need for a Biotechnology Hub in Camperdown to support manufacturing needs, the acceleration of health innovation (particularly those initiating from the SBA) and providing expansion space for up-and-coming BioTech and MedTech companies. The proposed Hub would cater for health-related start-ups, scale-ups, spin-offs, and synergistic anchor tenants to be co-located close to RPA and the University and has the potential to generate significant economic benefits to the state and nation. It would strengthen and grow our already healthy eco-system of talent, skill, and expertise. This Hub would be complementary to the strategy and work to be undertaken within the SBA by providing a long-term growth option for the innovative ideas that develop within the complex, as well as a space for manufacturing needs that are crucial in prototype and product development.

Tech Central

The Tech Central Quarterly Briefing was held on 17 August 2022 at RPA's Kerry Packer Education Centre (KPEC). Ahead of the briefing, participants had an opportunity to join a walking tour led by Scott Andrews, Director of Heritage, and Environment, SLHD and Penelope Schmidt, Deputy Director, Sydney Research to learn about the history of RPA, its \$750 million redevelopment, its 140+ year partnership with the University of Sydney and the planned site for the Sydney Biomedical Accelerator complex (SBA). The briefing was led by Tech Central's Executive Director Annie Parker, Monica Barone, the CEO of City of Sydney and SLHD's Chief Executive Dr Teresa Anderson AM. Attendees were provided with updates on Tech Central's economic, business and talent attraction, digital enablement and placemaking strategies. A digital showcase was held following the event, which featured health themed sculptures provided by the RPA Institute for Academic Surgery and the SLHD Digital Health and Innovation team showcased how the use of a digital apps and wearables are transforming the way clinicians can deliver care to patients. The next Tech Central Quarterly Briefing is scheduled for 16 November 2022 at the Stone & Chalk Scaleup Hub.

Consumer and Community Involvement in Research (CCI) Initiatives

The Sydney Research team and Adj A/Prof Greg Fairbrother continue to progress six (6) initiatives seeking to support and strengthen the involvement of consumer and community members in research activities. The SLHD Research Consumer Reference Group met on 17 August 2022 to discuss the new policy on the engagement of consumers in research as well as the implementation of the approved study examining the consumer-researcher partnership. The PFCC Research Working Group –

Subgroup 2 will meet on 27 August 2022 to discuss the recruitment of participants for the study and the process for the interviews.

NSW OHMR – Embedding Quality Research Steering Committee

Research Governance

The EQR Research Governance project is progressing well and within the agreed timelines. Professor Nik Zeps, Partner, Chrysalis, and his team have been working closely with the pilot sites to systematically review and finalise the proposed policies, procedures, and guides that will shape the final Research Governance Framework for future state-wide implementation. It is anticipated that the pilot sites will be ready for staff training and pilot implementation of the Framework in October 2022.

Clinical Trial Management System (CTMS)

OHMR have successfully recruited three (3) change managers who will be assisting in the implementation of CTMS across SLHD. Ms Yuen Ng is the dedicated change manager for SLHD, with Ms Aideen Sheehan and Ms Garnette Fuller supporting SLHD as well as SESLHD. Change Managers will deliver online and in-person training sessions, host regular drop-in sessions, and provide support for users navigating the CTMS. Yuen Ng visited Gastro and Liver Service, Pulmonary Hypertension Clinical Trials Unit, and the Chemical Pathology Clinical Trials Unit on 22 and 23 August 2022. She will continue to visit individual clinical trial units throughout the month of September.

Sydney Health Partners

Sydney Research continues to work closely with Sydney Health Partners (SHP) to support key initiatives including Encouraging More Clinical Trials in Australia and the e-LECT Alliance with the University of Sydney and NHMRC Clinical Trial Centre. Dr Anderson AM and Adj A/Prof Taylor continue to participate as members of the SHP Board, and A/Prof Taylor also represents the District on the SHP Research Development Committee.

The next round of SHP clinical academic groups (CAGs) opened with six clinical academic groups appointed last year. SHP provides the CAGs with financial and other support to build collaborations between researchers and clinicians, with the aim of improving the translation of research evidence into sustained clinical practice. Each Group will receive \$35,000 to develop a collaborative research translation project for an externally funded grant application, and up to \$15,000 to support extension activities. Applications closed 12 August 2022 and up to six CAGs will be appointed.

Communications and Engagement

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 1,002 subscribers
- The PFCC Research Working Group bi-monthly newsletter, 'Consumers in Research', has an audience of 141 subscribers.
- @SydneyResearch currently has 1,332 followers on Twitter
- Sydney Research LinkedIn has accrued 599 followers to date.

Hootsuite Trial

- As an action of the SLHD Social Media Steering Committee, Sydney Research was selected as one of the first departments in the District to trial the new Hootsuite application. Hootsuite

provides a platform to control, manage and monitor multiple social media accounts, which would streamline and enable greater oversight over communication activities. The SLHD Hootsuite Trial concluded on 29 July 2022 and an evaluation report was presented to the SLHD Social Media Steering Committee on 8 August 2022.

Other Activities

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

- SLHD Social Media Steering Committee
- WCX Dive Site Cabinet Submission Working Group
- ANZAC Research Institute Transition Working Group
- RPA Redevelopment Research Working Group
- SLHD Clinical Trials Steering Committee
- RPA Western Campus Master Plan Discussions
- Discussions with Cicada Innovations around the establishment of a Camperdown incubator program to further strengthen idea development and commercialisation.



Dr Teresa Anderson
AM **Chief Executive**
Date: 19.9.22.