

Sydney Local Health District

Meeting One Hundred and Thirty Three of the Board

Date: Monday 15 May 2023
Time: 9.00am – 10.45am
Venue: Meeting Room, HealthOne GreenSquare, Zetland
Chair: The Hon, John Ajaka, Chair

1. Present and apologies

The Hon, John Ajaka, Chair
Ms Ronwyn North, Member
Mr John McGee, Member
Dr Paul Hosie, Member
Adj/Professor Karen Crawshaw PSM, Member
Mr Raymond Dib, Member
Mr Rob Furolo, Member
Dr Mary Haines, Member
Ms LaVerne Belleair, Member
Ms Kerry-Anne Hartman, Member
Dr Teresa Anderson, AM, Chief Executive

Apologies

Mr Richard Acheson, Member
Dr John Sammut, Member

In attendance

Dr Alicja Smiech, Chair, Medical Staff Executive Council (Departed 10.35am)
Ms Joy Francisco, Director, Chief Commercial Officer, SLHD, Observer (Departed 10.35am)
Ms Lesley Innes, Director, Centre for Education and Workforce Development, SLHD (Departed 9.30am)
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 thirty three of the Sydney Local Health District (SLHD) Board. The Board introduced themselves individually to Ms Francisco.

3. Declaration / Removal of conflicts of interest

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

Minutes

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 17 April 2023

The minutes of the meeting held on 17 April 2023 were moved and seconded as a true and accurate record of the meeting.

The Chair signed the minutes.

4.2 CE Report – April 2023

The Chair declared that the CE Report for March 2023 was ready for publication.

Presentation: My Health Learning and Mandatory Training

Ms Innes presented on My Health Learning and Mandatory Training including:

- Acknowledgement of Country
- My Health Learning is a State-wide System
- Mandatory Training
- Mandatory Training allocated to Board Members
- Accessing My Health Learning
- Screen shot of My Health Learning
- Courses of Interest - Mental Health First Aid
- Sydney Education - Coming Soon
- Accessing Stafflink and passwords

Following the presentation the Board discussed:

- Mandatory training should be completed within 3 to 6 months of joining the organization
- The Respecting the Difference training is being considered to be held after the Board Meeting in August.
- Cyber Security training is not mandatory. The Board agreed for the District to write to the MoH to consider this topic part of the mandatory training.
- All courses are evaluated and competencies are assessed for some courses.

The Board thanked Ms Innes for the presentation and for attending the meeting.

5. Matters arising from the previous minutes

5.1 Action sheet

The Board received, read and noted the items on the action sheet are still pending.

Minutes

6. Patient Story

The Chief Executive provided a verbal report from a grateful patient who received care in the Medical Imaging Department at RPAH.

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 2023

The Board received and noted the Board Calendar for 2023.

8. Chair's Report

The Chair provided a verbal report including:

- Looking at appointing a new Board Member
- Paperwork for the reappointments of Mr Ajaka and Mr McGee has been submitted.
- Paperwork for the reappointment of Ms Hartman will be submitted toward the end of this year.

9. Chief Executive's report

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

- On-going management of COVID-19.
- According to the Ministry of Health Framework, the District remains at performance level zero, which is the highest level achievable.
- There is a rolling improvement in relation to the HACs. The HAC reports are raised and discussed at many Committees.
- The District's financial position continues to be under substantial pressure due to the ongoing impact of COVID-19 and the return to pre-COVID-19 activity. The Chief Executive provided a verbal report on the narrative that was sent to the MoH re this and thanked the Board for their support.
- Overseas recruitment is progressing however there is a slight delay due to visas being progressed.
- In comparison, the District is performing well in relation to the Emergency Treatment and Transfer of Care.
- There is a slight increase in Revenue.
- Sydney Research is progressing well

9.1 Finance and Performance Reports

9.1.1 SLHD Board reporting pack – March 2023

The Board received, read and noted the SLHD Board Reporting Pack for March 2023.

9.1.2 Selected Performance Indicators – March 2023

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 the report for the period January to March 2023 was not available.

9.1.5 HAC Committee Report

The Board received, read and noted this report.

9.1.6 Aboriginal Workforce Report (six monthly)

The Board noted that this report is due in June 2023.

9.2 Project updates

9.2.1 Lifehouse

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

9.2.2 Macquarie International Private Hospital

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

9.3 Capital Works Report

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

9.4 Clinical Governance and Risk Reports

(i) Quarterly Report

The Board noted the quarterly report for the period January – March 2023 is due in June 2023.

(ii) Patient Experience

The Board received, read and noted this report. The SLHD has a growing and robust patient report measures (PRM) program. PRMs are surveys that help health providers understand what matters to patients. The Board requested the data be monitored to see how the data will change.

(iii) SLHD Risk Register

The Board noted this report is due in June 2023.

(iv) Disaster Management Board Report April - June 2023 (Quarterly)

The Board noted this report is due in July 2023.

9.5 Audit and Risk Committee Report (period 14 March 2023 to 26 June 2023)

The Board noted this report is due in July 2023.

At 10.05am, the Board had a short 5 minute break.

9.6 Facility Reports – March 2023

(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. The Chief Executive provided a verbal report on a large bequest that is being administered for Canterbury Hospital.

(iii) Community Health

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

(iv) Concord Hospital

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

(v) Drug Health Services

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

(vi) Mental Health Services

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

(vii) Oral Health Services and Sydney Dental Hospital

The Board received, read and noted the Oral Health Services and Sydney Dental Hospital facility report.

(viii) Population Health

The Board received, read and noted the report.

(ix) Royal Prince Alfred Hospital

The Board received, read and noted the Royal Prince Alfred Hospital facility report.

(x) RPA Virtual Hospital

The Board received, read and noted the RPA Virtual Hospital report, in particular:

- the partnership and the support provided to FWLHD
- Virtual Hospitals need to be integrated within a Hospital
- Staff rotate within the virtual setting and hands on care.

(xi) Tresillian

The Board received, read and noted the Tresillian report.

(xii) Lifehouse

The Board received, read and noted the Lifehouse report.

(xiii) Public Health Unit

The Board received and read this report.

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

The Board received, read and noted this report.

(xv) Canterbury / Croydon / Marrickville / Redfern Community Health Centres and RPA HealthOne GreenSquare

The Board received, read and noted this report.

10. Matters for approval / resolution

10.1 SLHD Model By-Laws

This agenda item was deferred to the next meeting.

10.2 Sydney Education Strategic Plan 2023 – 2028

The Board received, read and noted this impressive plan. The Board requested that due to the consultation process closing last Friday, all responses will be collated and a copy will be provided to the Board at the next meeting.

10.3 Environmental Health and Sustainability Plan 2023 – 2027

The Board received, read and supported this plan including:

- The population is growing more rapidly than that of NSW and is projected to increase by 26.2 per cent by 2023 should read 2027.
- Health Impacts is provided in the Clinical Services Plan.
- The MoH is putting out a tender for charge stations.

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 17 April 2023.

11.2 Education and Research Committee

The Board noted the next meeting is being held on 15 May 2023.

11.3 Strategic Communication and Partnerships Committee

(i) Minutes of Meeting

The Board noted the next meeting is to be held on 6 June 2023.

(ii) Bi-Monthly Report

The Board received, read and noted this report.

11.4 Audit and Risk Committee

The Board received, read and noted the minutes for the meeting held on 19 April 2023. The District Executive are participating in a series of Risk Workshops.

11.5 Health Care – Clinical Quality Council

The Board received, read and noted the minutes of the meeting held on 26 April 2023.

11.6 Health Care – Clinical Council

The Board noted the next meeting is to be held on 24 May 2023.

11.7 Medical Staff Executive Council

The Board received, read and noted minutes of the meeting held on 5 May 2023.

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

The Board received, read and noted the minutes of the meeting held 5 April 2023.

11.9 Aboriginal Health Steering Committee (bi-monthly)

The Board noted the next meeting is to be held on 30 May 2023.

12. Other Committee reports / minutes

12.1 Sustainability Committee (bi-monthly)

The Board noted the meeting held on 18 April 2023 was cancelled.

12.2 Medical and Dental Appointments Advisory Committee

The Board received, read and noted the minutes of the meeting held on 13 April 2023.

12.3 Finance Leaders Forum

The Board received, read and noted the minutes of the meeting held on 19 April 2023.

12.4 NSW Health / SLHD Performance Review Meeting

The Board noted the next meeting is to be held on 2 June 2023.

12.5 Organ Donation for Transplantation

The Board noted the meeting held on 25 April 2023 was cancelled.

12.6 Major Procurement, Assets and Imaging Steering Committee

The Board received, read and noted minutes of the meeting held on 11 April 2023.

12.7 Yaralla Estate Community Advisory Committee (bi-monthly)

The Board noted the meeting held on 18 April 2023 was cancelled.

12.8 Concord Forensic Mental Health Executive Steering Committee

The Board received, read and noted the minutes of the meeting held on 22 March 2023.

12.9 RPAH Redevelopment Executive Steering Committee

The Board received, read and noted the minutes of the meeting held on 22 March 2023.

12.10 Security and Violence Prevention Committee

The Board noted there was no meeting in April 2023.

12.11 Contracts Implementation Committee

The Board received, read and noted the minutes of the meeting held on 27 March 2023.

12.12 Enforceable Undertaking

The Board received, read and noted the minutes of the meeting held on 13 April 2023.

The Chief Executive advised the Board that the District has progressed halfway in relation to the response for the Enforceable Undertaking.

13. Matters for noting

13.1 Annual Report Paediatrics 2022

The Board received, read and noted this report.

13.2 Pregnancy Family Conferencing Annual Report 2021/2022

The Board received, read and noted this report.

13.3 Brief – Workplace Culture

The Board received, read and noted this report.

14. Other Business

Nil to report

15. Next Meeting

The next meeting will be held on Monday 19 June 2023 at 9.30am

The meeting closed at 10.45am

The Board proceeded on a tour of the new RPA HealthOne GreenSquare Health facility.



Chair

01. 07. 23
Date

Chief Executive's Report to the Finance, Risk and Performance Management Committee and the SLHD Board May 2023

COVID-19 UPDATE

Sydney Local Health District

All screening has returned to passive mode, with community members requested to obtain RAT kits from local pharmacies and to seek advice from their local General Practitioners where required.

Masks are available at the entrance to all clinical areas for visitors, staff and patients to wear.

Vaccination

COVID-19 vaccinations are being built into the eMeds systems to allow administration for inpatients, outpatients, and staff at a facility level.

Vaccine (Monkey Pox)

Members of the public who require or request mPOX vaccination are being managed by the SLHD Sexual Health Unit.

Japanese Encephalitis Vaccination SLHD

Our involvement with the JE Vaccination program has concluded.

2023 RAS Royal Easter Show

SLHD had a very interactive information stall at the 2023 Royal Easter Show.

Flying Squad

- Current planning is underway to close the Flying Squad and return staff to direct clinical working areas by the end of April 2023.
- Current work undertaken by the Flying Squad will be reverted to BAU for operational teams.
- This will be the final report from the Vaccination and Screening Program.

PERFORMANCE

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

Safety and Quality

SLHD continues to maintain the quality and safety of our services despite the ongoing demands placed on staff due to the COVID-19 response. Work continues 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.

During the month of March 2023, 100% of all Serious Adverse Events were reviewed within 60 days, which is above the State average of 66.0% for the month. YTD March 2023, 91.3% of all Serious Adverse Events were reviewed within 60 days, which is above the State average of 62.7%

Mental Health services continue to be under significant pressure with increased activity and challenges associated with managing complex behaviourally disturbed patients on a COVID-19 pathway. It is pleasing that there was an overall decrease in the number of Mental Health Readmissions within 28

days for YTD January 2023 to 14% compared to the same time last year (16%). The General Manager and Clinical Director of Mental Health continue to focus on strategies to improve performance.

The District continues to perform well in relation to unplanned readmissions within 28 days of separation, reporting 4.8% YTD February 2023, which is lower than the State average of 5.5%. Unplanned Emergency Representations (same ED within 48 hours) were 4.3% for the month of March 2023, and 4.3% YTD March 2023, which is below the State averages of 4.9% and 4.8% respectively.

The District is above the target (1.0/10,000 bed days) for Staphylococcus Aureus Bloodstream Infections (SABSI), with 1.2 per 10,000 bed days for the month of February 2023. There was 1 Central Line Associated Bloodstream (CLAB) infection reported in February 2023. 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 deteriorated due to the impact of the COVID-19 outbreak; however is starting to recover. The District continues to perform well in relation to 8 of the 14 Hospital Acquired Complications (HACs). The District is not performing in relation to Fall Related Injuries in Hospital, Hospital Acquired Respiratory Complications, Hospital Acquired Venous Thromboembolism, Hospital Acquired Delirium, Hospital Acquired Endocrine Complications and 3rd or 4th Degree Perineal Lacerations.

The rate of **Fall Related Injuries** in Hospital was 6.8 per 10,000 episodes, which is above the target of 5.7 for the 12 month rolling period of February 2022 – January 2023. The instances of Fall Related Injuries increased by 3 during the period, when compared to the previous 12 month rolling period. This is however an improvement on last month where there was an increase of 19 fall related injuries during the period, when compared to the previous 12 month rolling period of January 2022 – December 2022.

The rate of **Hospital Acquired Respiratory Complications** was 39.3 per 10,000 episodes, which is above the target of 38.7 for the 12 month rolling period of February 2022 – January 2023. The instances of Hospital Acquired Respiratory Complications increased by 27 during the period, when compared to the previous 12 month rolling period. This is a significant improvement on last month where the instances of Healthcare Associated Infections increased by 248 during the period 12 month rolling period of January 2022 – December 2022, when compared to the previous 12 month rolling period. The majority of these HAs are related to COVID-19 transmission.

The rate of **Hospital Acquired Venous Thromboembolism (VTE)** was 12.9 per 10,000 episodes, which is above the target of 11.0 for the 12 month rolling period of February 2022 – January 2023. The instances of Hospital Acquired Venous Thromboembolism increased by 7 during the period, when compared to the previous 12 month rolling period. This is an improvement in last month where the instances of Hospital Acquired Venous Thromboembolism increased by 10 during the period, when compared to the previous 12 month rolling period of January 2022 – December 2022.

Although the rate of **Hospital Acquired Delirium** was 55.7 per 10,000 episodes, which is above the target of 55.1 for the 12 month rolling period of February 2022 – January 2023, the instances of Hospital Acquired Delirium reduced by 17 during the period, when compared to the previous 12 month rolling period. This is a significant improvement on last month where the instances of Hospital Acquired

Delirium increased by 18 during the period, when compared to the previous 12 month rolling period from January 2022 – December 2022.

The rate of **Hospital Acquired Endocrine Complications** was 38.0 per 10,000 episodes, which is above the target of 29.7 for the 12 month rolling period of February 2022 – January 2023. The instances of Hospital Acquired Endocrine Complications increased by 11 during the period, when compared to the previous 12 month rolling period. This is a significant improvement on last month where the instances of Hospital Acquired Endocrine Complications increased by 51 during the period, when compared to the previous 12 month rolling period from January 2022 – December 2022.

Although the rate of **3rd or 4th Degree Perineal Lacerations** was 385.1 per 10,000 episodes, which is above the target of 384.1 for the 12 month rolling period of February 2022 – January 2023, the instances of 3rd or 4th Degree Perineal Lacerations reduced by 23 during the period, when compared to the previous 12 month rolling period. This is an improvement on last month where the instances of 3rd or 4th Degree Perineal Lacerations reduced by 15 during the period, when compared to the previous 12 month rolling period from January 2022 – December 2022.

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 March 2023, with ongoing furloughed staff, premium staff usage increased by 0.25 for Medical staff, increased by 0.33 for Nursing staff and decreased by 0.09 for Allied Health 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 activity associated with COVID-19 in our Emergency Departments, COVID-19 wards and Intensive Care Units that are continuing to occur, while recovering business as usual. There has been an ongoing focus on the workforce challenges in all facilities activity which has been required to manage COVID-19 outbreaks and community transmission. Staff within the SLHD Vaccination program have been actively deployed within facilities to assist demand.

Activity

Significant pressure continues to be placed on all District hospitals, due to a continued volume of COVID-19 positive and precautionary patients, alongside the return of pre-COVID-19 activity levels of planned surgery and outpatient activity. The hospitals continue to work towards reducing the volume of deferred care in relation to planned surgery and outpatient clinics across the District; however, the ongoing impact of COVID-19 cases and COVID-19 precautionary cases presenting to hospitals remains a challenge.

There has been an increase of 12.47% in the number of separations (14,561) for the month of March 2023, when compared to the same period last year (12,947). YTD March separations have increased by 12.63% when compared to the same period last year. In March 2023, the District's occupancy rate

increased by 4.32% to 89.68% when compared to the 85.36% reported in March 2022, which highlights the return of pre-COVID-19 activity levels.

There were 15,789 attendances to the District's Emergency Departments in March 2023, which is a 1.60% increase from 15,541 in March 2022. YTD February Emergency Department attendances have increased by 11.88% to 133,248 when compared to the same period last year (119,096). For the month of March 2023, case weighted attendances have increased by 4.45% when compared to the same period last year. There has been a significant increase in the acuity of patients presenting to the Emergency Department with case weighted attendances having increased by **12.29%** from 132,934 in March 2021/22 YTD to 149,267 in March 2022/23 YTD.

It is important to note that all SLHD hospitals continue to have significant pressure placed on them due to the continued volume of COVID-19 positive and precautionary patients, alongside the return of pre-COVID-19 activity levels of elective and emergency surgery and the increased acuity of patients both medical and surgical.

March 2022/23YTD separations have increased **12.68%** when compared to 2021/22YTD. However, there has been a significant decrease in separations compared to March 2018/19 YTD from 130,533 to 119,150 in 2022/23 YTD. The largest decrease has been in unplanned separations from 66,108 in 2018/19 to 56,411 in 2022/23. This is due to the diversion of this work to other hospitals including private hospitals because of capacity issues in particular at RPA.

Despite the decrease in separations compared to March 2018/19, the occupied bed days have increased 1.5% (from 483,024 in March 2018/19YTD to 490,503 in March 2022/23 YTD). This is equivalent to an additional **20 beds** being used each day compared to March 2018/19 YTD. This indicates that there has been an increased length of stay. Length of stay has increased due to the increase in acuity and the workforce challenges detailed in this brief.

March 2022/23YTD, the District's occupancy rate increased by **4.35%** to **89.03%** when compared to the **83.16%** March 2021/22 YTD. The occupancy rate is also **2%** higher than the March 2018/19 YTD occupancy rate of 87.49%. This highlights the return of pre-COVID-19 activity levels.

Compounding this, SLHD facilities have been significantly challenged by the variability and fluctuating volume of COVID-19 patients. For example, on 6 February 2023, there were eight COVID-19 positive patients, and on 4 April 2023, there were 41 COVID-19 positive patients across the District's hospitals.

The District's lack of single rooms in its hospitals has also led to inefficiencies in patient flow. Despite cohorting COVID-19 positive patients where appropriate, wards with two or four beds have not been able to be fully utilised when there are COVID patients in order to reduce transmission. The District has also had to maintain COVID-19 wards so that all of its single rooms, particularly at RPA, are not utilised by COVID-19 patients but are available for complex surgeries where patients have other MRSA's. The variability and unpredictability of this activity results in changes required to flex up and down COVID-19 wards at short notice, moving patients and teams away from their home wards. This has undoubtedly decreased the overall efficiency of the hospitals and increased inpatient length of stay. The RPA COVID-19 ward is in the Private Postnatal ward which has significantly impacted on our private patient revenue. The obstetricians have taken these patients to private hospitals because of the lack of access.

SLHD facilities have also been required to close wards at short notice in order to restrict further COVID-19 outbreaks. As a result, the affected wards were closed to admissions for periods of time to stop the

spread of COVID-19 within the hospital setting. These closures subsequently led to significant patient flow and capacity challenges.

Changes in work practice to limit the risks associated with potential cross-contamination have also led to the potential deconditioning of patients, therefore increasing rehabilitation times and length of stay. This can be attributed to the decreased number of staff on the wards, such as a lack of consistent Physiotherapy and other Allied Health.

Emergency Treatment Performance (ETP) (formerly NEAT)

Despite the impact of COVID-19, the District continues to work on its ETP performance. There was a 7.29% decrease in ETP during March 2023 to 51.94%, when compared to the same period last year. For the month of March 2023, 1,014 fewer patients were seen within target, compared to the same period last year. YTD March ETP also decreased by 4.28% to 58.71% when compared to the same period last year. For YTD March, an additional 3,139 patients were seen within target, compared to the same period last year. The overall decrease in performance is due to the increased presentations across the District, as well as the ongoing impact for COVID-19 cases presenting and being admitted through emergency. Admitted ETP was below target (50%) for the month of March 2023 at 28.85%, which is a 1.97% decrease when compared to the same period in the previous year.

Transfer of Care

The District performed below the target (90%) for transfer of care (TOC) in March 2023, with 82.31% of all patients transferred from ambulance to our emergency departments in 30 minutes or less. This is a 0.72% increase when compared to the performance of 81.59% for the same period last year. TOC continues to be impacted by the increased presentations and significant number of patients on a COVID-19 pathway presenting to the emergency departments, 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.

ED Triage

The District achieved triage Categories 1, 4 and 5 targets for the month of March 2023. Triage Category 2 performance is below the target at 83.43% (target 95%) and has improved when compared to February 2022 by 0.15%. Triage Category 3 performance is below the target at 71.18% (target 85%) and a decrease of 6.95% compared to March 2022.

Planned Surgery

There were 888 more planned surgeries performed in SLHD facilities in March 2023 when compared to the same period in the previous year, representing an increase of 52.48% (excluding Collaborative Care surgery). In partnership with Collaborative Care arrangements, the District is working towards reducing the surgical backlog and increasing the capacity to complete deferred cases on the waiting list. Without the use of collaborative care, the District would not have been able to meet these competing demands and to be recover our elective and emergency surgery capacity.

Prior to COVID-19 in 2020, SLHD had maintained its surgical performance at 0,0,0 for the previous 9 years. In December 2019, the District met its elective surgery targets for Cat 1,2,3 (0,0,0). The median waiting time for Cat A was 5 days, for Cat B it was 27 days and for Cat C it was 56 days.

Despite the challenges it has faced, SLHD is on track to achieve 0,0,0 by the end of June 2023. For the month of March 2023, 100% of Category 1, 91.06% of Category 2, and 93.56% of Category 3 elective surgery patients were admitted within the clinically appropriate timeframe for their surgery. YTD March

surgical patients not ready for care increased by 22.77% (258) 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. While continuing to be utilised to support overall capacity, the District is reducing utilisation of these arrangements as our hospitals return to business as usual.

Collaborative Care Activity

FACILITY	Mar-23	Mar-22	% Variance Month	YTD	Prev YTD	% Variance YTD
Canterbury Hospital	19	89	-78.65%	329	511	-35.62%
Concord Hospital	54	189	-71.43%	797	1,319	-39.58%
IRO	0	7	-100.00%	2	137	-98.54%
RPAH	124	328	-62.20%	1,847	3,311	-44.22%
Total	197	613	-67.86%	2,975	5,278	-43.63%

Emergency Surgery

There were 81 more emergency surgeries performed in the month of March 2023 when compared to the same month last year, representing a 6.93% increase.

Community Care and Hospital in the Home

The District has continued to manage its activity through the support of Sydney District Nursing, which manages over 1,000 patients per day in the community, who would otherwise be seen in Hospital. YTD March 2023 Hospital in the Home overnight separations increased by 35.71% when compared to the same period last year.

NATIONAL FUNDING REFORM / ACTIVITY BASED FUNDING

NWAU Activity against Target

The District is under target for NWAU activity, with a -6.30% variance YTD February 2023, excluding Dental.

Stream	Target	Actual	Variation	Variation %
Acute*	110,318	105,825	-4,494	-4.07%
ED	16,535	16,882	347	2.10%
NAP**	33,839	30,101	-3,739	-11.05%
SNAP	9,349	8,878	-471	-5.04%
MH Admit^	14,980	12,929	-2,051	-13.69%
MH NAP	7,167	5,462	-1,705	-23.79%
Total	192,189	180,076	-12,113	-6.30%
Dental DWAU	43,447	37,050	-6,397	-14.72%
Dental NWAU#	5,138	4,382	-757	-14.72%
Total (NWAU)	197,327	184,458	-12,869	-6.52%

*19 uncoded episodes

**Inclusive of COVID clinics and the Special Health Accommodation

^ Mental Health Admitted - AMHCC is currently not included in NWAU 22 calculation #NWAU = 615/5200*DWAU

REVENUE ENHANCEMENT DEVELOPMENT COMMITTEE

SLHD Revenue Committee

Private Health Insurance Usage

For the month of March 2023, 16.09% (2,243 separations) of all patients discharged by SLHD facilities were classified as privately insured.

There was an increase of 246 (12.32%) patients who elected to use their private insurance compared to the same period last year and an increase of 317 (16.46%) in total separations from the previous month.

For the month of March 2023, conversions for facilities as compared to the same period last year were:

- RPAH – an increase of 104 (10.44%) private patients.
- Concord – an increase of 181 (21.02%) private patients.
- Canterbury Hospital – a decrease of 33 (30%) private patients.
- IRO – a decrease from 22 to 13 private patients.
- Balmain Hospital – an increase of 3 (37.5%) private patients.

Single Room Usage

For the month of March 2023, 9.70% of patients were flagged as infection control across the District. For the month, 21% of all available single rooms were occupied by private patients and 48% of all private patients were accommodated in single rooms.

SLHD Strategic Revenue Network

Key notes:

- SLHD Strategic Revenue Network meeting was held in March 2023. An update on the progress of implementing the PRNIP framework was provided. Facilities provided an update on the respective revenue performance and opportunities. Focus on reducing errors, reducing outstanding open edit checks, improving private patient conversion, and maximising clinician billing for inpatient services was outlined.
- 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 192 registered users and a total of \$3.04M has been raised through the portal to date.

REDESIGN AND SERVICE IMPROVEMENT

(Next update to be provided in June 2023)

HealthPathways

Content Development and Maintenance

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

- Chronic and acute Wound Management content development commenced – Collaborative workgroup held on 27 March 2023
- Hand Surgery (Localisation - In final stages following Clinical Re-Design referral process

- confirmation)
- Prader-Willi Syndrome and Paediatric Endocrinology (localisation)
 - Melanoma and other skin cancers (review - In collaboration with the Australian Melanoma Institute – sign off by AMI is imminent)
 - New content development commencing to support the rpaVirtual Respiratory Model of Care. This will adapt the current resources being used for COVID-19 monitoring in eReferral and HealthPathways as we embed COVID-19 into other clinical content as standard assessment considerations. This will aid in reducing duplication of content across the platform.

Wound Care

The 44th HealthPathways Sydney Collaborative workgroup was held on March 27 2023, with multidisciplinary representation across rpaVirtual Wound Care Command Centre, Vascular Surgery, Podiatry/High Risk Foot, RACF Outreach, Balmain GPC, local General Practitioners and primary care nurses. Approximately 12 pathway localisations and five reviews have been identified from this collaboration. A number of educational and system redesign opportunities were also identified. System redesign opportunities will be presented to SLHD Executive Director of Nursing and Midwifery in the coming weeks.

CESPHN Funded revision of Aged Care and Dementia HealthPathways

Recruitment for the temporary, full time HSM 3 Project Officer by SESLHD, to support the joint CESPHN funded project, which will review and develop joint HealthPathways content for Aged care and RACF sector. The successful candidate is due to commence at the end of May.

ACI redesign of our current Periodic Review Process

The Redesign of our Periodic Review program is now coming to the end of its Diagnostics phase, with issues summation and prioritisation in progress following extensive data collection. The team are looking to move into the Solution phase from mid-May 2023.

Usage of HealthPathways

Utilisation remains consistent with previous months. There is a small increase in the viewing of COVID-19 medication-specific content this month, which appears in line with the recent increase in community cases.

	April 1-20 2023	March 2023	February 2023	April 1-20 2022
Users	1,446	2,099	1,896	1,285
Sessions of use	7,578	13,825	11,717	7,588
Total Page Views	25,798	48,454	41,810	24,135

	Page views April 1-20 2023	Page views March 2023	Page views February 2023	Page views January 2023	Page views December 2022
COVID-19 Vaccination	53	91	86	119	116
COVID-19 Medications	587	673	447	762	2,014
COVID-19 Management	197	338	193	300	734
COVID-19 Assessment & Management in RACFs	5	11	5	20	12
COVID-19 Virtual Care Requests	14	36	16	40	64
Post-COVID-19 Conditions/ Post COVID-19 Sequelae	45	96	62	58	163
Post COVID-19 Specialised Assessment	20	47	33	101	69

SLHD E-REFERRAL PROJECT

Service Recruitment and Platform Development

Form testing has been completed for Pain Management and Hospital in the Home referral forms. Content updates have also been made to all other forms to include the required PRNIP changes regarding preferencing named referrals. Currently awaiting deployment dates from the vendor.

Staff training to commence for Pain and HITH in early May 2023.

Testing of the Canterbury Maternity and Concord Midwifery Group Practice forms to commence May 2023, with eHealth NSW developing a testing environment.

Platform/Browser Issues

Service	Deployment	Stage
Hospital in the Home Pain Management - RPAH	Mid 2023	For deployment in June 2023
Endocrinology – RPAH Diabetes - RPAH and CRGH BMD – Endo – RPAH Weight Management – RPAH	Mid to late 2023	Design

High Risk Foot service – RPAH
Hypertension in Pregnancy service – RPAH &
Canterbury
RPAH Foetal Medicine
Rapid Access Lung cancer (CRGH)
Virtual Respiratory Assessment (rpaV)

Engage Outpatients Program:

Maternity – Canterbury

MGP – Concord

RPAH EPAS

DAC - CRGH

Late May 2023

Late May 2023

Late June 2023

Late June 2023

In build

Platform/Browser Issues

On Wednesday, 12 April 2023, routine surveillance of HealthLink transmissions to the NSW Health Engage Outpatients platform detected that 25 eReferrals sent by GPs, had failed to land on the Engage Outpatients platform during both the Easter Weekend and on Tuesday, 11 April 2023. Critical Incidents were raised with both HealthLink and NSW Health via SARA. On Thursday 13 April 2023, a further 13 referrals failed to land on the platform. HealthLink enacted a major incident with support from eHealth NSW. HealthLink contacted General Practices, who had submitted a failed referral, to determine the urgency of the referral. By Friday 14 April 2023, the suspected cause had been identified and all missing referrals had been retransmitted to the platform successfully, with three identified urgent referrals reviewed by midwifery staff. An RCA report will be prepared by HealthLink and shared with SLHD. The issue identified a lack of process at eHealth/HealthLink to reconcile transmissions against received referrals on a live or daily basis, with the issue identified by the District as part of the record keeping process.

State eReferral Program

It has been announced that HealthLink will be the single provider for eReferral services to NSW Health and the Engage Outpatients platform will be rolled-out to other LHDs across 2023. SLHD, NSLHD, NNSWLHD and HNELHD are exempt from this due to their advanced positions with the eReferral processes. Those taking the state option will be offered a limited number of eReferral form types, compared to what the established LHDs currently utilise.

There are no commercials determined at this stage to indicate if moving to the state-backed contract would provide any benefit to SLHD.

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 March 2023, based on the District's budgeted NCoS.

For the period ended 31 March 2023, GF Expenditure was \$47.993M (2.89%) unfavourable to budget. The impact of COVID-19 has seen an increase in expenditure and a decrease in revenue for the District. The District's unfavourable result for YTD March 2023 was partly due to COVID-19 Incremental expense of over \$6M awaiting budget supplementation for PCR testing, COVID-19 Vaccines, Sydney Olympic Park (lease for January to March) and COVID-19 Mental Health Pathway. Additionally, MoH

Board Report



is yet to fully fund the Outsourced Collaborative Care expense of \$15.56M. The YTD March 2023 unfavourability also comprises additional costs incurred related to Mpx vaccination (\$2.176M). Additionally, YTD unfavourability also includes the absorption of COVID positions into BAU activities.

YTD March 2023 Expenditure decreased by \$184.647M (or 9.74%) compared to YTD March 2022, mainly due to reduction in certain COVID-19 Incremental strategies such as Special Health Accommodation and the Vaccination Program. The average monthly expense rate increased from \$160.292M (excluding LSL adjustment in June 2020) for 2019-20 Financial Year to \$188.249M (excluding LSL adjustment in June 2021) for the 2020-21 Financial Year to \$214.342M (excluding LSL adjustment in June 2022) for the 2021-22 Financial Year and decreased to \$190.068M YTD March 2023. 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 \$2.975M (1.33%) unfavourable to budget for the month of March 2023 and \$42.356M (2.38%) unfavourable to YTD March 2023 budget. The District continues to see unfavourable results in a number of 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 and COVID-19 Vaccine Grant revenue on Own Source Revenue and Doubtful Debts, the District is \$35.485M unfavourable to YTD March 2023 GF Revenue budget primarily due to the impact of COVID-19.

The NCoS for March 2023 was \$19.594M unfavourable to budget. For YTD March 2023, the District's NCoS was \$90.349M unfavourable to budget.

The table below shows the summary of the March 2023 Financial Performance:

	YTD Actual \$000	YTD Budget \$000	Variance (Actual vs Budget) \$000	
Expense	1,710,611	1,662,618	-47,993	Unfav
GF Expense	1,710,611	1,662,618	-47,993	Unfav
Own Source Revenue	-200,427	-230,475	-30,048	Unfav
Doubtful Debts (incl Quarantine Hotel Passenger Fees)	12,668	578	-12,090	Unfav
Loss on Sale of Asset / Other Gains Losses	218	0	-218	Unfav
GF Revenue (Including Doubtful Debts and Gains Losses)	-187,541	-229,897	-42,356	Unfav
Quarantine Hotel Passenger Fees and COVID-19 Vaccine Grant revenue	199	0	-199	Unfav
Doubtful Debts (Quarantine Hotel Passenger Fees)	6,672	0	-6,672	Unfav
GF Revenue (excluding the impact of Quarantine Hotel Passenger Fees and COVID Vaccine Grant revenue on Own Source Revenue and Doubtful Debts)	-194,412	-229,897	-35,485	Unfav
NCoS (including the impact of Quarantine Hotel Passenger Fees)	1,523,070	1,432,720	-90,349	Unfav

Unfavourable to budget due to cost incurred as a result of: absorption of COVID positions and the movement of staff from COVID response into BAU activities, COVID -19 incremental expenditure awaiting for budget supplementation and Mpx vaccination

Unfavourable to budget due to the impact of COVID-19 on OSR (including Patient Fees, Facility Fees and Prosthesis incomes) and Doubtful Debts related to Quarantine Fees

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 2022/23 financial year by \$112M relating to unfavourable results for:

- Expense (\$63.5M) related to the management of the COVID-19 strategies and the expenditure forecasted for Mpox vaccination. Part of the forecasted unfavourable position is also due to the absorption of COVID positions from Special Health Accommodation and Vaccination Program; and, the movement of staff from the COVID response into BAU activities such as the ramping up of surgery (including operating theatres) and ward activity, and the recommencement of outpatient clinics.
- Doubtful Debts (\$13.5M) and
- Own Source Revenue (\$35M) primarily due to the COVID-19 impact on our hospitals and elective surgery programs.

The Chief Executive and the Executive Director of Finance are reviewing the NCoS result (excluding the impact of COVID-19 and Doubtful Debt) for the 2022/23 financial year given 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 impact of the management of the COVID-19. The major variances for the month were:

Expenditure

- GF Total Expenditure for the month of March 2023 was \$16.619M (8.94%) unfavourable to budget. The result for the month was primarily attributable to unfavourable results for Employee Related Expenses (\$14.621M), RMR (\$0.189M), VMOs (\$1.992M) and Grants (\$0.053M) offset by favourable results for Goods and Services Expenses (\$0.594M).
- YTD March 2023, GF Total Expenditure was \$47.993M unfavourable to budget, primarily reflecting unfavourable results for Salaries & Wages (\$4.358M), Overtime (\$15.849M), Annual Leave Provision (\$11.617M), Superannuation (\$2.571M), RMR (\$1.937M) and VMO Payments (\$13.201M) offset by favourable results for Goods & Services (\$1.124M) and Grants (\$1.871M).

Revenue

- GF Total Revenue for the month of March 2023 was \$2.975M (1.33%) unfavourable to budget, reflecting the unfavourable results from Patient Fees (\$1.144M), User charges (\$3.316M), Doubtful Debts (\$0.640M) offset by favourable variances in Grants and Contributions (\$0.812M) and Other Sources of Revenue (\$1.350M).
- YTD March 2023 GF Revenue was \$42.356M (2.38%) unfavourable to budget. This result reflects unfavourable variance in Facility Fees (\$4.211M), Prosthesis Income (\$1.563M), Car Park Fees (\$1.568M), Pharmacy Sales (\$0.081M), Patient Fees (\$10.285M), Doubtful Debts \$12.090M offset by favourable variances in Grants and Contributions (\$1.043M). The unfavourability in Patient Fees, Facility Fees, Prosthesis Income and Car Park Fees is predominantly due to the impact of COVID-19. Excluding the impact of Quarantine Hotel Passenger Fees and COVID-19 Vaccine Grant revenue on Own Source Revenue and Doubtful Debts, the District is \$35.485M unfavourable to YTD March 2023 GF Revenue budget primarily due to the impact of COVID-19.

Special Purpose and Trust (SP&T)

SP&T NCoS was \$6.017M favourable to budget for the period of March 2023. This result reflects unfavourable budget variance for Expenditure (\$1.552M) and favourable for Revenue (\$7.569M).

Consolidated Result

For the period ended 31 March 2023, the consolidated YTD NCoS result for the General Fund and SP&T was \$84.332M unfavourable to budget. The result comprises unfavourable variances for Expenditure (\$49.545M), Own Source Revenue (\$22.479M) and Doubtful Debts (\$12.090M).

Financial Performance – Based on MOH Reporting Format

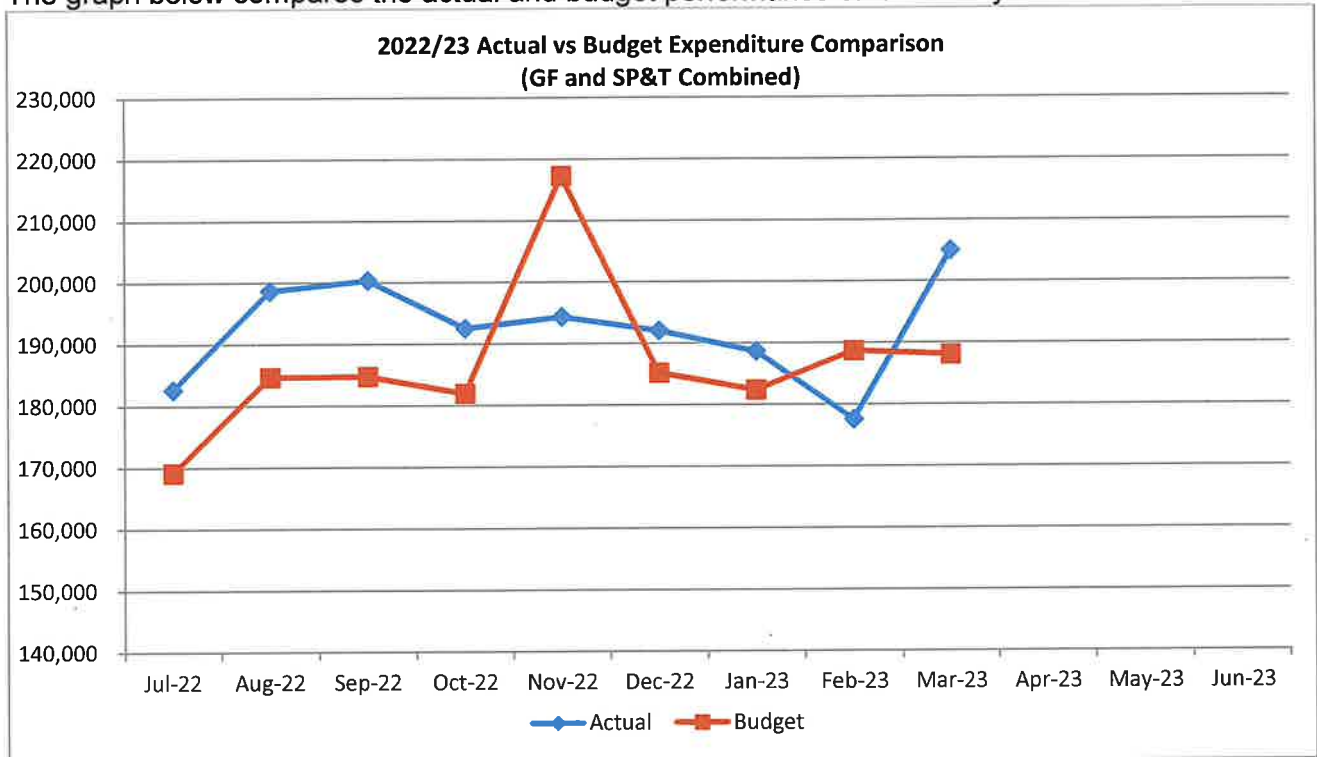
For the period ended 31 March 2023, SLHD recorded a Total Net Result of \$74.938M which was \$84.286M unfavourable to budget. The Net Direct Operating Result (GF and SP&T) for YTD March 2023 was \$72.170M unfavourable to budget, reflecting an unfavourable budget variance for Expenditure (\$49.777M) and Revenue (\$22.393M).

For the YTD March 2023, Total Direct Revenue was \$22.393M unfavourable to budget, comprising unfavourable variances for the General Fund (\$30.048M) and favourable variances for the SP&T Fund (\$7.654M). This result for the GF reflects unfavourable variances in Patient Fees, User Charges and Other Income offset by favourable variance in Grant Income.

Total Direct Expenditure for YTD March 2023 was \$49.777M unfavourable to budget, reflecting an unfavourable variance for General Fund (\$45.535M) and SP&T Fund (\$4.242M). The result for the General Fund reflects unfavourable variances in Salaries & Wages (\$4.358M), Direct Clinical Operating (\$21.095M), Supporting Services & Utilities (\$1.317M), On-costs (\$15.378M) and VMOs (\$13.201M) offset by favourable variances in Grants (\$1.871M) and G&S Corporate (\$23.535M).

Monthly Budget Performance

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



Liquidity

The cash balance at 31 March 2023 for the SLHD Operating bank account was \$15.213M and the Operating Cash book balance was \$14.688M.

Capital Works – SMRS Projects

As at 31 March 2023 the District's Full Year Capital works budget relating to SMRS Projects is \$20.427M comprising \$6.560M of MoH funded and \$13.867M of locally funded projects. In March 2023, MoH had approved four new LFI projects totalling \$6.954M (RPAH Car Park Boom Gate - \$0.454M, RPAH Reverse Osmosis - \$0.900M, CRGH 5 East Short Stay Unit - \$1.100M and RPA Infusion Centre stage 2 - \$4.500M).

Actual expenditure as at the end of March 23 was \$14.215M which was marginally on budget.

Other Capital Projects

As at the end of March 2023, the District has expended nil amount on other projects.

CAPITAL INFRASTRUCTURE & ENGINEERING SERVICES

RPA

Redevelopment

The focus and key activities undertaken in the previous reporting period included:

- Progression of the SSDA response to submissions, including key focus meetings and commencement of agency meetings.
- Design Integrity Panel #3 meeting held.
- Progression of ECI contractor detailed design meetings and schematic design reconciliation.
- Draft chapters for the final business case and associated deliverables undergoing internal review with INSW review targeting Q3 2023
- Anatomical Pathology and Gloucester House Bridge early works construction progressing
- Design coordination sessions continue with USYD, St. Johns College and SBA
- Arts facilitator appointed to commence the planning of curatorium sessions scheduled for May & June

Innovation Hub – Gloucester House Level 7

The capital works program for the Innovation Hub was successfully completed during this reporting period. The area has been commissioned and is ready for occupation.

Rapid Autopsy – shell space and lift

The conventional formwork for the rapid autopsy shell space continued throughout this reporting period and hydraulic service rough-ins were nearing completion. Additional supporting columns have been installed and works to the sheer wall are underway.

Medical Training and Assessment Unit (MTAU) – Building 89 Level 2

The capital works program for the Medical Training and Assessment Unit was in the final stages of progression during this reporting period. Final project elements, including service fit-offs and commissioning, are due to occur so that the area can be handed over for occupation.

Concord

Concord Multistorey Carpark

Key milestones for this reporting period:

- Fill, compacting and grading activities are 95% complete
- Retaining wall has been built on the South and South-East sections
- Design for the sewer encasement at the MSCP site has been finalised
- Inground services site investigation of the MSCP is ongoing by the Principal Contractor
- Finalisation of work methodology to mitigate impacts to the operation of the on grade carpark is underway

- Finalisation of Crown Certificate #3 is in progress

CSSD Sterilising

Staff training and orientation into the new sterilisers occurred throughout the reporting period. Electrical service fit-offs and the laying of new vinyl flooring are now complete.

Canterbury

Education Modular Building

The capital works program for the new Education Centre at Canterbury Hospital progressed well throughout the month. Service fit-offs for hydraulic and mechanical were in the final stages and the laying of new flooring has been completed. The project is on schedule to be completed and handed over by the end of April 2023.

PLANNING

SLHD Strategic Plan (2024-2029)

Over four hundred staff have attended Strategic Plan consultations held across the District either in person or virtually. Each of the workshops has resulted in a report provided to those who attended, the CE and the Executive Steering Committee. These reports are being analysed, with strategic initiatives amended based on the outcomes. The Executive Steering Committee will then consider this, with the resulting set of initiatives forming the basis for the comprehensive community consultation that will commence in the second half of the year. The program for community consultations has begun to be scheduled with dates for a range of community consultations developed.

Capital Investment Proposals (CIP)

The Planning Unit is leading the District's development of Capital Investment Proposals for major capital works over the coming decade. Major submissions are required to justify each project's inclusion in the State's 10-year Capital Investment Strategic Plan. The CIPs require the alignment of infrastructure and service planning to address forecasted demand and identified needs. Alignment is also required to system-wide objectives and strategic plans.

Priority projects for SLHD include:

1. Stage 2 of the Canterbury Hospital redevelopment – Stage one has an election funding commitment; an Investment Decision Document (IDD) and a Financial Impact Statement were developed in late 2022. This IDD will be expanded to include an affordable option for the Hospital's redevelopment, consistent with government priorities.
2. The Stage 2 redevelopment of the Concord Hospital, as outlined in the Concord Clinical Services Plan.
3. Stage 2 redevelopment of RPA Hospital, with infrastructure development on the Western Campus of the RPA Hospital and repurposing of the Eastern Campus for priority needs.
4. HealthOnes across the District - Canterbury, Waterloo, Riverwood, and Concord/Homebush to provide infrastructure for shifting care from the hospital to the community.
5. Community-Based Mental Health Rehabilitation beds to provide infrastructure to assist in managing demand for inpatient services: to ensure people receive care in the community wherever possible. Twenty beds in Canterbury form part of the government priorities.

These submissions will leverage from the considerable planning work undertaken in the District, including:

- Canterbury Hospital and Health Services Clinical Services Statement (plan 2022) – in the process of being updated based on the Ministry of Health comments and a requirement to revise infrastructure based on new population projections.
- Concord Hospital Clinical Services Plan (2022).

- RPA Clinical Services Plan (2019), the RPA Redevelopment and in-depth service planning for Stage 2.
- Significant service planning undertaken for the HealthOnes, initially for Green Square, Waterloo, Canterbury and Concord/Homebush as part of integrated Clinical Services Plans.
- Mental Health Strategic Plan (led by the Mental Health Service).

The CIPs require capital costs, recurrent costs, and a preliminary cost-benefit analysis to be undertaken for each project. Each project requires evidence of collaboration with state-wide pillars and services and a series of meetings have been arranged with pillars and state-wide groups to ensure alignment of priorities, models of care and approaches across the system. A range of options for addressing demand must be canvassed and analysed.

Four of the six SLHD CIPs submitted in 2022 were assessed as eligible for inclusion into the NSW Health 10-year capital Investment Strategic Plan (CISP).

Asset Management Plan (AMPs) and Strategic Asset Management Plans (SAMPs)

The Planning Unit has worked with Capital Infrastructure and Engineering to complete the AMPs and SAMPs for the District. This ensures that asset management is effective and balances costs, risk, and performance to deliver value for money for the organisation and its stakeholders.

RPA Forecasted Infrastructure

The Planning Unit has completed the revision of the forecasted infrastructure for RPA Hospital based on the new 2022 Population Projections.

These revised projections have been used to inform the final Business Case for RPA Stage One, the submission to the Ministry of Health for Stage 2 (Capital Investment Proposal 2023).

Inner West Child Health and Wellbeing Plan

SLHD continues to work across agencies to develop the Inner West Child Health and Wellbeing Plan (2023-2028). Three community and cross Agency consultations are planned for May.

Tech Central

Current key activities supported by the Planning Unit:

- **Tech Central: Camperdown Structure Plan:** The Planning Unit continues to provide input to this study.
- **Palliative Care:** Planning Unit has provided input to the developing Palliative Care Strategic Plan- a five year plan.
- **Other Plans:** The Planning Unit continues to support the development of a number of plans across the District including:
 - Clinical Stream Position Paper- Anaesthetics and Pain Management

SYDNEY RESEARCH

Sydney Biomedical Accelerator

Sydney Research continues to lead and contribute to the planning, design and consultation process for the Sydney Biomedical Accelerator. A briefing was held on 3 April 2023, with the SLHD Clinical Directors to provide an update on the project progression and seek their advice on design considerations, occupants and integration with Royal Prince Alfred Hospital and the broader precinct. Round 8 of the Project User Groups and Working Groups will be conducted during the week of 1 May

2023, involving clinicians, researchers and technical staff from across SLHD, the University of Sydney (USyd) and the Centenary Institute. Following this recent round, these groups will develop a series of minimum requirement/data sheets to support the schematic design of specific area types/specialised spaces planned across and within the complex. The SBA Project team are developing the state significant development approval (SSDA) for the complex, which is planned to be submitted by July/August 2023.

The SBA Executive Steering Committee (ESC) will meet on 3 May 2023, where the project timeframe and options for critical design functions associated with Good Manufacturing Practice (GMP), biobanking, imaging and advanced manufacturing will be presented. This Committee will be the central oversight body for the SBA project with Ms Di Leeson as the independent Chair and includes representatives from the NSW Ministry of Health, Sydney Local Health District, and the University of Sydney. The following governance committees have also continued to meet and support design development and operational considerations for the complex:

- Joint Project Control Group
- SLHD Project Control Group (for Building B)
- USYD Project Control Group (for IWBB)
- Joint Operational Strategy Group
- Joint Executive User Group
- SBA Communications Working Group
- SBA Events and Engagement Working Group

Significant progress has been made with the Stage 1 activation of the SBA with the construction of the Innovation Hub and the refurbishment of Gloucester House. The Innovation Hub is expected to be complete and ready for occupation by late April 2023, with a launch event planned for 3 May 2023. Sydney Research continues working with the NHMRC Clinical Trials Centre and USyd to finalise the plans for Level 2 and Level 6 of Gloucester House for their re-location. The refurbishments required and costings have been confirmed with the University of Sydney team.

Sydney Innovation Precinct for Health Education and Research

The SIPfHER Precinct Council met on 6 April 2023. Members of the Committee provided updates on each of the founding organisations (SLHD, USYD and Centenary), which covered new appointments, achievements, and major infrastructure initiatives (including the RPA redevelopment and the Sydney Biomedical Accelerator). Prof Stephen Simpson, Academic Director, Charles Perkins Centre (CPC) provided a presentation on the objectives and design development process for the CPC, which included a series of learning for the SBA initiative and how these facilities can be integrated. The Committee has also finalised the governance structure for SIPfHER, which will be formalised over the coming months and launched with a cocktail event. The structure includes a new Executive Precinct Committee and Precinct Collaboration Committee that will bring together major education, research and health stakeholders across and within Camperdown.

In addition to the above and to support the new identity of the Camperdown Precinct, Sydney Research conducted a 'branding competition' between December 2022 and January 2023. As part of the competition, students and alumni of the University of Sydney were invited to submit a concept design for the SIPfHER brand that represents the values and aspirations of the precinct. Following the review of submissions, Sydney Research presented two conceptual designs to the Precinct Council. The Council were impressed by both options and agreed that both applicants would be offered an opportunity to combine their designs. Sydney Research has been working with both applicants, SLHD and USYD Communications teams to refine and develop an updated design for SIPfHER that

incorporates elements of both submissions. The updated design was presented to the SIPfHER Precinct Council on 6 April 2023, who was pleased with the new direction and agreed to award the applicants for their submission. The SLHD and USYD Communications teams will take forward the design proposal and put together a refined communications strategy that positions this new branding.

Camperdown Biotechnology Hub

Sydney Research continues to be 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. 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, SIPfHER and how this site/proposal would complement the strategic vision and objectives of the SBA.

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 continue to 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 small manufacturing needs that are crucial in prototype and product development.

Ernst and Young have been engaged by the Project Working Group to undertake a supplementary market sounding exercise to understand the relative interest of developers and investors in the site, as well as assist with the evaluation of the site value and pre-commitments required by interested parties to secure the site as a Biotechnology Hub. The outcomes of this market sounding were issued in February 2023 and ongoing discussions are underway regarding the pre-commitment required from NSW Health (and potentially other education partners) and the strategy for transitioning the site.

Briefings have been scheduled with representatives of the University of Sydney and the University of Technology Sydney for 27 April 2023 and 2 May 2023 to discuss their potential support and involvement in the initiative.

Franklin Women

The deadline for 2023 Franklin Women Mentoring Program applications closed on 31 March 2023, and five mentor/mentee pairs from SLHD have been selected to participate. This Program supports women aspiring for leadership roles while providing opportunities for leaders to develop inclusive leadership capabilities. SLHD has been involved in the program since 2019, with 14 SLHD staff participating and providing enthusiastic feedback about the confidence building, skills development and networking obtained through their involvement.

Sydney Research participated in the Advisory Group for Franklin Women on 26 April 2023. Following this meeting, we will support the team in preparing a public announcement for the contributions provided by NSW Health, in defining their future governance model, and recruitment strategy for three additional positions to support ongoing operations.

SLHD Chief Commercial Officer

Sydney Research has been working closely with Dr Joy Francisco to review Intellectual Property (IP) Management and Protection processes across and within SLHD. A brief has been developed and

endorsed by the Chief Executive highlighting key challenges and opportunities for streamlining processes for researchers/clinicians involved in commercial matters. Sydney Research and Dr Francisco have also been involved in the review and progression of the following matters:

- NSW Health Intellectual Property Policy and Commercialisation Framework
- Sydney Health Partners Data Sharing Accord
- ClinTrial Refer – Renewal of the Collaboration Agreement between SESLHD and SLHD, and their ongoing licencing arrangements.
- SBA Industry Working Group – Sydney Research and Dr Francisco have become members of the SBA Industry Working Group to co-develop a commercial engagement strategy with the University of Sydney for the precinct.
- Protoxiom agreement and announcement, in which \$2.2M in commercial backing was provided for an oral insulin drug delivery technology developed by Prof Victoria Cogger, Prof David Le Couteur and Dr Nicholas Hunt.

Committee for Sydney

SLHD has been as an Innovation Fund Partner for the Committee for Sydney. As a partner, the District is supporting the annual research program for the Committee, and will become more actively involved in the Committee's initiatives across a range of issues affecting Sydney – including economy, mobility, planning, resilience, culture and governance – and the District will be recognised across all collateral of the Committee for Sydney as a partner.

The Chief Executive has recently been involved in a panel session chaired by the Committee for Sydney on Sydney's housing crisis. As part of her involvement, Dr Anderson stressed the linkage between housing affordability and priority sectors, where the current situation in Sydney has placed additional strain on the recruitment and retention of health professionals.

Sydney Research is currently working with the Committee for Sydney in arranging a walking tour of the Camperdown precinct, which showcases the value of the Sydney Biomedical Accelerator, key capabilities across the precinct, and presentations by key researchers under SLHD and USYD. The tour will occur on 4 May 2023.

NSW Office for Health and Medical Research (OHMR)

Embedding Quality Research (EQR) Steering Committee

In 2023, the NSW Health Secretary announced the establishment of a new division for Clinical Innovation and Research within the NSW Ministry of Health. The purpose of this new division is to further embed and support research and clinical innovation and to leverage opportunities for knowledge generation and development across NSW Health and its agencies. Dr Jean-Frederic Levesque was appointed as the inaugural Deputy Secretary for Clinical Innovation and Research in addition to his existing role as Chief Executive, Agency for Clinical Innovation.

The Chief Executive and Sydney Research met with the Deputy Secretary, Clinical Innovation and Research and Executive Director, OHMR on 20 April 2023. The discussion focussed on the recent restructuring of the NSW Ministry of Health and the establishment of the new division of Clinical Innovation and Research. As part of this restructuring, the Deputy Secretary stated that a review will be undertaken on some statewide committees under NSW Health that aim to support research and innovation performance, development and translation into clinical practice. This review will be led by the Deputy Secretary and will consider the positioning of each committee, their objectives and membership. It aims to streamline processes, avoid unnecessary duplication, embed research and

innovation within and across each LHD, and create platforms to empower change for the better. While this work is being undertaken, these committees (including the Embedding Quality Research Steering Committee) will be suspended. A notice will be released later in the year on their future direction.

Translational Research Grant Scheme (Round 7)

Round 7 of the NSW Health Translational Research Grant Scheme (TRGS) launched on 15 February 2023. The Translational Research Grants Scheme (TRGS) provides targeted grants to staff employed within local health districts, specialty health networks, NSW Ambulance and NSW Health Pathology to support research projects capable of translating into better patient outcomes, health service delivery, and population health and wellbeing. Since its commencement in 2016, the TRGS program has provided over \$40 million in funding support to 80 projects over six rounds. Sydney Local Health District (SLHD) has been one of the most successful organisations under this program with a number of funded TRGS projects underway.

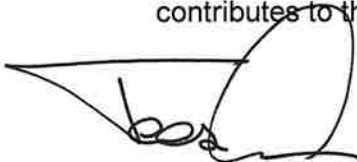
The TRGS program consists of two stages including an initial Expression of Interest (EOI) seeking an overview of the initiative (purpose, implementation, and timeframes), the funding support required and partners involved. If successful at the EOI stage, the Chief Investigator will be invited to submit a Full Application that addresses feedback of the reviewers and provides more detailed information on the initiative. There are no defined priorities for Round 7 TRGS; rather, applications must demonstrate the project relevance to District-specific and state-wide priorities.

Sydney Research is the designated District coordinator and will be managing the review and submission process for applications to this scheme. A District-wide memo has been shared that provides background on the initiative and the internal application deadlines.

Communications and Engagement

Through the Sydney Research Council, communications and social media, Sydney Research promotes internal and partner educational and research activities.

- The Sydney Research weekly electronic newsletter, e-Update, has an audience of 1,282 subscribers.
- The PFCC Research Working Group bi-monthly newsletter, 'Consumers in Research', has an audience of 140 subscribers.
- @SydneyResearch currently has 1,352 followers on Twitter
- Sydney Research LinkedIn has accrued 1,054 followers.
- Sydney Research continues to participate on the Social Media Steering Committee and contributes to the district-wide standard of practice and reference guides.



Dr Teresa Anderson AM

Chief Executive

Date: 15-8-23