

Research Strategic Plan

2025-2027





Acknowledgement of Country

Sydney Local Health District acknowledges that we are living and working on Aboriginal land. We recognise the strength, resilience and capacity of Aboriginal people on this land. We would like to acknowledge all of the traditional owners of the land and pay respect to Aboriginal Elders past and present.

Our District acknowledges Gadigal, Wangal and Bediagal as the three clans within the boundaries of the Sydney Local Health District. There are about 29 clan groups within the Sydney metropolitan area, referred to collectively as the great *Eora Nation*. Always was and always will be Aboriginal Land.

in Australia.

Together under the Sydney Metropolitan Partnership Agreement, including the Aboriginal Medical Service Redfern and in collaboration with the Metropolitan Local Aboriginal Land Council, Sydney Local Health District is committed to achieving equality to improve self-determination and lifestyle choices for our Aboriginal community.

Ngurang Dali Mana Burudi - A Place to Get Better

Ngurang Dali Mana Burudi — a place to get better, is a view of our whole community including health services, Aboriginal communities, families, individuals and organisations working in partnership.

Our story

Health story was created by the District's Aboriginal Health staff.

The map in the centre represents the boundaries of Sydney Local Health District. The blue lines on the map are the Parramatta River to the north and the Cooks River to the south which are two of the traditional boundaries.

The Gadigal, Wangal and Bediagal are the three clans within the boundaries of Sydney Local Health District. They are three of the twenty-nine clans of the great Eora Nation. The centre circle represents a pathway from the meeting place for Aboriginal people to gain better access to healthcare.

The Goanna or Wirriga One of Australia's largest lizards, the goanna is found in the bush surrounding Sydney.

TO GE

The Whale or Gawura From June to October pods of humpback whales migrate along the eastern coastline of Australia to warmer northern waters, stopping off at Watsons Bay the traditional home of the Gadigal people.

The Eel or Burra Short-finned freshwater eels and grey Moray eels were once plentiful in the Parramatta River inland fresh water lagoons. Source: Sydney Language Dictionary

Artwork

Ngurang Dali Mana Burudi — a place to get better The map was created by our Aboriginal Health staff telling the story of a cultural pathway for our community to gain better access to healthcare.

Artwork by Aboriginal artist Lee Hampton utilising our story.

We want to build strong systems to have the healthiest Aboriginal community

Sydney Local Health District's Aboriginal

Acknowledgement

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March 2025

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Always was and always will be Aboriginal Land.



Ngurang Dali Mana Burudi — a place to get better The map was created by our Aboriginal Health staff telling the story of a cultural pathway for our community to gain better access to healthcare.

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Foreword

Our research is world class and, in many areas, world leading.

Our vision is to be a world leader in research, innovation, commercialisation, and research translation and to improve health and wellbeing while generating social and economic benefits.

Hand in hand with research is the translation of research into public policy, clinical practice, commercial outcomes, and ultimately better health outcomes.

Healthcare is dynamic, and so are the challenges our communities and health services face in overcoming disease, reducing health disparities, and meeting healthcare needs and expectations. To face these challenges Sydney Local Health District, will undertake strategies to embed research into healthcare, further advance our partnerships, and support our people to undertake research, including world-class research and its translation.

The next five years will see us purposefully advance discovery, research, clinical trials, innovation, and commercialisation. This will occur in research partnerships with our patient community and consumer groups, universities, research institutes, biomedical and biotechnological industry, and local, state, and national agencies. We will build on local and international collaborations and industry partnerships dedicated to developing understanding of advanced therapeutics, progress solutions for major health issues, and improve health and health outcomes for our broader community. We are committed to undertaking research to improve health and health

Our Research Strategic Plan strategic directions are:



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1. Embed research into healthcare culture and practice

2. Invest in research infrastructure and partnerships

3. Create knowledge

4. Implement and commercialise research findings

care at the frontiers of knowledge and innovation and to continue to respond to new and emerging health issues, including threats to human health and wellbeing, new models of care and new technologies¹.

Our District aims to lead the way in co-creating and implementing research which involves consumers in all research activities – formulation, implementation, translation, communication, and evaluation.

Equity is at the forefront of our endeavours. We are committed to walking with our Aboriginal and Torres Strait Islander communities to advance research that improves health and wellbeing and reduces disparity. We are also committed to ensuring that diversity in culture, gender and identification is reflected in our research. Over the next five years we will significantly expand our research facilities, technology, and infrastructure. Together with our long-standing partner the University of Sydney and the Centenary Institute, the District is jointly leading a transformative \$780 million infrastructure initiative, the Sydney Biomedical Accelerator complex (SBA) to strengthen the capabilities and capacity of research in the Camperdown precinct and rapidly accelerate the translation of biomedical research discoveries into healthcare solutions.

We aim to see the Sydney Innovation Precinct for Health Education Research (SIPfHER) collaboration, further embedded as a world class biomedical/biotechnological centre of innovation, within the Tech Central technology innovation precinct.

This Plan will ensure the continued delivery of world-class research, prevention, healthcare and improved health and wellbeing for the community and society at large, now and into the future.

Rullin

Deb Willcox AM Chief Executive Sydney Local Health District

A/Professor Karen Crawshaw PSM **Chair of the Board** Sydney Local Health District

^{1.} National Health and Medical Research Council 2023, National Health and Medical Research Council Corporate Plan 2023–24, available: <u>https://www.nhmrc.gov.au/about-us/publications/corporate-plan-2023-24</u>, accessed: 12/07/2023.

Our vision







To be a world leader in research, innovation, translation and commercialisation and to improve health and wellbeing while generating social and economic benefits.

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Our research strategy



1. Embed research into healthcare culture and practice

- 1.1 Support an organisational culture that grows research
- **1.2** Provide opportunities for staff across disciplines to participate in research
- **1.3** Develop and increase access to quality research education and capacity building programs
- **1.4** Collaboratively involve consumers and communities in research
- **1.5** Work collaboratively with Aboriginal communities, researchers and staff to assist in Closing the Gap
- **1.6** Work collaboratively to ensure priority populations are appropriately considered in research

2. Invest in research infrastructure and partnerships

- 2.1 Deliver and optimise the research potential of the Sydney Biomedical Accelerator (SBA)
- 2.2 Develop state-of-the-art shared infrastructure
- 2.3 Sustain and grow our world-class partnerships and collaborations
- 2.4 Advance our innovation precinct

3. Create knowledge

- **3.1** Strengthen high quality research
- **3.2** Harness the potential of clinical and population health data to enable research
- 3.3 Enhance translational research
- **3.4** Expand clinical trials capacity and participation
- **3.5** Support a quality approach to research ethics and governance

Indicators of success

- Number of clinical trials and research studies
- Research grant income, impactful publications, citations (especially in guidelines and policy) and higher degree student enrolments and completions
- Consumer collaboration with research increases
- Commercialisation of research is advanced
- Number and breadth of departments involved in research



4. Implement and commercialise research findings

- **4.1** Integrate the practice of implementation science across all settings in the District
- **4.2** Ensure the effective implementation of research evidence
- **4.3** Establish and grow the District Commercial Portfolio

- Number of departments implementing research findings into clinical practice
- Number and breadth of research collaborations and partnerships
- Sydney Biomedical Accelerator is completed
- SIPfHER is recognised as world leading innovation precinct
- Health outcomes are improved and patient/ consumer satisfaction is high



Sydney at a glance **Research**

3439

There were 3439 active research studies, including 748 clinical trials in 97 departments in 2023.

1872

Staff contributed to more than 1872 publications.

7260

More than 7260 clinical trials have been conducted across the District since 1979.

Improving treatment for people with diabetes

The ANZAC Institute at Concord Hospital is working to empower people living with diabetes by expanding treatment options. The team has developed oral insulin, offering a new alternative where only injection treatments were previously available.

The team has undertaken rigorous basic and translational research to develop a novel nanotechnology-based delivery platform. This provides an oral insulin formulation to treat insulin dependent diabetes.

The team won the NSW Health Research Award in 2024.

Professor Victoria Cogger, Director of the ANZAC Research Institute, said the Award is fantastic recognition of the dedication the Oral Insulin team have for making treatment options for patients with diabetes safer and more accessible.

"The technology will help change the lives of more than 30,000 Australians who need to start using insulin each year."

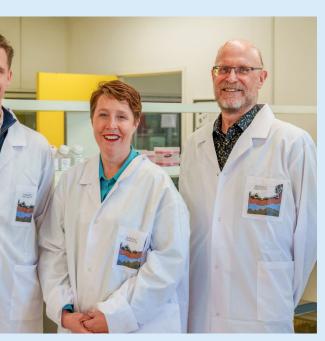
Oral insulin has undergone wide-ranging preclinical testing and is now in production in preparation for clinical trial in early 2025.

New hope for MND patients

Neurologist Professor Steve Vucic hosted the first public hospital use of revolutionary drug Tofersen at Concord Hospital, to treat a patient with motor neurone disease (MND).

Professor Vucic says the development of the drug Tofersen – which he used to treat patient Luca Cacciotti – is a landmark moment in the fight against MND. "It showed that patients that received Tofersen for a longer period of time did better in terms of disease, muscle weakness, and other clinical symptoms," said the Director of Concord's Brain and Nerve Research Centre. "In actual fact, some of them stabilised and started to improve, which was a remarkable result."

Professor Vucic stressed those early results needed to be validated in a recently completed phase three study but said he was excited about the potential for the drug. Tofersen is a genetic therapy that targets a specific genetic abnormality in some patients.



"

The technology will help change the lives of more than 30,000 Australians who need to start using insulin each year.



Allied Health Researcher of the Year

Associate Professor Sharon Carey, Head of Department Nutrition and Dietetics, RPA, was named Researcher of the Year at the NSW Health. Excellence in Allied Health Awards 2024.



Institute of Academic Medicine

We launched the RPA Institute for Academic Medicine to continue improving patient care and outcomes through promoting research and innovation in the hospital's Division of Medicine.

Institute Co-Directors, Associate Professor Lauren Troy, Senior Staff Specialist in the RPA Department of Respiratory and Sleep Medicine and Associate Professor Stephen Adelstein, Senior Staff Specialist in the Department of Clinical Immunology and Allergy said it will also provide a focus for research and professional development for physicians.







Introduction

Research can be defined very broadly as, "original investigation conducted with or about people and populations, or their data or tissue"².

"Health and medical research, spans a pipeline from concept to laboratory through to translation, clinical application, and community benefit. Research answers questions about causes, prevention, populations, management and the impact of disease, and about how best practice healthcare and policy can be effectively implemented"³.

Sydney Local Health District is committed to fostering research for the following compelling reasons:

- Research and clinical trial-rich health organisations demonstrate improved clinical guality and decreased mortality rates;4 and provide patients with an expanded range of new treatment options.
- Medical breakthroughs are associated with improved health, wellbeing and better outcomes.
- Research fosters high quality, efficient, sustainable, and evidence-based policy and healthcare.
- A strong research ethos is an important factor in attracting and retaining high quality staff.
- A positive research culture supports a valued and sustainable teaching and training environment.
- Investment in health and medical research significantly stimulates the economy. particularly the biotechnology industry, through research translation and commercialisation.5

Our commitment is unwavering to the highest quality research that is underpinned by values of integrity, quality, equity and patient and consumer engagement.

- Integrity underpins research practice: acting in the right spirit, out of respect and concern for others: this includes abiding by the values of research merit, justice, and beneficence.
- **Quality research:** conforms to nationally agreed research ethics standards and involves consumers and communities.
- **Equity:** the fair distribution of the benefits and burdens of research, the fair involvement of participants in decision-making.
- Patient and consumers: are central to the purpose and practice of all research.

Sydney Local Health District has a long, proud and prestigious history of health and medical research across the healthcare continuum. There are extensive research collaborations between staff in the District. health services/departments, the medical research institutes that have developed within the boundaries of the District and the University of Sydney extending to national and international collaborations.

Many of our senior researchers are specialist clinicians at both Royal Prince Alfred Hospital and Concord Hospital and are educators at the University of Sydney and other tertiary institutions. Their direct and personal experience with patients inspires their work to improve care and save lives.

Research has flourished across all settings and disciplines including our hospitals, community health, public health, population health and across the disciplines and professions. There are strong research capabilities across our medical, nursing, and allied health workforce. Researchers across our District facilities published almost 2,000 articles, with almost 800 clinical trials underway, almost 500 postgraduate students and 528 grants worth almost \$850 million (2023/24).

NHMRC National Statement on Ethical Conduct in Human Research 2023 available at <u>https://www.nhmrc.gov.au/sites/default/files/documents/attachments/publications/National-Statement-Ethical-Conduct-Human-Research-2023.pdf</u> accessed 25/07/2024.
 Department of Health and Aged Care 2016, Australian Medical Research and Innovation Strategy 2016-2021, available: <u>https://www.health.gov.au/resources/</u> publications/mrff-australian-medical-research-and-innovation-strategy-2016-2021, accessed: 12/07/2024. 4. Jonker L. Fisher S, 2017 The correlation between NHS trusts clinical trial activity and both mortality rates and care quality commission ratings; a retrospective cross-sectional study https://pubmed.ncbi.nlm.nih.gov/29438805 accessed 17/07/2024. 5. CSIRO, Quantifying Australia's returns to innovation, available at https://www.csiro.au/en/work-with-us/services/consultancy-strategic-advice-services/ CSIRO-futures/Innovation-Business-Growth/Quantifying-Australias-returns-to-innovation accessed 26/07/2024



Researchers across our District facilities published almost 2,000 articles annually with almost 800 active clinical trials underway and almost 528 grants worth almost \$850 million (2023/24).

| | | | | | Tim Trigg Scholarship for Glioblastoma Research |
|------------|--|---|---|--------------------|--|
| | Sydney Biomedical Accele | | | | Sami Azmol Scholarship |
| | • Funding \$650 Mil | Collaboration planning | Official opening of the SBA Innovation Hub (2023) | | Publications |
| | Partnerships and collabora | ations | | | SLHD: almost 2,000 publ |
| A A | University of Sydney | Woolcock Institute | Sydney Health Partners | | More than 1500 presenta |
| \sim | University of Technology | of Medical Research | Office of Health and Medical | | 173 research awards/me |
| | Sydney | Chris O'Brien Lifehouse | Research | | 796 active clinical trials a |
| | Notre Dame University | Asbestos and Dust Disease | Health Equity Research | | Participating in 528 rese Continuing the work of the second s |
| | • TAFE NSW | Research Institute Cicada Innovations | Development UnitNHMRC Clinical Trials Centre | | Toxicology which has pul |
| | Macquarie HospitalCity of Sydney | Carriageworks | Brain Mind Centre | | at 53 national and intern |
| | Inner West Council | Digital Health CRC | Charles Perkins Centre | | Involvement of the Popul 19 manuscripts published |
| | Centenary Institute | Sydney Research | Sydney Knowledge Hub | | research grant application |
| | • Heart Research Institute | | Sydney Analytical | | |
| | Research Awards 2023 | | | -Ծ- | Other achievements |
| | The Annual Health Research | Research Excellence Award | Clinical Trial of the Year | $\cap \mathcal{X}$ | Six initiatives to strength |
| | Infrastructure Award | for Best Publication Research Supervisor Award | Award | | and evaluation of resear |
| | Clinician Researcher Scholarship | Young Researcher Award | Health Education Training Institute Mental Health | | Held regular Think Tank developments and resea |
| | Health Informatics | Excellence in Clinical Trial | Research Award | | Care. In May 2022, the In |
| | Research Scholarship | Support Award | | | attended virtually by 42 |
| | | | | | Celebrated 20 years of the over \$20 million in comp |
| × | Established Institutes | | | | supervised more than 70 |
| 8 | ANZAC Research Institute | RPA Institute for Academic | Institute of Nursing | | The Institute of Academi |
| | Concord | | Midwifery Education, Research and Innovation | | since 2018, including Syd Peritonectomy Malignan |
| | Concord Institute of Academic Surgery | RPA Institute of Academic Surgery | Edith Collins Centre for | | in 2019 and Surgical Rob |
| | Institute for Musculoskeletal | Sydney Institute for Women, | Translational Research in | | Delivered 180 training co |
| | Health | Children and their Families | Alcohol Drugs and Toxicology | | and 224 research article across all specialities |
| | RPA Green Light Institute for Emergency Medicine | SLHD Allied Health Research | SLHD Mental Health | | In collaboration with Syd |
| | | | Services Research | | Appointed ICT Director, E and Innovation team |
| <u>ດ</u> ວ | Innovation Precincts | | | | Continued to work close research sector, includin |
| γĘο | Establishment of Sydney Innova | ation Precinct for Health Education a | and Research (SIPfHER) | | Anderson AM Carers Scl |
| <u> </u> | Collaboration as part of TechCe | entral Innovation Precinct | | | Commenced research at |
| | | | | | technology to remotely eAn active key partner in a |
| | Raising awareness to supp | ort researchers | | | the 'Encouraging more c |
| <u> </u> | Marlow Hampshire Health | MedTech mixers | TechCentral Quarterly | | improvements in clinical |
| | and Biomedical Research | Think Tanks Franklin Women | Briefings | | Achieved 'Performing St Governance review times |
| | Leadership Program | Mentoring Program | Cicada Innovation programs | | and RPA Hospital. Our R |

- Cardiovascular Postgraduate Scholarship
 Dr Teresa Anderson AM
- Carers Scholarship
- The Sydney Cancer Institute Seed Grant
- The Franklin Women Carer's Scholarship

ions in the 2023/24 calendar year as at conferences

- a further 170 clinical trials with governance authorisations (approvals) n grants worth \$842 million in 2023/24
- dith Collins Centre for Translational Research in Alcohol, Drugs and ned 121 journal papers, 16 book chapters, one book and presented nal conferences
- n Health Research and Evaluation Hub in 16 research projects, national and international journals and five successful national

he involvement of community members in design, implementation

- ms to harness innovation, new models of care, technological for example, Imaging, Cardiovascular Care, Surgery and Community ute of Academic Surgery held the Research Collaboration Think Tank, th staff including surgeons, nursing and allied health
- Surgical Outcomes Research Centre (SOuRCe) which has been awarded ive funding, published over 500 peer-reviewed scientific articles and D and MPHIL students and more than 60 MD students since inception
- urgery hosted over 13 major research-focused collaboration events y Robotics Summit in 2018 and 2020, the Australian and New Zealand Think Tank in 2018, 'Ethics and Surgery: At What Cost?' Think Tank cs and Innovation Summit in 2022
- es aimed at surgical clinicians by the RPA Institute of Academic Surgery ere published by RPA surgical departments, enhancing clinical practice
- Research, developed a new Graduate Certificate in Health Research rprise Strategy Research and Innovation to lead the Strategy, Research
- th Franklin Women to support women in the health and medical rough the Franklin Women Mentoring Program and the Dr Teresa
- Iney Dental Hospital to enable the use of artificial intelligence nine and monitor orthodontic patients
- ney Health Partners and involved in key initiatives including al trials in Australia' state-wide project which aims to facilitate s systems across multiple Local Health Districts in NSW
- s' the highest rating available (2022-2023) for research Ethics and m the Office for Health and Medical Research at Concord Hospital arch Ethics and Governance Offices performed above the state average and 599 Governance applications

Research drivers

Policy and government funding changes for research reflect the increasing importance of collaboration across health services, research organisations, industry, and community to ensure effective research translation. Current priority focussed research funded by the MRFF, the Translational Research Grants Scheme (TRGS) and Medical Devices Fund support the discovery, translation and commercialisation of new medicines and technologies, and enable innovative treatments and cures.

Health informatics driven

The unparalleled availability of biomedical and population health data, and the enabling technology, including innovative data linkage, is driving broader and more sophisticated analytics that can better support decision-making across the health system. New ICT platforms and software will be further harnessed to ensure up-to-date evidence is available to our workforce and to our partners, consumers and collaborator in the most effective way.

Consumer informed

Increasingly, consumers play critical roles in their own care, from monitoring their health with wearable devices to shaping the direction of research about the diseases that affect them. The importance of involving consumers and communities in research, at every level, is well recognised and has been shown to enhance the relevance of the research, improve participation rates, and facilitate the dissemination and uptake of findings.

Collaborative

In Australia, grant schemes such as NHMRC Partnership Centres, NHMRC Partnership Projects, the MRFF and TRGS emphasise the importance of collaborative research involving the consumer, academics, disciplines involved in health service delivery and industry. The sharing of information, resources, and collaboration in shared projects will create shared value and opportunities to pursue research in strategically chosen areas.

Enabled by new technologies, dedicated infrastructure, and digital health

Artificial Intelligence (AI), smart devices, portable diagnostics, implant drug delivery, digital therapeutics, genome sequencing, machine learning and a range of other technologies and innovations will continue to have a transformative effect on the research base from which health care evolves⁶. Digital health developments are integral to research; especially of importance will be evolution to the single digital patient record, improved research and business support tools and new technologies for data and analytics.

6. NSW Ministry of Health 2016, eHealth Strategy for NSW Health 2016-2026, available: <u>https://www.ehealth.nsw.gov.au/about/our-strategy</u>, accessed: 12/07/2024.





Strategic direction 1



Embed research into healthcare culture and practice

Priority 1.1 Support an organisational culture that grows research

Research and innovation is a central part of the culture, business, and purpose of the Sydney Local Health District. Research identifies the best means to prevent, diagnose and treat conditions. It also identifies what does not work, thereby focusing investment on those health care services, technologies, treatments, and outcomes that maximally benefit patients,⁷ improve system sustainability and support economic growth.

The District will continue to showcase research and innovation at events such as the highly successful Sydney Research and Innovation week, facility research weeks and forums, discipline research forums and at targeted research events organised by Clinical Institutes, Medical Research Institutes, Sydney Health Partners, and Sydney Research.

Our workforce will be empowered, supported, and educated to undertake and participate in high quality research and evaluation. The development of research strategies for each of our facilities, clinical streams and all parts of our business will be encouraged as a means of growing and supporting research.

Whilst significant efforts have been made to reduce local barriers to undertaking research there remain corporate and research management issues that need to be addressed.



Growing research and innovation has a significant impact on patient care, research-clinicians and on each facility in respect of quality of care and outcomes of care.⁸



Performance measures

1 Increase in publications, grants, research studies and clinical trials



 UK Dept of Health and Age Care, 2023 Saving and Improving Lives: the future of UK Clinical Research Delivery available from <u>https://www.gov.uk/government/</u> <u>publications/the-future-of-uk-clinical-research-delivery/saving-and-improving-lives-the-future-of-uk-clinical-research-delivery</u> accessed on 31/7/2024.
 Department of Health and Aged Care 2016, Australian Medical Research and Innovation Strategy 2016-2021, available: <u>https://www.health.gov.au/resources/</u> <u>publications/mrff-australian-medical-research-and-innovation-strategy-2016-2021</u>, accessed: 12/07/2024.



- Develop research plans and strategies, either as stand-ale a major component of strategic/operational plans for all D clinical streams, clinical institutes, departments, and server
- Ensure research excellence, innovation and achievements in the District through events, Think Tanks, forums, media branding, signage, kiosks, websites, and webinars
- Develop a research funding strategy which leverages from donations, and partnerships
- Expand the range of conjoint positions, research manage and higher degree student opportunities to undertake res
- Undertake community, patient, and consumer education of participation in clinical trials and research studies
- Further enhance the District's capacity to report on its respertormance, including developing staff experience measing systems to capture these measures
- Continue to develop and measure KPIs with research-rela
 for the District and Facility senior executive
- Develop a research communication strategy with a focus
 website supported by social media
- Develop SLHD Research Clinical Institute websites and su profile through the internet and social media

| | To achieve the initiative the Research Director will be supported by: |
|---|--|
| lone plans or as District facilities, vices | SLHD Director Planning; SLHD Executive Research Manager; Director of Clinical Research Institutes |
| ts are celebrated a, social media, | Chief Executive, SLHD Director Media |
| om philanthropy, | SLHD Director of Partnerships |
| ers, internships, esearch | Chief Executive |
| about the value | Director Media, Manager Community Participation |
| esearch asures and | SLHD Executive Research Manager |
| ated outcomes | SLHD Chief Executive |
| s on an up-to-date | Director Media |
| support their | Director Media |



Wound Care Command Centre

ARPA Virtual Hospital's Wound Care Command Centre has had a positive impact on the health and wellbeing of people with chronic wounds.

A collaboration between Sydney Local Health District and NSW Health, the model of care empowers skin integrity nurses to lead and collaborate with clinical or allied health professionals and other team members.

The Command Centre won the Premier's Highest Quality Healthcare Award and NSW Health Transforming Patient Experience Award.

Skin Integrity Program Lead Dr Michelle Barakat-Johnson said quality treatment can now be provided to patients wherever they are.

"This... showcases what we can achieve in just a year... exceeding our targets and changing the lives of patients across the state."

"

This showcases what we can achieve in just a year exceeding our targets and changing the lives of patients across the state.

Priority 1.2 Provide opportunities for staff across disciplines to participate in research

The District is committed to driving a culture that identifies research and its implementation as "everybody's business". Fair and transparent governance, with strong support services will ensure effective, research-related policy, planning and decision-making.



9. NSW Ministry of Health 2016, eHealth Strategy for NSW Health 2016-2026, available: <u>https://www.ehealth.nsw.gov.au/about/our-strategy</u>, accessed: 12/07/2024.



What the evidence tells us

Introducing research support services that enhance hospital-based, community-based, population health and primary care research is a complex and evolving challenge. Some of this hinges on the introduction of quality digital technology and information system capabilities⁹. SLHD has addressed these needs through developing the District Clinical Research Centre, which has been established to educate, mentor, and support researchers.



Performance measures

Increase in staff capacity to undertake research (inc. experience and satisfaction measures)

(2) Increase efficiency in the District's research administrative support functions



Initiatives

To achieve the initiative the Research Director will be supported by:

SLHD Executive Research Manager:

SLHD Research Business Manager

SLHD Executive Research Manager;

SLHD Research Business Manager

SLHD Executive Research Manager;

SLHD Research Business Manager

SLHD CE; Chief Information Officer

Exec. Director Finance: SLHD

Research Business Manager

Implement practical measures to increase access to essential research supportive software including qualitative and quantitative statistical programs (NVivo, SPSS), reference manager software (Endnote) and online journal datasets

Further enhance the District's capacity to report on its research performance, including developing staff experience measures and systems to capture these measures

Develop added capacity at the Clinical Research Centre to provide developmental support for research grants and applications to diversified funding sources (e.g. MRFF, NHMRC, TRGS) and promote access to a defined budget for research support activities

Develop the electronic medical record governance and information management framework to further support District research capacity in alignment with the single digital patient record

Continue to develop efficient recruitment processes that define position Exec. Director Workforce Services descriptions and classifications for staff associated with research

Continue to improve efficiencies and transparent processes for research-related financial administration

Priority 1.3 Develop and increase access to quality research education and capacity building programs

The District is committed to building and retaining a diverse research workforce through growing our capacity to provide comprehensive research education and supportive research pathways, including coaching and mentoring. A strategic priority of the Sydney Education Plan is to promote innovation in educational programs and services through implementing education strategies to support the growth of research capacity across all disciplines.¹⁰



Figure 1: Sydney Local Health District Research Education Framework



Investments in support tools, training and education are essential to facilitate new discoveries and to move promising discoveries in basic science and clinical research into use in clinics, hospitals, and homes¹¹. Health and medical research depends to a large extent on workforce talent. Research education is important for all health service providers. A range of targeted opportunities is required.

^{10.} SLHD, 2023, Sydney Education, Think. Learn. Grow available at https://slhd.health.nsw.gov.au/sites/default/files/2023-06/Sydney-Education-Strategic-Plan.pdf accessed 26/7/2024.

^{11.} Committee to Review the Clinical and Translational Science Awards Program at the National Center for Advancing Translational Sciences; Board on Health Sciences Policy; Institute of Medicine 2013, The CTSA Program at NIH: Opportunities for Advancing Clinical and Translational Research, Leshner AI, Terry SF, Schultz AM, Liverman CT, editors. Washington (DC): National Academies Press (US); PMID: 24199260, accessed: 12/07/2024.

Performance measures

Increase in staff capacity to undertake research (inc. experience and satisfaction measures)

| Initiatives | To achieve the initiative the Research Director will be supported by: |
|---|---|
| • Support and expand the research education pathways to educate early and intermediate researchers within the District through mixed modality courses in research methods including the Graduate Certificate in Health Research and the Clinical Research Centre Courses | Director Sydney Education; SLHD Executive Research Manager; SLHD Education and Research Committee; SLHD Clinical Research Centre |
| Promote attendance at the SBA Masterclass series run in partnership with the University of Sydney and Cicada Innovations | Executive Director Sydney Research and SIPfHER |
| Continue to provide electronic medical record training and support to assist clinicians and researchers to perform complex information queries across systems | Chief Information Officer |
| Provide training and support for our research mentors | Director Sydney Education; SLHD Executive Research Manager; SLHD Education and Research Committee |
| Evaluate the impact of research education delivered in the District | Director Sydney Education; Executive Director Sydney Research and SIPfHER; SLHD Executive Research Manager; SLHD Clinical Research Centre |

Priority 1.4 Collaboratively involve consumers and communities in research

Sydney Local Health District is committed to undertaking research and delivering innovations that address the needs of our consumers and the community at large. The District will establish, support and mentor a wider range of consumers and community members to take part in discussing, debating, and co-designing research that positively impacts health and healthcare delivery.

What the evidence tells us

Innovation is informed by the needs of the consumers and the knowledge of the clinicians. A sustainable interface between our clinician researchers and the community is best achieved through a meaningful partnership with consumers, communities, their primary care, and specialist providers. Key focus areas for the District include:

- · Developing new models of care with patients as part of research from its design, development, and evaluation. Community involvement needs to cover governance, communications, and the purposeful engagement of under-represented community members, including culturally and linguistically diverse, Aboriginal, gender diverse, and low socioeconomic residents.
- Research question development to ensure we are undertaking research that directly addresses the challenges faced by our community and health care providers through combined consultations with patients, carers, clinicians and researchers to identify research questions¹²; and
- Communicating and promoting research to the community to better link research outcomes with their impacts on the community and promote the lived experience of research from the consumer perspective.

Healthcare is a significant social, economic, and political issue and there is evidence in Australia that consumers are wanting to be more engaged¹³. Research and innovation have wide-ranging effects on the lives of everyone, yet only a small group of people make important decisions about what is prioritised.

This lack of diversity narrows the kinds of questions we ask, the kinds of problems we think of tackling and the ways in which we go about doing our work¹⁴.

^{12.} Lee, JL 2016, Is science only for the rich?, Nature, vol. 537, pp. 466–470. Available: https://doi.org/10.1038/537466a, accessed: 12/07/2024.

^{13.} Research Australia 2016, Australia Speaks! Research Australia Opinion Polling 2016, available: https://researchaustralia.org/ wp-content/uploads/2016/01/Research-Australia_Polling-Report-2016. pdf, accessed: 12/07/2014.

^{14.} Sydney Local Health District 2017, Framework for Improving Health Equity in Sydney Local Health District, available: https://slhd.health.nsw. gov.au/sites/default/files/2023-02/framework_for_health_equity.pdf, accessed: 12/07/2024.



Performance measures

1 Increase in consumer and community support for research

2 Increase in consumer knowledge of, and participation in, research

| Initiatives | To achieve the initiative the Research Director will be supported by: |
|--|--|
| Ensure research is a standing item on the current and District/Facility Consumer Councils | Manager Community Participation |
| Continue to support consumer involvement and representation in the research governance structure | SLHD Clinical Trials Development, Support and Governance Lead; SLHD Executive Research Manager |
| • Develop a community engagement strategy for research in the District to ensure patients, families and patient advocacy groups are aware of, understand and can contribute to research at every level | SLHD Executive Research Manager; SLHD Research Business Manager |
| • Explore opportunities to improve consultations with patients, carers, clinicians, and researchers to develop research priority areas; including online platforms for consumers and clinicians to identify research questions or an online register of consumers interested in being involved in research | Director Media; Manager Community Participation; SLHD Executive Research Manager |
| Support researchers to involve consumers in their research through education, mentoring and support | Manager Community Participation; SLHD Clinical Trials Development, Support and Governance Lead; SLHD Executive Research Manager; Director Sydney Education |



Priority 1.5 Work collaboratively with Aboriginal communities, researchers and staff to Close the Gap

Closing the Gap acknowledges the ongoing strength and resilience of Aboriginal and Torres Strait Islander people in sustaining the world's oldest living cultures. Although many Aboriginal people in NSW experience good health, non-Aboriginal people still have better health outcomes across almost all key health measures. Sydney Local Health District is committed to improving the health and wellbeing of our Aboriginal communities.



What the evidence tells us

Aboriginal Health refers to the overall social, emotional, and cultural wellbeing of the whole community in which each individual is able to achieve their full potential as a human being, thereby bringing about the total well-being of their community. The active involvement of Aboriginal people in all decision making affecting Aboriginal people is fundamental to informing the delivery of health services and improving health status.

Aboriginal Community Controlled Health Organisations (ACCHOs) and the Aboriginal Health and Medical Research Council of NSW (AH&MRC) are integral to research-related decision-making and strategies to achieve health equity.

The NSW Government has invested in funding in a new ten-year MRFF Mission 'Reducing Health Inequities' Mission to improve access to quality health services for Aboriginal people and people from priority populations¹⁵. NSW Health supports the principles of Indigenous Data Sovereignty and the right of Aboriginal people to govern over all aspects of their data, including design, collection, analysis, and reporting including interpretation. The active involvement of Aboriginal consumers, communities, and partners in all stages of health and medical research will assist in Closing the Gap in the health status of our Aboriginal communities and will act to further advance truth telling and voice. This can be complemented by strengthening the capability of non-Aboriginal evaluators and researchers to engage in ethical and culturally safe practices, by working in partnership with Aboriginal organisations and communities.

Building the Aboriginal Health researcher workforce recognises the importance of Aboriginal leadership in research.

Maximising the contribution of research to Aboriginal health is of particular significance for our District and will require strong collaborative partnerships to ensure the research priorities and interests of Aboriginal people are embedded into the planning and conduct of all research¹⁶.



Closing the Gap is underpinned by the belief that when Aboriginal and Torres Strait Islander people have a genuine say in the design and delivery of policies, programs and services that affect them, better life outcomes are achieved. It also recognises that structural change in the way governments work with Aboriginal and Torres Strait Islander people is needed to Close the Gap.¹⁷

17. Closing the Gap available at https://www.closingthegap.gov.au/ accessed 26/7/2024

16. NSW Ministry of Health 2024, Aboriginal Health Plan 2024-2034, available: <u>https://www.health.nsw.gov.au/aboriginal/Publications/aboriginal-health-plan.pdf</u> accessed: 27/08/2024.

^{15.} Department of Health and Aged Care 2024, *MRFF 3rd 10-year Investment Plan (2024–25 to 2033–34)*, available: <u>https://www.health.gov.au/resources/publications/</u> mrff-3rd-10-year-investment-plan-2024-25-to-2033-34?language=en, accessed: 14/07/2024.





- Strengthen system processes and governance for Aborig research within the Sydney Local Health District through establishment of an SLHD Aboriginal Health Research De and Governance Committee
- · Review research in conjunction with the NHMRC Indigence Excellence Criteria¹⁸
- Strengthen the meaningful participation of the Redfern A Medical Services in Sydney Local Health District Aborigin research governance and approval processes, including membership of the proposed SLHD Aboriginal Health Res Development and Governance Committee
- Build and develop the Aboriginal Health research workfor and capabilities. This includes developing the focus on de Aboriginal research leadership
- Work towards the NHMRC established target of 3.4% of grants being led by researchers Aboriginal/Torres Strait
- · Work collaboratively with Aboriginal researchers, staff, and including the Sydney Metropolitan Local Aboriginal Heal and Redfern Aboriginal Medical Services, to lead, develop research, particularly research that will assist in Closing addressing health inequities
- Develop an SLHD Aboriginal and Torres Strait Islander co engagement strategy for research to ensure patients, fan patient advocacy groups are aware of, understand, and ca to research at every level

| To achieve the initiative |
|---------------------------|
| the Research Director |
| will be supported by: |

| ginal Health h the Development | Executive Director, SLHD Aboriginal Health |
|--|---|
| nous Research | Executive Director, SLHD Aboriginal Health |
| Aboriginal inal Health through esearch | Chief Executive SLHD; Director Aboriginal Health; Clinical Director Public Health |
| orce capacity leveloping | Executive Director, SLHD Aboriginal Health |
| annual research t Islander heritage | Executive Director Aboriginal Health |
| and communities, Ith Partnership op and co-design the Gap and | Chief Executive SLHD; Executive Director Aboriginal Health; Clinical Director Public Health |
| ommunity amilies and can contribute | Director Media; Executive Director Aboriginal Health; Manager Community Participation |

^{18.} Currently under review. National Health and Medical Research Council 2023, Indigenous Research Excellence Criteria (IREC) Review - Discussion Paper, available: https://www.nhmrc.gov.au/about-us/publications/indigenous-research-excellence-criteria-irec-review-discussion-paper, accessed: 12/07/2024.

Priority 1.6 Ensure Priority Populations are Engaged in Research

Our District is socially, linguistically, culturally, gender, age and socio-economically diverse. We highly value the diverse identities, lifestyles, and cultures in our District while also recognising that there may also be disparity in the health, life expectancy and choices available to some people in our District, particularly our priority populations.

If access, services, interventions and strategies are to be maximally effective it is important to capture and understand disparities and diversity within our priority populations.



The NSW Government has invested in funding in a new ten-year MRFF Mission 'Reducing Health Inequities' to improve access to quality health services for people from priority populations¹⁹. Research frequently lacks diversity in participants for a number of reasons^{20,21}, which has significant implications for the generalisability of results and further entrenches inequity in the health system.



^{19.} Department of Health and Aged Care 2024, *MRFF 3rd* 10-year Investment Plan (2024-25 to 2033-34), available: <u>https://www.health.gov.au/resources/publications/</u> <u>mrff-3rd-10-year-investment-plan-2024-25-to-2033-34?language=en</u>, accessed: 14/07/2024.

20. Passmore, SR, Kisicki, A, Gilmore-Bykovskyi, A, Green-Harris, G, Edwards, DF, 2021, "There's not much we can do..." researcher-level barriers to the inclusion of underrepresented participants in translational research, *Journal of Clinical and Translational Science*, vol. 6, no. e4, pp. 1-9. Available: <u>https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8807123/</u>. doi: 10.1017/cts.2021.876. accessed: 14/07/2024.

21. Shea, L, Pesa, J, Geonnotti, G, Powell, V, Kahn, C, Peters, W, 2022, Improving diversity in study participation: Patient perspectives on barriers, racial differences and the role of communities, *Health Expectations*, vol. 25, no. 4, pp. 1979-1987, available: <u>https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9327876/</u>, accessed: 14/07/2024.



Increase in research studies which appropriately reflect and include CALD communities, gender diverse communities and other priority populations as subjects/respondents and as research investigators, co-investigators

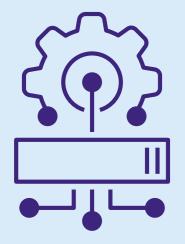


- Develop a marketing strategy with the aim of further enga communities and gender diverse communities in research
- Increase awareness and understanding of research and or priority populations
- Provide information in language
- Build research literacy in the community (separate to
- Increase the cross- cultural and diversity relevance of res recruitment and participation in research by priority popu
 - Provide information in language
 - Support increased time and resources required by invito recruit priority populations (including access to interdevelopment of translated materials)
 - Find novel ways of advertising and recruiting priority to research and clinical trials
- Provide support to members of priority populations to end participation in research e.g. financial, access/transporta interpreters, translations, navigators, peer support worke
- Develop culturally sensitive research design and method
 - Support ethics approval processes
 - Ensure research governance supports a "whole of con engagement in trials and research studies
 - Support staff understanding of inequity and diversity and the research implications of biased or generalised
 - Enhance data collection of diversity (including approp of diversity, building equity into design)

| | To achieve the initiative the Research Director will be supported by: |
|---|---|
| gaging CALD h | Director Media; Manager Diversity and Inclusion; Manager Community Participation; SLHD Clinical Trials Development, Support and Governance Lead; SLHD Executive Research Manager |
| clinical trials by health literacy) | Director Media; Executive Director Integrated Care and Population Health; Manager Diversity and Inclusion |
| neallin literacy) | |
| search and the ulations | |
| vestigators erpreters, | Executive Director Integrated Care and Population Health; Executive Manger Research; Manager Diversity |
| populations | and Inclusion |
| ncourage ation, ers | |
| lologies | |
| mmunity" | Executive Director Integrated Care and Population Health; SLHD Clinical Trials Development, Support and |
| y in research, d findings priate indicators | Governance Lead; SLHD Executive Research Manager; Manager Diversity and Inclusion |
| | |



Strategic direction 2



Invest in research infrastructure and partnerships

Priority 2.1

Deliver and optimise the research potential of the Sydney Biomedical Accelerator (SBA)



Sydney Biomedical Accelerator will become an international destination for health research and innovation, further strengthen the capabilities and capacity of research in the Camperdown precinct

Together with our long-standing partners the University of Sydney and the Centenary Institute, the District is jointly leading a transformative initiative, the Sydney Biomedical Accelerator (SBA). The SBA will rapidly accelerate the translation of biomedical research discoveries into healthcare solutions and clinical practice, bringing positive impacts.

The SBA is a major health and medical science complex which will physically link the unique facilities and expertise of the RPA Hospital and the University of Sydney for the first time in over 140 years. The SBA aims to recruit world leading clinicians, scientists, engineers and bioinformaticians and to use rich data sets to revolutionise healthcare. Integral to the development will be advancing and enhancing research and industry partnerships and investments.

Over \$780 million in funding has been jointly committed by NSW Government, SLHD and the University of Sydney. The complex will accommodate new state-of-the-art wet labs, dry labs, biobanks, core research facilities, industry engagement and collaboration zones and good manufacturing practice spaces. The complex will champion innovation in a broad range of areas including, but not limited to. clinical trials, virtual and digital health, precision medicine, AI and Imaging, cell and gene therapy, medtech and devices, cardiovascular health, respiratory medicine, biochemistry and cell biology.

The Sydney Biomedical Accelerator is being designed and constructed at the same time as the \$940M redevelopment of the Royal Prince Alfred Hospital. This represents the single largest transformation of the Hospital in its 140-year history. It will deliver an expanded and enhanced Emergency Department, a new and expanded Intensive Care, new state of the art operating theatres, expanded medical and surgical services, increased interventional and imaging services, new maternity and paediatric services and new and expanded neonatal intensive care services. This redevelopment is likely to not just create avenues for better healthcare service delivery for our community, but also to attract the best clinicians and clinician researchers.

These two developments, valued together at around \$1.6 billion, will significantly activate and enhance the public spaces and domain of this precinct and will improve the future sustainability of the area.



What the evidence tells us

Purpose-built infrastructure needs to be designed and organised to stimulate new and higher levels of connectivity, collaboration, and innovation. The SBA initiative will enable our research and education to adapt and flourish as an outcome of efficiently co-locating appropriately resourced highly talented interdisciplinary researchers, academic staff, incubators, start-ups, and R & D rich industry²².

SLHD and the University of Sydney will jointly design the physical space, and importantly, the systems and processes to drive the success of the initiative. Stakeholders will continue to be engaged to collaboratively determine the physical infrastructure, equipment, approach to industry engagement, commercialisation strategy, and technology solutions (including digital and ICT).

There are significant economic benefits of the SBA associated with attracting new industries, jobs, housing and investment to NSW. This will enhance the District and the city's global brand, align with state and federal programs and funding, and drive stronger health, academic, research and industry collaboration²³.

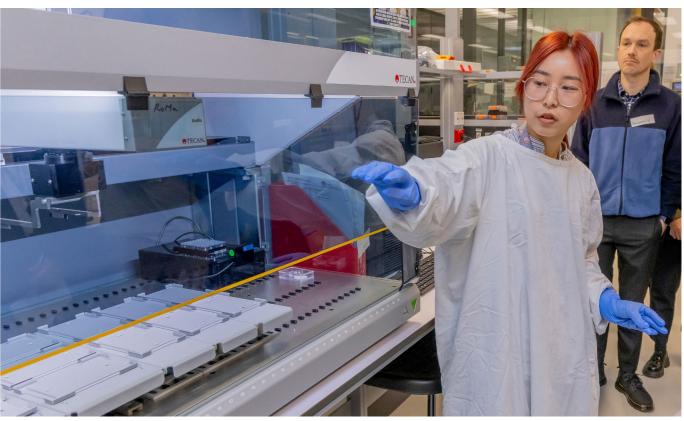






23. Committee for Sydney, The Role of Government in Innovation Districts, 2024, available at https://sydney.org.au/wp-content/uploads/2024/05/ IDA-Role-of-Government-in-Innovation-Districts-Final.pdf accessed 26/07/2024.







Performance measures

) Sydney Biomedical Accelerator building is completed

(2) Research, innovation, translation and commercialisation metrics demonstrate impact



Initiatives

To achieve the initiative the Research Director will be supported by:

Executive Director Sydney Research and SIPfHER;

Investment and Engineering, Exec Director Finance

Executive Director Sydney

Executive Director Sydney

Executive Director Sydney

Research and SIPfHER;

RPA General Manager

Research and SIPfHER;

RPA General Manager; Director Commercialisation

Research and SIPfHER;

RPA General Manager

Chief Executive;

RPA General Manager;

Exec. Director Capital

- Plan and construct the Sydney Biomedical Accelerator and develop plans to optimise research as the collaboration of SLHD, USyd and the Centenary Institute
- Consult and network clinicians and academics to innovate, support discovery and accelerate research translation
- Work with industry partners to improve the time, value-add, viability and impact on health outcomes of research commercialisation and translation
- Optimise the interactions and networks between the SBA and the RPA Clinical Research Facility within the University of Sydney's Charles Perkins Centre
- Ensure the strong cross-District, Centenary Institute and USyd Campus integration of the SBA with major centres and core infrastructure so that SBA provides a venue for bench to bedside and bedside to bench research. This includes Concord Hospital, Clinical Institutes, The Heart Research Institute, the ANZAC Institute, the Charles Perkins Centre, the Brain Mind Centre, Asbestos and Dust-Related Diseases Research Institute, Sydney Analytical, the Sydney Knowledge hub
- Provide a venue advancing precision medicine through the development and evaluation of biomarkers

Executive Director Sydney Research and SIPfHER; RPA General Manager

Executive Director Sydney Research and SIPfHER; RPA General Manager; Director Institute of Precision Medicine and Bioinformatics



Priority 2.2 Develop state-of-the-art shared infrastructure

Investing in world-class research infrastructure is critical to our District's research standing. Knowledge creation increasingly requires access to innovative capital equipment, state of the art digital, imaging and medical technologies with expert operators.

The NSW Government Response to the NSW Health and Medical Research Strategic Review 2012-2022²⁴ highlighted a State commitment to enhancing shared research infrastructure, assets, systems, and processes "to create efficiencies and explore cutting edge technology and new developments that have the potential to redesign health care".

Infrastructure requirements for quality research are wide ranging and include research-specific infrastructure and spaces such as biobanks, AI, robotics, spaces for research support staff, clinical trials staff, clinical trials units, and also the digital and medical infrastructure that is integral to health service provision such as pathology, pharmacy, imaging, genomics.



The District's ability to access state-of-the-art shared infrastructure supports fully-equipped research facilities, including: biobanking, cellular imaging, preclinical and clinical imaging, cytometry, genomics and proteomics, flexible teaching and learning spaces, and proximity to the clinical settings and end user – the consumer.

Digital Health is fundamental to supporting advances in evidence-based clinical care. The *District's Digital Health Strategy 2022-2027*²⁵ aims to support clinical and research excellence through prioritising the support for healthcare research, clinical trials, and evidence-based practice.

A range of applications, patient portals, social media strategies, interactive websites and monitoring devices can be designed to promote health and support research.

Medical Imaging (MI) modalities in the District range from simple plain X-rays, bone scans and ultrasound studies to more complex CT, MRI, and combined modalities such as SPECT-CT and PET-CT. There are highly specialised radiological interventional techniques where tumours are embolised, vessels are stented, aneurysms clipped and emboli removed in the acute stroke setting. The District diagnostic capabilities include total body PET-CT at RPA, which was the 1st scanner in the country and the 2nd installed world-wide, where the entire head to upper thighs can be scanned simultaneously. Together with specific PET radiopharmaceuticals the whole-body scanner can detect amyloid and tau proteins in the brains of patients with dementia. Soon we will see PET-MRI providing additional benefits to healthcare. These advances in MI technology provide 'personalised' or 'precision' patient care by providing the best imaging technology to suit individual patient's needs and medical condition and these can be harnessed within a research framework.

Professor Michael Fulham Co-Clinical Director Medical Imaging

24. NSW Ministry of Health 2012, NSW Health and Medical Research Strategic Review, available: <u>https://www.medicalresearch.nsw.gov.au/mission-strategy/</u>, accessed: 12/07/2024

25. Sydney Local Health District 2022, Digital Health Strategy 2022-2027, available: https://www.slhd.nsw.gov.au/pdfs/Digital-Health-Strategy2022-27.pdf, accessed: 12/07/2024.



Performance measures

I) Increased access to world-class research infrastructure



- Support and utilise the increased biobanking and data lir available through the new NSW Health State-wide Bioba
- Support the development of research infrastructure at Control through proposed Stage Two hospital redevelopment
- Ensure animal facilities are of the highest standard throu and within partner research institutes
- Ensure all capital redevelopments in the District incorpor to physically integrate research and healthcare
- Plan for a dedicated Clinical Trials Unit (CTU) in Gloucest to provide expertise, resources, and infrastructure for co supporting clinical trials



| To achieve the initiative |
|---------------------------|
| the Research Director |
| will be supported by: |

| nking capacity ank Facility | SLHD Chief Executive; Chief Information Manager; Chief Medical Information Officer |
|--------------------------------|---|
| Concord Hospital | SLHD Chief Executive; CRGH General Manager |
| ughout the District | SLHD Chief Executive; Director Operations; Animal Welfare Committee |
| orate opportunities | SLHD Chief Executive; Director Operations; Director Capital Assets, Property and Engineering; |
| ter House-SBA onducting and | SLHD Chief Executive; SLHD Clinical Trials Development, Support and Governance Lead |

Priority 2.3 Sustain and grow our world-class partnerships and collaborations

Collaborative partnerships are core to a strong and sustainable research agenda for the District. The sharing of information and resources, and shared projects will create opportunities to grow and pursue research in strategically chosen areas, that are locally, nationally, and internationally relevant. Collaboration with institutions, organisations, and governmental bodies locally, regionally, nationally, and internationally creates a seamless research ecosystem for the creation of knowledge.



Collaborative research is important for addressing the social, environmental, and economic determinants of health. The formation of geographically defined research hubs such as SIPfHER, Sydney Research, Sydney Health Partners and Tech Central²⁶, support cooperative organisations that bring together local health districts and research enterprise, including independent institutes and universities, start-ups, scale-ups, incubators and industry. This enables the sharing of facilities and ideas to stimulate research, allowing access to a range of technologies, such as artificial intelligence and robotics to support improved research and clinical care.



Figure 2: Sydney Health Partners

26. Sydney Local Health District is a key member of Sydney Health Partners – one of the first four National Advanced Health Research Translation Centres; and Sydney Research – a Health, Research and Education super precinct.



To achieve the initiative the Research Director will be supported by:

| pendent medical mited to, Centenary d Dust Disease support research | Executive Director Sydney Research and SIPfHER |
|--|---|
| community groups knowledge hubs | Chief Executive SLHD; Executive Director Sydney Research and SIPfHER; |
| Primary Health d new models | Chief Executive SLHD; CEO CESPHN; Director Clinical Services Integration and Population Health |
| Clinical Institutes | Chief Executive SLHD; Director RPA Clinical Research Facility Executive Director Sydney Research and SIPfHER |
| s involving NSW rt for research | SLHD Clinical Trials Development, Support and Governance Lead; SLHD Executive Research Manager |

Priority 2.4 Advance our innovation precinct

Sydney Innovation Precinct for Health Education Research (SIPfHER) (or the Sydney Innovation Precinct), will be further embedded as world class biomedical/biotechnological as a centre of innovation, health improvement, equity, and economic development. It has the economic, physical and networking assets for its full realisation as a health, education and research innovation district²⁷.

RPA is geographically proximate and connected with world class innovation anchor institutions (University of Sydney, UTS, Notre Dame University, TAFE Ultimo, Carriageworks, CICADA, CSIRO, Atlassian, CANVA and a host of incubators and venture capitalists) creating a dense concentration of research-intensive organisations and a major pipeline for talent attraction, retention, and entrepreneurial nous.

Over 130,000 students currently study in the innovation precinct; it has a major pool of skilled IT workers and has strong fintech, deep tech and biomedical and health industries. There are over 20,000 health and medical students, over 13,000 engineering students and almost 6,000 IT students. Start-up support is provided by the universities and by CICADA Innovations to encourage promising entrepreneurs, and numerous scholarships and grants are available for early researchers. Start-ups, scale ups and biomedical industries have clustered in the precinct.

SLHD and University of Sydney collectively lead SIPfHER, which is the Camperdown Node of the broader Tech Central innovation precinct.



"Innovation districts are the manifestation of mega-trends altering the location preferences of people and firms and, in the process, re-conceiving the very link between economy shaping, place making and social networking. Our most creative institutions, firms and workers crave proximity/ collaboration so that ideas and knowledge can be transferred more quickly and seamlessly."28

Successful innovation districts typically have an established body of knowledge that represents deep research, converge sciences and disciplines which are traditionally disparate. develop evidence-based solutions and access funding to support innovation. They purposefully curate their workforce.29

Innovation districts act to combine research, innovation and entrepreneurship, speeding the time to translation and commercialisation of research findings. This makes them key economic development drivers, with strong economic benefits³⁰.



Performance measures

SIPfHER is a leading health and (1) medical innovation precinct

(2) The wider innovation precinct, Tech Central, supports technology collaboration and innovation



- Continue to strengthen SIPfHER, as a leading national he research, education, and innovation precinct
- Continue to collaborate with anchor institutions, universit institutes, industry, start-ups, and other stakeholders, to vision of a world leading technology, biomedical and innovation district at Tech Central

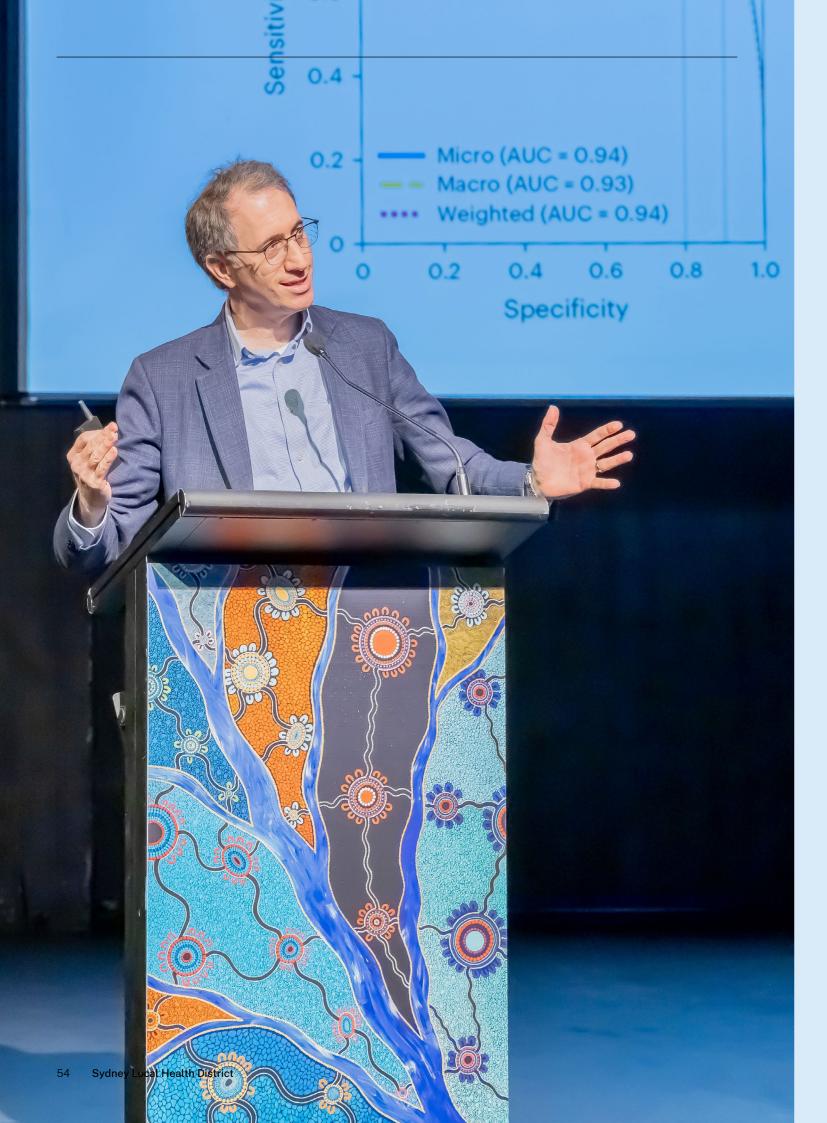


- 27. Brookings Institute, 2017, Advancing a new wave of urban competitiveness, available at https://www.giid.org/wp-content/uploads/2018/12/
- cs_20170622_uscm_handbook.pdf accessed 26/07/2024
- 28. Katz B and Wagner J, The Rise of Innovation Districts <u>https://ttps://c24215cec6c97b637db6-9c0895f07c3474f6636f95b6bf3db172.ssl.cf1.rackcdn.com/content/</u>
- metro-innovation-districts/~/media/programs/metro/images/innovation/innovationdistricts1.pdf
- 29. NSW Innovation and Productivity Council, 2023 Workforce Development in Innovation Precincts, available: https://www.investment.nsw.gov.au/assets/
- Workforce-Development-in-Innovation-Precincts_Sept2023_LR.pdf
- 30. Committee for Sydney 2024, The Role of Government in Innovation Districts, available: https://sydney.org.au/wp-content/uploads/2024/05/ IDA-Role-of-Government-in-Innovation-Districts-Final.pdf accessed 26/07/2024.

To achieve the initiative the Research Director will be supported by:

| ealth and medical | Chief Executive, Executive Director Sydney Research and SIPfHER |
|---|---|
| ties, research realise the joint ovation district | Chief Executive SLHD; Director Executive Director Sydney Research and SIPfHER |





Strategic direction 3

Create knowledge

Priority 3.1 Strengthen high quality research

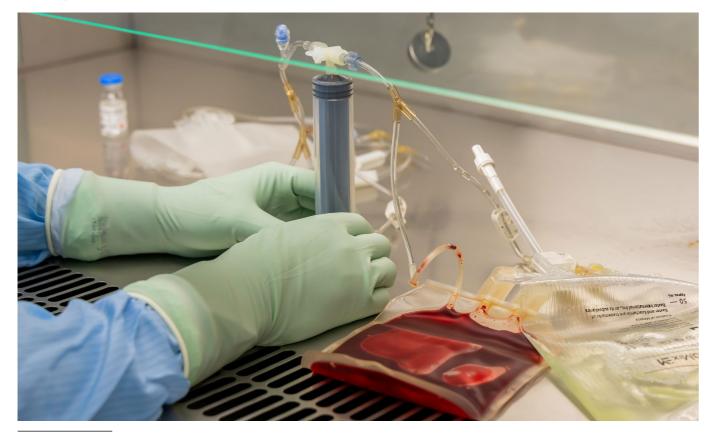
The District is committed to enhancing high quality research across and between disciplines and supports benchmarks that value collaborative approaches while complementing the traditional benchmarks for academic success that focus on individual accomplishments (e.g. publications, grants).

We are further committed to undertaking research at the frontiers of knowledge and innovation and to continue to respond to new and emerging health issues, including threats to human health and wellbeing, new models of health care delivery, and emerging technologies.

The District research priorities also support the advancement of District strategic priorities. Due to the significant and growing impact of Precision Medicine on healthcare and health decisions across the lifespan, it is one of the major priorities within the District's HealthCare Services Plan. Supporting and expanding research into Precision Medicine will broaden the opportunities for healthcare, with the future focus from genomics into proteomics, transcriptomics, and metabolomics.



Collaborative research gains depth and breadth from a broad mix of researchers across health and other related fields. It releases the potential to generate, sharpen and link population health, biomedical, clinical and health services research and knowledge to accelerate the advancement of ideas to solve health problems. Sustainable and meaningful interdisciplinary research does not mean that different fields of study merely share their tools, but rather that the fields come together to re-conceptualise approaches to research and solving problems³¹. Precision Medicine will shift health care strategies from acute intervention and disease management to a stronger focus on assessing health, proactive management of disease risks, earlier intervention, and prevention. The Sydney Local Health District has identified six areas of precision medicine as a key focus for research and the rapid translation into patient care: oncology, rare diseases, respiratory medicine, cardiology/ cardiothoracic surgery, neurogenetics and mental health/ pharmacogenomics.



31. National Academy of Sciences, National Academy of Engineering, and Institute of Medicine 2005, Facilitating Interdisciplinary Research. Washington, DC: The National Academies Press. <u>https://doi.org/10.17226/11153</u>.

The NSW Strategic Review of Health and Medical Research¹ outlined a vision of better health through research and emphasised the importance of strong links between **biomedical**, **clinical**, **health services and population health research**. This supports the transference from bedside to bench research as well as bench to bedside.

Through our **collaborative partnerships**, and the District's commitment to consumer-driven research the District is well-placed to deliver on a number of broad priority areas, including acute hospitals, virtual care, community and outpatient care, chronic disease (inc. sexually transmitted infections), mental health, aged care, cancer care, Aboriginal health, and children and families.





Initiatives

To achieve the initiative the Research Director will be supported by:

- Work with stakeholders to promote research as a focus area for strategic plans in each facility, discipline, and profession, including Allied Health, Nursing and Midwifery, Aboriginal Health, Community Health, Drug Health, Mental Health, Population Health, the SLHD clinical streams. Ensure a particular focus at Canterbury and Balmain Hospitals.
- Invest strategically in emerging clinical research areas to progress health and medical knowledge, health outcomes and health service delivery.
- Explore the capacity to backfill clinician researcher positions to undertake research in District prioritised research areas.
- Leverage from the learnings of research during the COVID-19 pandemic to create a research framework that can swiftly respond to pandemics, emergencies, and evolving scientific landscapes such as early phase and adaptive clinical trials. Such a framework includes rapid approvals, data collection, analysis, and dissemination during the crisis.

Nursing, Allied Health and Aboriginal Health; General Managers of Community Health and Population Health; SLHD Clinical Directors

Chief Executive SLHD; Directors of

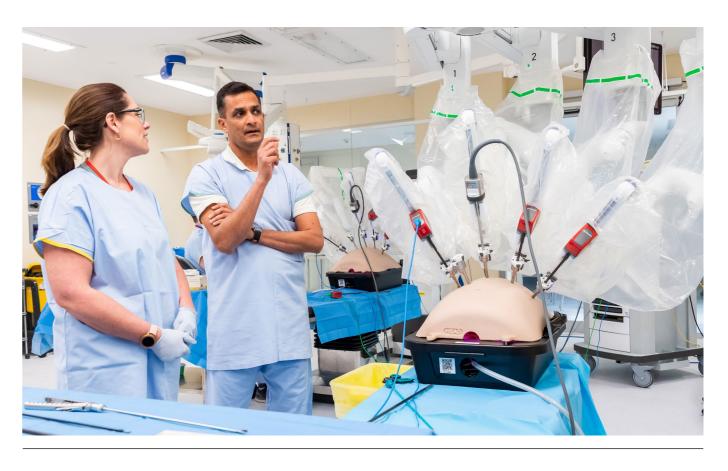
Chief Executive

Chief Executive SLHD; Director Workforce Services

Chief Executive SLHD; Clinical Director Public Health; RPA Virtual Hospital (**rpa**virtual);



- Undertake research on potential responses to emerging and Antimicrobial Resistance (AMR) that is a continuing in our community
- Increase access to seed funding and support for pilot pro to mid-career researchers
- Enhance support for researchers and supervisors throug collaborative (cross department, Clinical Institutes and M Institutes) mentorship, training opportunities and transfe including attendance at conferences, additional conjoint cross-department hiring and secondments
- Support succession planning for clinician researchers ac to ensure sustainability of research priority areas



| | To achieve the initiative the Research Director will be supported by: |
|---|--|
| infectious disease threat globally and | Chief Executive SLHD; (rpa virtual); |
| rojects for early | Chief Executive SLHD; Executive Director Sydney Research and SIPfHER |
| gh more Medical Research er of knowledge, t appointment, | Chief Executive SLHD; Director Workforce Services; SLHD Clinical Directors |
| cross the District | Chief Executive SLHD; Director Workforce Services; SLHD Clinical Directors |
| | |

Priority 3.2 Harness the potential of clinical and population health data to enable research

The District is committed to driving a culture of enquiry by supporting academic and clinician researchers to better utilise clinical and population health data and maximise the research potential of the single digital patient record (SDPR) to inform research from its development through to its evaluation.



What the evidence tells us

The unprecedented availability of clinical and population health data and the enabling technology to collect, analyse and link data for research, policy and evaluation purposes is transformative. Data linkage supports new insights and knowledge through linking de-identified data from general practice, LUMOS, outpatient settings, with that available through biobanks, the eMR and other agencies.

This availability and analysis of data allows for the identification of well delineated patient cohorts, mapping of the patient journey and their health trajectories. This process also disentangles interactions between health and social care providers³².

The District has been developing sophisticated health informatics and analytics over the past five years and has the capacity for outcome analysis, data mining, indicator analysis and performance monitoring. Fostering improved access and usability of the electronic medical record and related analytical data sets for our clinicians, researchers and managers is a key directive of the District's *Digital Health Strategy 2022-2027*³³.

The eHealth Strategy for NSW Health 2016–2026³⁴ includes an explicit focus on improving preventive health analytics to support population health research. It aims to drive broader and more sophisticated analytics use to better support decision making and analysis across the NSW health system.

To effectively access, interpret, analyse, and utilise the increasing volume and complexity of health data to inform research questions and decision making the health care system requires:

- A skilled and diverse workforce including experts in clinical leadership, data integration, information extraction, epidemiology and bioinformatics.
- A supportive culture and effective engagement across the health system.
- Appropriate analytical tools and technologies.
- Efficient data capture.
- High quality data sources.
- Strategic data governance.





- Promote the utilisation of population health datasets, to in design and impact e.g. NSW Health Population Survey, He NSW and the 45 and up study etc.
- Increase capacity to undertake health economics and int evaluation and cost benefit analysis into research design
- Develop system and staff capability in health informatics
- Further integrate patient reported experience measures and patient reported outcomes measures (PROMS) in res and evaluation
- Develop and enhance procedures and policies for reques and linking data from the Electronic Medical Record, clin health databases, clinical registries, and REDCap to infor and outcomes

To achieve the initiative the Research Director will be supported by:

| inform research Health Statistics | Clinical Director Public Health; General Manager Population Health |
|--|---|
| tegrate economic n | Chief Executive SLHD; SLHD Executive Research Manager |
| s and data analytics. | Chief Information Officer; Health Informatics Unit; Director Performance |
| s (PREMS) search design | Chief Information Officer; SLHD Clinical Trials Development, Support and Governance Lead; SLHD Executive Research Manager |
| sting, extracting, nical and population rm research design | Chief Information Officer; SLHD Health Informatics Unit; SLHD Clinical Trials Development, Support and Governance Lead; SLHD Executive Research Manager; SLHD Clinical Research Centre; Clinical Director Public Health |
| | |

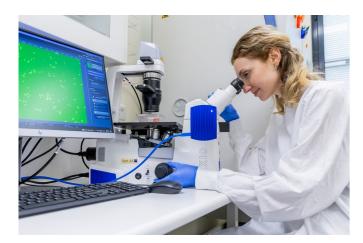
Bureau of Health Information 2015, Data Matters – Linking data to unlock information. The use of linked data in healthcare performance assessment, available: <u>https://www.bhi.nsw.gov.au/__data/assets/pdf_file/0003/290712/DataMatters.pdf</u>, accessed: 12/07/2024.
 Sydney Local Health District 2022, Digital Health Strategy 2022-2027, available: <u>https://www.slhd.nsw.gov.au/pdfs/Digital-Health-Strategy2022-27.pdf</u>,

accessed: 12/07/2024. 34. NSW Ministry of Health 2016, eHealth Strategy for NSW Health 2016-2026, available: https://www.ehealth.nsw.gov.au/about/our-strategy, accessed: 12/07/2024

Priority 3.3 Enhance translational research

The District's commitment to translational research has continued to grow, including through its membership of Sydney Research and Sydney Health Partners. Enhancing the District's translational research capacity is the pathway to creating research impact, promoting research utilisation and ultimately impact that creates benefits to society.

The District has demonstrated particular success with the NSW Health Translational Research Grant Scheme and continues to be one of the most successful health districts in the state in terms of number of successful grants with almost \$9 million in grant funds received in 2022/23.







Translational research includes all 'bench-to-bedside' stages of research from laboratory research to clinical treatments, as well as the translation of clinical research into healthcare, preventive and public health. The District participates across the entire paradigm of research. The Priority 3.3: Enhance translational research focuses on enhancing research undertaken through T0 and T2 phase. Priority 4.1: Integrate the practice of implementation science across all settings in the District aims to support the implementation science behind T3 and T4 research so as to promote the routine uptake of interventions that have been proven effective through T0 to T2 research.

A focus for this priority area is to engage with key industry stakeholders to leverage skills, networks, and resources to enhance research, while collaborating to increase researcher skills in commercialisation³⁵. The District remains committed to translational research. data harmonisation and greater activity and efficiency in clinical trials through its membership of Sydney Research and Sydney Health Partners. This priority area will focus on delivering patient and public benefit by accelerating the transfer of research innovation into healthcare improvement³⁶.



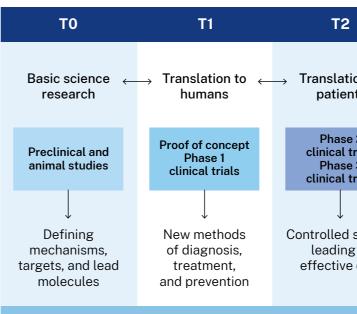
Increase in commercialisation of health research outcomes

Increase in utilisation and adherence to up to date, evidence-based clinical practice guidelines



(2)

- Expand capacity for partnership opportunities to help tal from the bench to bedside by developing and commercia research outcomes
- · Lead, with our partners, the development of Sydney Hea in its goal of translating our research into better health or



Translation from basic science to human studies

Figure 3: Operational phases of translational research³⁷

| | To achieve t the Researc will be supp | |
|----------------------------------|---|--|
| ake research alising | n Executive Dir and SIPfHER | ector Sydney Research |
| alth Partne r outcomes | Partners: Executive Director Sydney | |
| | | |
| 2 | ТЗ | T4 |
| tion to ← nts | → Translation to ← practice | → Translation to community |
| e 2 trials e 3 trials | Phase 4 clinical trials and clinical outcomes research | Population-level outcomes research |
| l studies g to e care | Delivery of recommended and timely care to the right patient | True benefit to society |
| | Translation of new | |

37. Committee to Review the Clinical and Translational Science Awards Program at the National Center for Advancing Translational Sciences; Board on Health Sciences

and health decision making

^{35.} National Health and Medical Research Council 2023, National Health and Medical Research Council Corporate Plan 2023-24, available: https://www.nhmrc.gov.au/ about-us/publications/corporate-plan-2023-24, accessed: 12/07/2023.

^{36.} Sydney Health Partners 2024, Translating Research Into Better Health Outcomes, available: https://sydneyhealthpartners.org.au/, accessed: 12/07/2024.

Policy; Institute of Medicine 2013, The CTSA Program at NIH: Opportunities for Advancing Clinical and Translational Research, Leshner AI, Terry SF, Schultz AM, Liverman CT, editors. Washington (DC): National Academies Press (US); PMID: 24199260, accessed: 12/07/2024.

Priority 3.4 Expand clinical trials capacity and participation

The District is committed to continue to enhance staff and patient experience and community perception about the benefits of clinical trials and increase patient participation in clinical trials.



What the evidence tells us

Clinical trials are an essential tool in delivering patient and community benefit by accelerating the transfer of research outcomes into health care. Expanding our capacity to undertake specialised and innovative trials provides our consumers access to new and cutting-edge treatments, it attracts high quality clinician-researchers and promotes academic best-practice. This approach is supported by a substantial evidence base that shows patients who participate in research studies receive a higher quality of care, achieve better outcomes and lower mortality³⁸ as clinical pathways are clearly defined, care is carefully monitored, and data is collected on changes in the patient condition³⁹.

Clinical trials have evolved substantially, with increases in technological capabilities, and study complexity, for example through the availability of large-scale genetic data allowing for Mendelian Randomisation Studies which provide a more reliable indication of the causal role of a biomarker in the development of disease, and has direct relevance for drug development^{40,41}. To keep pace with the scale and complexity of clinical trials and to ensure appropriate use of technology, the District will look to enable the implementation of innovative approaches to clinical trial design, management, oversight, conduct, documentation and reporting that will better safeguard participants and ensure data quality.

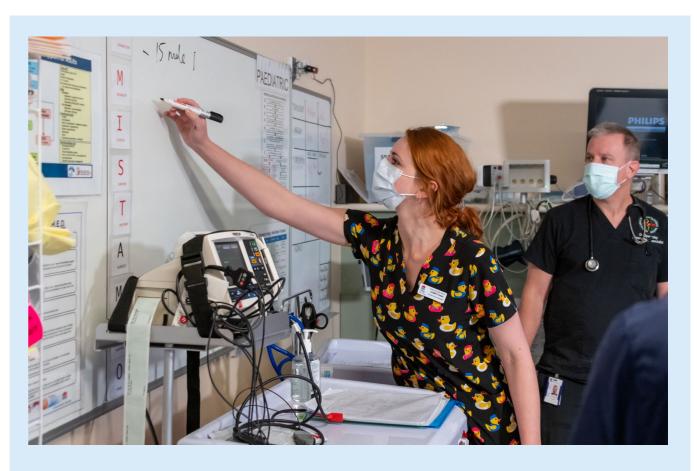
The RPA Institute of Academic Surgery (IAS) Strategy⁴² identified "fostering hospital-wide and community recognition that patients receive the best surgical care in academic centres of surgical excellence" as a key objective, requiring:

- Support for surgical departments to identify opportunities for clinical trials for suitable patient groups within their specialty; and
- Enhanced numbers of patients involved in this type of research.

42. Sydney Local Health District 2019, *RPA Institute of Academic Surgery* Strategic Plan 2019-2023, available: <u>https://www.slhd.nsw.gov.au/pdfs/</u>IAS_Strategic_Plan_1923.pdf, accessed: 12/07/2024.

The Clinical Research Unit at Concord Hospitals' Department of Haematology

is one of the largest and most rapidly growing Units in Australia, with world-leading partnerships in lymphoma research, and focusing on leukaemia, myeloma and other blood disorders.



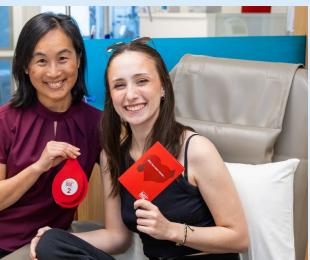
Virtual care partnership

Doctors giving emergency care to patients in outback New South Wales are getting a helping hand from colleagues in Sydney under a new partnership between Sydney and Far West local health districts. Virtual Emergency Department is a new collaboration between **rpa**virtual and Broken Hill Hospital to share resources and expertise to deliver better patient health outcomes and upskill staff.

Concord Hospital Haematology Clinical Research Unit

Professor Judith Trotman, Concord Hospital Senior Staff Specialist said since opening in 2005, the Unit has become one of the largest Haematology Clinical Research Units in NSW, recruiting more than 1000 patients to more than 180 trials with a focus on blood cancers such as leukaemia, lymphoma and myeloma.





^{38.} Jonker L. Fisher S, 2017 The correlation between NHS trusts clinical trial activity and both mortality rates and care quality commission ratings; a retrospective cross-sectional study https://pubmed.ncbi.nlm.nih.gov/29438805 accessed 17/07/2024

Shahian DM, McCloskey D, Liu X, Schneider E, Cheng D, Mort EA. The association of hospital research publications and clinical quality. Health Serv Res. 2022 Jun;57(3):587-597. doi: 10.1111/1475-6773.13947. Epub 2022 Feb 17. PMID: 35124806; PMCID: PMC9108066. Available at https://pubmed.ncbi.nlm.nih.gov/35124806; PMC1D: PMC9108066. Available at https://pubmed.ncbi.nlm.nih.gov/35124806; PMC1D: PMC9108066. PMC1D: PMC9108066. PMC1D: PMC9108066

^{40.} Bennett, DA, Holmes, MV, 2017, Mendelian randomisation in cardiovascular research: an introduction for clinicians, *Heart*, vol. 103, no. 18, pp. 1400-1407, available: https://pubmed.ncbi.nlm.nih.gov/28596306/, accessed: 12/07/2024.

^{41.} Emdin, CA, Khera, AV, Kathiresan, S, 2017, Mendelian Randomization, Journal of the American Medical Association, vol. 318, no. 19, pp. 1925–1926, available: https://jamanetwork.com/journals/jama/article-abstract/2664027, accessed: 12/07/2024.

| Performance measures | | Initiatives (Continued) | To achieve the initiative the Research Director will be supported by: |
|--|---|--|--|
| Increased number of clinical trials undertaken at Sydney Local Health District Increase participant recruitment to clinical trials | | • Ensure all patients have the opportunity to be a clinical trials participant and all staff are engaged and supportive of clinical trials | Director Operations; RPA and Concord Hospital General Manag Manager Community Participatic SLHD Clinical Trials Developmer Support and Governance Lead; SLHD Executive Research Manag |
| 3 Improvement in participant experience and awareness (increase participant satisfaction) | | Ensure SLHD facilities and services are fully prepared for National Clinical Trial Governance Framework and accreditation reviews | Executive Director Medical Servi SLHD Clinical Trials Developmen Support and Governance Lead; SLHD Executive Research Manag |
| | | Explore Options for "Opt Out" of Approved Clinical Trials | SLHD Clinical Trials Development Support and Governance |
| Initiatives | To achieve the initiative the Research Director will be supported by: | | |
| Develop community targeted communication about clinical trials and their benefits | Director Media; Manager Community Participation; SLHD Clinical Trials Development, Support and Governance Lead; SLHD Executive Research Manager | | |
| Enhance capacity of Clinical Trials Pharmacies at Concord and RPA Hospitals in accordance with MoH policy requirements | SLHD Director Pharmacy; RPA and CRGH General Managers; SLHD Clinical Trials Development, Support and Governance Lead | | 3 |
| Improve patient recruitment through clinical trial registries and proactive identification through our information and communication technology (ICT) infrastructure e.g. Sydney Health Partners ClinTrial Refer App | Chief Information Officer; Manager Community Participation; SLHD Clinical Trials Steering Committee | | |
| Ensure clinical trials are integrated into the developing ICT system across the District e.g. Powerchart clinical trials and in the Clinical Trials Management System (CTMS) | Chief Information Officer; Health Informatics Unit; SLHD Clinical Research Centre; SLHD Clinical Trials Steering Committee | | |
| Enhance and further develop phase 1 clinical trial capability at Concord and RPA Hospitals | RPA and CRGH General Managers; SLHD Clinical Trials Steering Committee | | |



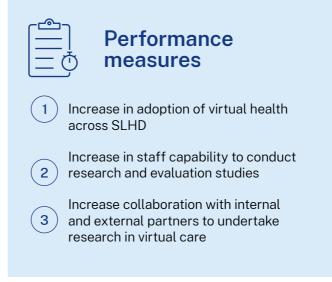
Priority 3.5 Expand research in virtual care through rpavirtual to deliver quality healthcare

As the first virtual hospital, **rpa**virtual plays a lead role in developing evidence for innovative, effective, and sustainable models of virtual care through high quality research and evaluation. This has been achieved through strong partnerships with relevant clinical services, tertiary institutions, and medical and health research centres. Since its inception in February 2020, it has developed a strong research agenda that includes clinical trials, patient and clinician experience, qualitative research, and evaluation studies.

rpavirtual delivers high quality safe and effective care to patients in the Sydney Local Health District using a range of virtual healthcare options. The core aims are to avoid hospital admissions, reduce unnecessary hospital emergency department presentations, provide better coordinated care across hospital and community settings, and improve patient and carer experience by supporting patients to remain in their home. **rpa**virtual is the Metropolitan Sydney Hub to deliver virtual adult urgent care services in NSW.



- Virtual models of care are increasingly important part of the health system by improving resilience and sustainability.
- Evaluation of virtual models of care has demonstrated that they are able to deliver safe, high-quality care that is accessible and acceptable to patients as an alternative to in-person care.





- Build the evidence regarding the delivery of virtual care to clinical trials in novel models of care, and other high-qual evaluation studies including emergency virtual clinics in the Health District
- Inform the broader adoption of virtual health across SLH conducting original research and piloting new technologi
- Increase collaboration with internal and external partners departments, community services, tertiary institutions ar health institutes to undertake research and evaluation str of novel models of virtual care
- Enhance the research skills and capability of rpavirtual to and evaluation studies



To achieve the initiative the Research Director will be supported by:

| by conducting | Chief Executive SLHD; Executive |
|------------------------|--|
| ality research and | Research Manager; rpa virtual |
| the Far West Local | General Manager |
| ID and NSW by | Chief Executive SLHD; rpa virtual |
| gical capability | General Manager |
| rs including clinical | Chief Executive SLHD; Executive |
| Ind research and | Research Manager; rpa virtual |
| tudies in the delivery | General Manager |
| to conduct research | rpa virtual General Manager |

Priority 3.6 Support a quality approach to research ethics and governance

The ethical and scientific review and governance framework ensures the compliance, accountability, and transparency of research activity across sites.

In response to recommendations to enhance the health and medical research pre-approval process and to reduce barriers to undertake clinical trials in NSW the Office for Health and Medical Research undertook the NSW Health and Medical Research Governance Reform Project, including the development of the Research Ethics and Governance Information System (REGIS)⁴³. The District is committed to the ongoing use and implementation of information systems and analytics to facilitate a better way of working together within and across Districts.



The following benefits will be realised through the implementation of REGIS:

- Researchers will have increased visibility of their ethics and governance applications. With more consistent policies and processes, researchers will be able to navigate the processes with greater ease;
- Research office staff, along with their ability to track applications through preand post-approval, will be able to provide better reporting; and
- Executives through better reporting will be able to drive more informed decisions to promote growth and innovation in health and medical research.



43. NSW Ministry of Health 2014, NSW Health and Medical Research Governance Project: Reform Framework and Action Plan, available: <u>https://www.medicalresearch.nsw.gov.au/app/uploads/2018/05/Ethics-and-Governance-reform-framework-and-action-plan.pdf</u>, accessed: 12/07/2024.

| Performance measures | |
|---|--|
| 1 Increase in ethics and governance application | |
| 2 Increase in staff capacity to complete the ethics and governance applications | |
| 3 Successful participation in National Clinical Trials Governance Framework - and Therapeutic Goods Administration reviews of clinical trials during facility accreditation | |
| | |
| Initiatives | |
| Support the further development and evaluation of the and Governance Information System (REGIS) to ensuing governance offices meet performance benchmarks | |

- Deliver user-friendly education for researchers about bot animal ethics and governance processes
- Improve research ethics and governance data collection

| | To achieve the initiative the Research Director will be supported by: |
|-----------------------------------|--|
| Research Ethics our ethics and | Chief Executive SLHD; Executive Research Manager; rpa virtual General Manager |
| oth human and | SLHD Research Executive Manager; RPA and CRGH Research Ethics Committee |
| and analysis | SLHD Research Executive Manager; RPA and CRGH Research Ethics Committee |



Strategic direction 4



Implement and commercialise research findings

Priority 4.1 Integrate the practice of implementation science across all settings in the district

The District will continue to support a culture where staff at every level are encouraged to implement evidence and research into routine practice.



What the evidence tells us

Implementation Science is the "scientific study of methods to promote the systematic uptake of research findings and other evidence-based practice into routine practice, and, hence, to improve the quality and effectiveness of health services"⁶³. Implementation Science is not evaluating the primary efficacy of the intervention but ensuring tailored, sustainable and outcomes focussed implementation.

Staff should be appropriately skilled in critical appraisal of research evidence. Selected staff should be appropriately skilled in meta-analysis and critical review, while having access to evidence-based tools such as Computerised Decision Support Systems, used at the point of care and integrated into workflows⁴⁴. Furthermore, data linkage systems should provide feedback into health systems so that interventions can be rigorously evaluated⁴⁵.

The District is committed to expanding the Implementation Science behind T3 and T4 research to ultimately promote the routine uptake of interventions that have been proven effective through T0 to T2 research (see Figure 3). Our success will be determined by patient level factors, e.g. quality, safety, effectiveness, experience and outcomes, and organisational factors, e.g. length of stay, readmissions, cost weights.

"Evidence based medicine should be complemented by evidence-based implementation"⁴⁶ with a focus on:

- Undertaking diagnostic assessments of barriers.
- Understanding the mechanism of action of interventions.
- Empirical evidence about effects of the interventions.

46. Ibid.

 Keasberry, J, Scott, IA, Sullivan, C, Staib, A, Ashby, R, 2017, Going digital: a narrative overview of the clinical and organisational impacts of eHealth technologies in hospital practice, *Aust Health Rev*, vol. 41, no. 6, pp. 646-664, available: <u>https://pubmed.ncbi.nlm.nih.gov/28063462/</u>, accessed: 12/07/2024.
 Hiscock H, Perera P, McLean K, Roberts G, 2014, *Variation in paediatric clinical practice: An Evidence Check review brokered by the Sax Institute for NSW Kids and Families*, November 2014, available: <u>https://www.saxinstitute.org.au/wp-content/uploads/Report_Variation-in-paediatric-clinical-practice1.pdf</u>, accessed: 12/07/2024. Performance measures
 Increase in staff capacity to implement research outcomes (inc. performance, experience, and satisfaction measures)
 Increase in staff and system efficiencies (inc. cost benefit analysis)
 Improved patient experience and outcomes (inc. Quality of Life



measures)

- Support Department and Service level, regular collabora The Pitch, and local strategies such as journal clubs to st harness innovation and improve research outcomes
- Support further development of up to date, evidence info policies and contribute to state and national clinical guid inform practice
- Integrate research evidence into clinical governance and improvement, District policies, plans, and models of care.
- Support the communication of research results through Rounds, Symposia, conferences, websites, internet, and
- Support the communication of research results through Sydney Research, Sydney Health Partners and Clinical In the internet, and social media

| | To achieve the initiative the Research Director will be supported by: |
|--------------------------------------|---|
| ative 'Think Tanks', timulate and | Director Performance, System Improvement and Innovation; SLHD Clinical Directors and Clinical Managers |
| formed District delines to | Director Operations; SLHD Clinical Directors and Managers |
| d ongoing quality e/interventions | Chief Executive SLHD; SLHD Senior Executive Team; SLHD Executive Research Manager; Director Clinical Governance and Risk; SLHD Clinical Directors and Clinical Managers; Director Planning |
| Medical Grand social media | Chief Executive SLHD; SLHD Senior Executive Team; SLHD Executive Research Manager; SLHD Clinical Research Centre; Director Media |
| the Research, nstitute websites, | Director Media |





R.E.S.E.T wins Big Idea

"Every healthcare worker deserves to go home with their heart and their health intact."

This was the pitch by Dr Sam Bendall, Senior Staff Specialist RPA Emergency Department and Deputy Director My District Ok, to win the Big Idea 2024.

The R.E.S.E.T Debriefing Tool, a Sydney Local Health District original development, which helps staff deal with stressful and traumatic events in the workplace, won \$65,000 in pre-seed funding to work with Cicada Innovations and \$25,000 in professional services from IDE group to develop.



"

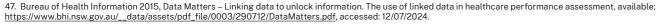
Every healthcare worker deserves to go home with their heart and their health intact.

Priority 4.2 Ensure the effective implementation of research evidence

The District is committed to building a cumulative evidence base to inform implementation of evidence-based care. Evaluation requires assessment of effectiveness, understanding of the change process and analysis of cost-effectiveness. The District will continue to invest in the Performance and Redesign Unit and Sydney Targeted Activity Reporting System (STARS) to support operational staff, researchers, and clinicians to obtain the information they require from existing systems. Access to, and the ability to link clinical and population data brings insights necessary to support comprehensive evaluation and the ability to perform predictive modelling to plan for the future⁴⁷

The Australian Medical Research and Innovation Strategy 2016-202149 advocates for the discovery, development, implementation, and commercialisation of meaningful research requiring appropriate workforce capacity, effective implementation, and a means to evaluate the impact this work has on quality of life for consumers and patients.

49. Department of Health and Aged Care 2021, Australian Medical Research and Innovation Strategy 2021-2026, available: https://www. health.gov.au/resources/publications/mrff-australian-medical-researchand-innovation-strategy-2021-2026, accessed: 12/07/2024.



48. Bureau of Health Information 2015, Data Matters - Linking data to unlock information. The use of linked data in healthcare performance assessment, available: https://www.bhi.nsw.gov.au/__data/assets/pdf_file/0003/290712/DataMatters.pdf, accessed: 12/07/2024.



What the evidence

Health and medical research results in healthier Australians and has a measurable impact on health system sustainability, productivity, and health outcomes⁴⁸. Evaluation remains at the core of effective implementation.



Why we invest in integrating research into health care delivery?

Findings in health care practice to date, indicate: Patients involved in research studies have better morbidity and mortality outcomes.⁵⁰ Variation in clinical care is widespread even for conditions where the evidence for management is strong. It occurs across diseases, clinicians, healthcare settings and geographical regions. Most variation concerns inappropriate use of investigations and/or over prescription of inappropriate treatments.⁵¹ Highlighting that implementation of research findings remains a priority for the health care system⁵².

52. Grol, R, 2001, Successes and failures in the implementation of evidence-based guidelines for clinical practice, Med Care, vol. 39, no. 8, Suppl. 2, pp. 46-54,

Research Strategic Plan 2025-2027

^{50.} Jonker L. Fisher S, 2017 The correlation between NHS trusts clinical trial activity and both mortality rates and care quality commission ratings; a retrospective cross-sectional study https://pubmed.ncbi.nlm.nih.gov/29438805 accessed 17/07/2024 51. Hiscock H, Perera P, McLean K, Roberts G, 2014, Variation in paediatric clinical practice: An Evidence Check review brokered by the Sax Institute for NSW Kids and Families, November 2014, available: https://www.saxinstitute.org.au/wp-content/uploads/Report_Variation-in-paediatric-clinical-practice1.pdf, accessed: 12/07/2024

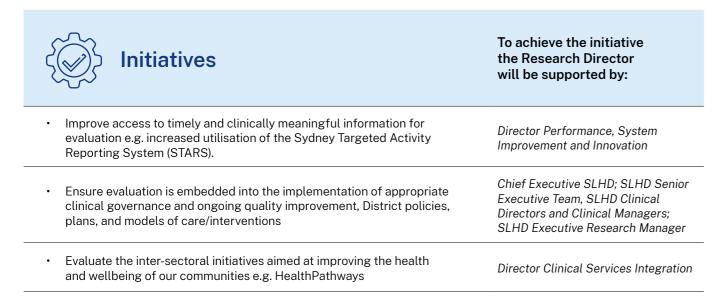
available: https://pubmed.ncbi.nlm.nih.gov/11583121/, accessed: 12/07/2024



Performance measures

1 Increase in staff capacity to implement research outcomes (inc. performance, experience, and satisfaction measures)

(2) Improved patient experience and outcomes (inc. Quality of Life measures)





Priority 4.3 Establish and grow the District commercial portfolio

NSW Health recognises that the acquisition and dissemination of knowledge and skills in research and clinical practice is of major public benefit and a primary role of Public Health Organisations. Under the NSW Health Intellectual Property arising from Health Research Policy, Public Health Organisations must establish a centralised system of managing their Intellectual Property, to:

- Ensure that Intellectual Property owned by NSW Health is used to generate public value, knowledge transfer and innovation to the fullest extent possible
- Encourage health research relating to the public health system and the acquisition and dissemination of knowledge and skills
- Foster an environment within which the role of Intellectual Property in enabling clinical application of health research and realising commercial value is understood and recognised
- Manage Intellectual Property with a potential commercial value in a manner which benefits the public health system as a whole
- Foster an environment within which Intellectual Property issues can be identified and developed, and
- Recognise and reward innovation by staff of NSW Health Organisations

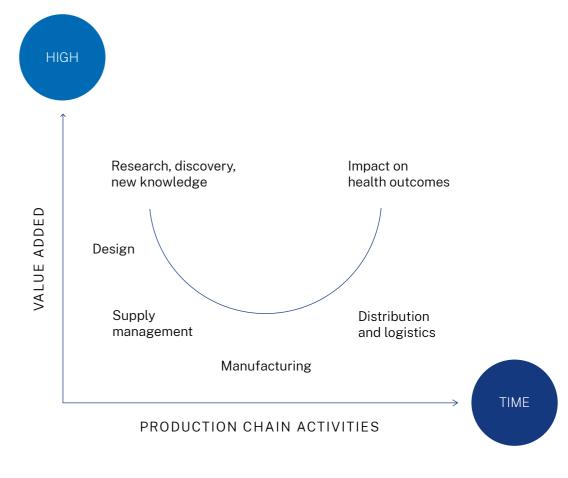
SLHD Commercial was established with the commencement of the District's inaugural Chief Commercial Officer in 2023. The strategic imperative of SLHD Commercial is to leverage commercial pathways and industry partnerships to support the translation of the District's research and clinical insights into new products or services that serve to improve health outcomes and equity, amplifying the District's impact in providing high quality health services for the communities we serve.



Commercialisation in health is concerned with leveraging industry partnerships and funding to translate discoveries into innovative products, and services that address clinical issues. It is about enhancing the interface of healthcare, technology, academia, and industry to transfer knowledge and improve human health more rapidly.

Australia is well known for its world class science and medical research, however, at a macro level this is sometimes not translated to commercialisation outcomes to diversify, increase resilience, grow the economy, and deliver jobs and economic gain⁵³.

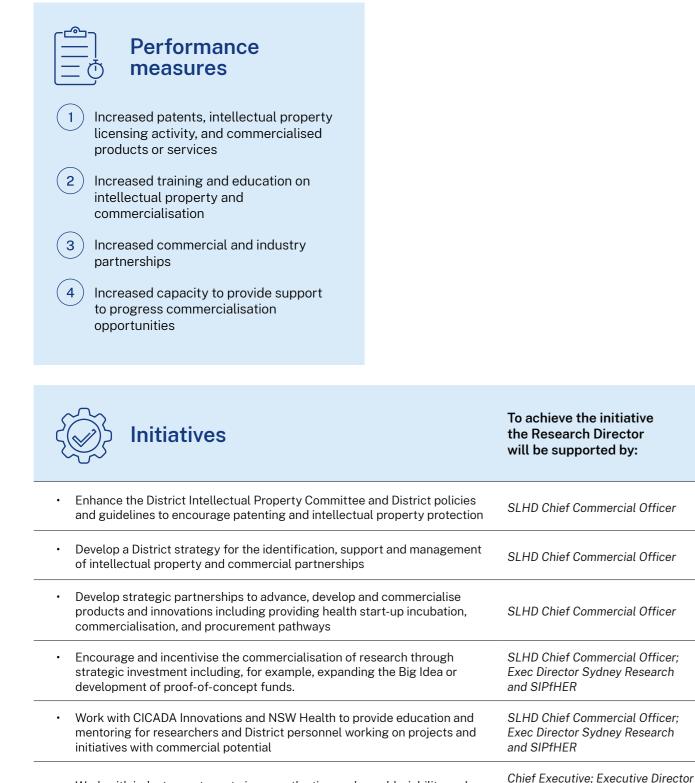
It generally involves the intellectual property protection and licensing of inventions/ therapeutics, products, processes and services and clinician, and academic entrepreneurship. Fostering this, involves supportive infrastructure (including innovation precincts), incubation, policies, and procedures. Certainly, evidence suggests that the presence of technology/ discovery transfer infrastructure, a culture of innovation/commercialisation, advisory services, and grants, produce an environment where commercialisation is more likely⁵⁴. The attached diagram indicates the recognised and planned stages of the value adding commercialisation/ translation process from discovery through design, manufacturing, and distribution to ultimately improving health outcomes.





54. Perkamm, M et al 2012, Academic Engagement and commercialisation; A review of the literature on university-industry relationships Research Policy 42 (2013) 423- 442 available at www.sciencedirect.com/science/article/pii/S0048733312002235 accessed on 17/7/2024

^{53.} Office of Industry Innovation and Science, 2023, Barriers to collaboration and commercialisation available at https://www.industry.gov.au/sites/default/files/2023-11/ barriers-to-collaboration-and-commercialisation-iisa.pdf accessed 17/7/2024.



Work with industry partners to improve the time, value-add, viability and impact on health outcomes of research commercialisation and translation

Sydney Research and SIPfHER;

SLHD Chief Commercial Officer

Implementation of the Plan

The implementation of this Research Strategic Plan 2025-2027 will require leadership across all levels of the District and across all multidisciplinary groups.

The high-level initiatives detailed in this plan will deliver on the four strategic directions during this 2025-2027 period. A new Research Strategic Plan will be developed in 2026-27 which will span five years.

Governance

Primary governance for this plan and leadership for its implementation lies with the Sydney Local Health District Board, which is ultimately responsible for ensuring processes and governance structures that embody the principles of research merit and integrity.

To achieve maximum results, implementation of the Strategic Plan will be overseen by the Board Sub-Committee on Education and Research which has delegated responsibility for the ongoing review of the Plan, with the key responsible officer being the SLHD Director of Research who reports on implementation to the Chief Executive. Interim reports on the implementation of the Plan will also be provided to the SLHD Clinical Council.

The District's Research Director has key responsibility for developing and supporting research across the District and will be responsible for implementing actions within each of the of the Research Strategic Plan priority areas. The Research Director will need to draw on the expertise across the District, which are identified under each initiative within the plan, to implement this plan.

Monitoring and evaluation

The District's Research Director will track performance and inform implementation of the plan, including refinement of the initiatives, outlined in the plan. The Plan will be formally evaluated in 2026-2027.

Glossary

| Clinical trials | Research involving an unapproved or approved therapeutic goods, intervention or treatment. |
|---|--|
| Commercialisation | The use of an entity's Intellectual Property in exchange for benefit, whether monetary or otherwise from a third party |
| Medical Research Future Fund (MRFF) | An ongoing research fund set up by the Australian Government in 2015. Every year, the Government uses some of the net interest from this investment to pay for medical research initiatives to improve lives, build the economy and contribute to health system sustainability ⁵⁵ . |
| National Health and Medical Research Council (NHMRC) | NHMRC became an independent statutory agency within the portfolio of the Australian Government Minister for Health and Ageing, operating under the National Health and Medical Research Council Act 1992 (NHMRC Act) on 1 July 2006. The NHMRC ensures Australians have access to evidence-based, authoritative health advice ⁵⁶ . |
| Research (Health) | Original investigation undertaken to gain knowledge, understanding and insight. |
| Research Ethics and Governance Information System (REGIS) | A portal to help manage ethics and site governance approvals of human research projects in New South Wales (NSW), Tasmania, Australian Capital Territory (ACT) Public Health Organisations, Allied Health Organisations and local health districts (LHDs) ⁵⁷ . |
| Single Digital Patient Record (SDPR) | A single digital record across NSW Health allowing unified access to patient clinical information. |
| Sydney Biomedical Accelerator (SBA) | A health, medical, education and biomedical research complex developed through co-funded partnership project between NSW Health, Sydney Local Health District and the University of Sydney. It will be a state-of-the-art biomedical research complex spanning the University campus and the District's RPA Hospital campus and will offer a unique global concentration of biomedical research talent ⁵⁸ . |
| Sydney Health Partners (SHP) | A collaboration designed to transform the way research improves patient care and public health. The partnership involves five major health services (including Sydney Local Health District), a world leading university (University of Sydney) and eleven affiliated medical research institutes. It aims to deliver the benefits of research innovation to our patients and communities more quickly and consistently ⁵⁹ . |

55. Department of Health and Aged Care 2024, Medical Research Future Fund, available: https://www.health.gov.au/our-work/mrff, accessed: 26/07/2024. 56. National Health and Medical Research Council 2024, National Health and Medical Research Council: Who we are, available: https://www.nhmrc.gov.au/about-us/

- who-we-are, accessed: 26/07/2024.
- 57. REGIS NSW Health 2024, About REGIS, available: https://regis.health.nsw.gov.au/about-regis/, accessed: 26/07/2024.

58. Sydney Local Health District 2024, Sydney Biomedical Accelerator, available: https://slhd.health.nsw.gov.au/sydney-research/sba, accessed: 26/07/2024.

59. Sydney Health Partners 2024, Sydney Health Partners: About us, available: https://sydneyhealthpartners.org.au/, accessed: 26/07/2024.

| Sydney Innovation Precinct for Health Education & Research (SIPfHER/Sydney Innovation Precinct) | The Camperdown Node of the Innovation Precinct, aims to fur as a global destination for heal Sydney Innovation Precinct ele Health District, The University together medical research inst into an ecosystem for discover |
|---|--|
| Sydney Research | Sydney Research, based in Syd developed to drive collaboration capabilities, and further streng pipeline ⁶¹ . |
| Tech Central | Australia's largest technology Central Station through Eveleig innovation, deep technology ar technology and entrepreneurs of world class universities, indu research institutes, inspired by hospital and health services ⁶² . |
| Translational Research Grants (TRGS) | A research fund for projects th outcomes, health service deliv |
| | |

larger Tech Central innovation precinct, Sydney urther strengthen the identity of Camperdown alth-related research, innovation and education. levates the partnership between Sydney Local of Sydney and the Centenary Institute and brings stitutes, centres of excellence and industry partners ery⁶⁰.

ydney Local Health District, is a unique collaboration ion between institutions, build research capacity and ngthen innovation development and the commercial

innovation hub, Tech Central precinct spans from eigh and Camperdown with expertise in biomedical and digital and creative industries. Science/medicine, ship are major strengths. It is a thriving ecosystem dustry partners, ambitious startups and prestigious by rich and diverse creative communities and premier

that will translate research into better patient very, and population health and wellbeing⁶³.

^{60.} Sydney Local Health District 2024, SIPfHER, available: https://slhd.health.nsw.gov.au/sydney-research/sipfher, accessed: 26/07/2024. 61. Sydney Local Health District 2024, Sydney Research: About us, available: https://slhd.health.nsw.gov.au/sydney-research/about, accessed: 26/07/2024. 62. Innovation Districts 2024, Tech Central, available: https://www.innovationdistricts.au/tech-central, accessed: 26/07/2024. 63. NSW Ministry of Health 2024, Translational Research Grants Scheme, available: https://www.medicalresearch.nsw.gov.au/translational-research-grants-scheme/ accessed: 26/07/2024.

Abbreviations

| AI | Artificial intelligence |
|--------|---|
| ACCHOs | Aboriginal Community Controlled Health Organisations |
| ADDRI | Asbestos and Dust Diseases Research Institute |
| AH&MRC | Aboriginal Health and Medical Research Council of NSW |
| CALD | Culturally and linguistically diverse |
| СТU | Clinical Trials Unit |
| ІСТ | Information and Communication Technology |
| IT | Information Technology |
| KPIs | Key performance indicators |
| MRFF | Medical Research Future Fund |
| NBMLHD | Nepean Blue Mountains Local Health District |
| NHMRC | National Health and Medical Research Council |
| NSLHD | Northern Sydney Local Health District |
| PREMS | Patient reported experience measures |
| PROMS | Patient reported outcomes measures |
| R & D | Research and development |

| REGIS | Research Ethics and Governance Inform | | |
|---------|--|--|--|
| RPA | Royal Prince Alfred Hospital | | |
| RPA IAM | RPA Institute for Academic Medicine | | |
| RPA IAS | RPA Institute of Academic Surgery | | |
| SBA | Sydney Biomedical Accelerator | | |
| SCHN | Sydney Children Hospital Network | | |
| SDPR | Single Digital Patient Record (SDPR) | | |
| SHP | Sydney Health Partners | | |
| SIPfHER | Sydney Innovation Precinct for Health, I | | |
| SLHD | Sydney Local Health District | | |
| SOuRCe | Surgical Outcomes Research Centre | | |
| STARS | Sydney Targeted Activity Reporting Sys | | |
| TRGS | Translational Research Grants Scheme | | |
| USyd | University of Sydney | | |
| WSLHD | Western Sydney Local Health District | | |
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| mation System |
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| Education and Research |
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Appendix 1

Policy context

The Sydney Local Health District Research Strategic Plan 2025–2027 is informed by a number of policies, plans, and collaborations.

The National Health and Medical Research Council (NHMRC) Corporate Plan 2023-2024⁶⁴ aims to:

- Create knowledge and build research capability through investment in the highest-quality health and medical research and the best researchers
- Drive the translation of health and medical research into public policy, health systems and clinical practice and support the commercialisation of research discoveries
- Maintain a strong integrity framework underpinning rigorous and ethical research and promoting community trust.

The Australian Medical Research and Innovation Strategy 2021-2026⁶⁵ aims to deliver priority focussed research funded through the Medical Research Future Fund (MRFF). The Strategy is underpinned by the following strategic objectives:

- Equitable outcomes through research-informed preventive health and health care across the spectrum
- Health and economic benefits from research translation and commercialisation
- A skilled and sustainable research workforce
- A health and medical sector and health system positioned to respond to emerging and future challenges

The NSW Government Response to the *NSW Health* and *Medical Research Strategic Review 2012-2022*⁶⁶ made recommendations to improve the way the NSW Government manages research resources, including supporting greater collaboration between research organisations; having a priority driven approach to research; and focusing on translation of research into better patient care and health outcomes.

The Sydney Local Health District Strategic Plan 2024-2029⁶⁷ is committed to cultivating high quality research to ensure a culture of enquiry and innovation in clinical practice.

Research, Innovation and Commercialisation is a priority focus area of the District's Strategic Plan 2025-2027⁶⁸, with the following research-related goals:

- Advance and translate research and innovation.
- Support an organisational culture that grows and prioritises research
- Strengthen skills and build capacity, to support research, innovation and commercialisation
- Support the development of innovation precincts, including Tech Central and SIPfHER
- Further grow the research and education precincts around Concord and Canterbury Hospitals

Sydney Health Partners (SHP) is a partnership between Sydney Research, Western Sydney Local Health District (WSLHD), Northern Sydney Local Health District (NSLHD), Nepean Blue Mountains Local Health District (NBMLHD) and Sydney Children Hospital Network (SCHN) (Westmead), as per the NSW ten-year strategic plan for health and medical research recommendation to enhance the role for research hubs fostering translation, innovation, and research capacity⁶⁹. Sydney Health Partners' mission is to remove or reduce the barriers to the translation of research findings into evidence-based health care.

To achieve this, the strategy⁷⁰ prioritises improved outcomes in four operational areas:

- Supporting people: capacity and capability building, especially amongst earlier career clinician-researchers
- Optimising innovation: by linking promising ideas to clinical priorities identified by our health partners
- Enabling research: building on progress in governance, data sharing, consumer involvement and clinical trials support
- Increasing impact: by advancing the science of research translation to improve patient outcomes

69. NSW Ministry of Health 2012, NSW Health and Medical Research Strategic Review, available: <u>https://www.medicalresearch.nsw.gov.au/mission-strategy/</u>, accessed: 12/07/2024.
 70. Ibid

Sydney Research aims to drive collaboration between institutions, build research capacity and capabilities, and further strengthen innovation development and the commercial pipeline. Its mission is to bring together clinicians, researchers, industry partners and our community within a truly collaborative group, to optimise research innovation, translation, and implementation. It plays an important role in promoting collaboration and coordinating the efforts of our leading and geographically proximate organisations.

^{64.} National Health and Medical Research Council 2023, National Health and Medical Research Council Corporate Plan 2023–24, available: https://www.nhmrc.gov.au/ about-us/publications/corporate-plan-2023-24, accessed: 12/07/2023.

^{65.} Department of Health and Aged Care 2021, Australian Medical Research and Innovation Strategy 2021-2026, available: <u>https://www.health.gov.au/resources/</u> publications/mrff-australian-medical-research-and-innovation-strategy-2021-2026, accessed: 12/07/2024.

^{66.} NSW Ministry of Health 2012, NSW Health and Medical Research Strategic Review, available: <u>https://www.medicalresearch.nsw.gov.au/mission-strategy/</u>, accessed: 12/07/2024.

^{67.} Currently awaiting publication68. Currently awaiting publication

Appendix 2

Clinical institutes: focus of research, innovation, and education

| Concord Institute of A | Academic Surgery | |
|------------------------|---|---|
| Chair | Associate Professor Sarah Aitken | |
| Director | Jean Mah-Collins | |
| Departments | Breast Endocrine Surgery Burns Unit Cardiothoracic Surgery Colorectal Surgery Ear Nose and Throat Surgery Gynaecology Head and Neck Surgery | Neurosurgery Ophthalmology Orthopaedic Surgery Plastic and Reconstructive Surgery Upper GI Surgery Urology Vascular Surgery |
| RPA Institute of Acade | emic Surgery | |
| Chairs | Professor Michael Solomon Professor Paul Bannon | |
| Director | Dr Sophie Hogan | |
| Departments | Benign Gynaecology Breast Surgery Cardiothoracic Surgery Colorectal Surgery Ear Nose and Throat Surgery Gynae Oncology Head and Neck Surgery Hepatobiliary and Upper GI Surgery Melanoma and Surgical Oncology | Neurosurgery Ophthalmology Orthopaedic Surgery Plastics and Reconstructive Surgery Surgical Outcomes Research Centre (SOuRCe) Transplantation Services Urology Vascular Surgery |
| RPA Institute for Acad | lemic Medicine | |
| Directors | Associate Professor Stephen Adelstein Associate Professor Lauren Troy | |
| Operations Manager | Mariana Sena Board | |
| Departments | Addiction Medicine, Toxicology and Pharmacology AW Morrow Gastroenterology and Liver Centre Cardiology Cell and Molecular Therapies Clinical Immunology and Allergy Dermatology Endocrinology Geriatric Medicine | Haematology Infectious Diseases and Microbiology Medical Genomics Neurology Palliative Care Rehabilitation Medicine Renal Medicine Respiratory Rheumatology |

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| LHD Sydney Institute for | Women, Children, and their Familie | 25 |
|---------------------------------------|---|--|
| nair | Professor Adrienne Gordon Professor Sue Woolfenden | |
| rector | Dr George Johnson | |
| | Affiliates from: Addiction Medicine, Toxicology and Pharmacology Allied Health Community Health Community Paediatrics Mental Health Service | National Centre for Veterans' Healthcare Nursing and Midwifery Oral Health and Sydney Dental Hospital Population Health rpa virtual Women's Health, Neonatology & Paediatrics |
| LHD Institute of Precisior | Medicine and Bioinformatics | |
| rector | Professor Ron Trent | |
| perations Manager | Melissa Cole | |
| PA Green Light Institute | for Emergency Medicine | |
| nair | Professor Michael Dinh | |
| enior Research Manager | Dr Radhika Seimon | |
| stitute for Musculoskele | etal Health (with the University of S | Sydney) |
| rector | Professor Chris Maher | |
| etwork Manager | Alexandra Edmondson | |
| dith Collins Centre for Tr | anslational Research in Alcohol, D | Drugs & Toxicology |
| rectors | Professor Paul Haber Professor Nick Buckley | |
| esearch Manager | Dr Mohamed Fahim | |
| LHD Allied Health Resea | rch | |
| onjoint Professors of Allied ealth | Professor Jennifer Alison Professor Andrew Baillie | |
| stitute of Nursing and M | idwifery Education, Research and | Innovation - New |
| nairs | Hayley Sciuriaga Kylie Tastula | |
| LHD Mental Health Servi | ices Research – Planning in progre | ess |
| esearch Director | Associate Professor Anne Wand | |
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| SLHD Sydney Institute for | Women, Children, and their Families | S |
|---|---|--|
| Chair | Professor Adrienne Gordon Professor Sue Woolfenden | |
| Director | Dr George Johnson | |
| | Affiliates from: Addiction Medicine, Toxicology and Pharmacology Allied Health Community Health Community Paediatrics Mental Health Service | National Centre for Veterans' Healthcare Nursing and Midwifery Oral Health and Sydney Dental Hospital Population Health rpa virtual Women's Health, Neonatology & Paediatrics |
| SLHD Institute of Precision | Medicine and Bioinformatics | |
| Director | Professor Ron Trent | |
| Operations Manager | Melissa Cole | |
| RPA Green Light Institute | for Emergency Medicine | |
| Chair | Professor Michael Dinh | |
| Senior Research Manager | Dr Radhika Seimon | |
| Institute for Musculoskele | tal Health (with the University of S | ydney) |
| Director | Professor Chris Maher | |
| Network Manager | Alexandra Edmondson | |
| Edith Collins Centre for Tr | anslational Research in Alcohol, Dr | ugs & Toxicology |
| Directors | Professor Paul Haber Professor Nick Buckley | |
| Research Manager | Dr Mohamed Fahim | |
| SLHD Allied Health Resea | rch | |
| Conjoint Professors of Allied Health | Professor Jennifer Alison Professor Andrew Baillie | |
| Institute of Nursing and M | idwifery Education, Research and I | nnovation - New |
| Chairs | Hayley Sciuriaga Kylie Tastula | |
| SLHD Mental Health Servi | ces Research – Planning in progres | s |
| Research Director | Associate Professor Anne Wand | |

In

| HD Sydney Institute for | Women, Children, and their Families | |
|-------------------------------------|---|--|
| air | Professor Adrienne Gordon Professor Sue Woolfenden | |
| ector | Dr George Johnson | |
| | Affiliates from: Addiction Medicine, Toxicology and Pharmacology Allied Health Community Health Community Paediatrics Mental Health Service | National Centre for Veterans' Healthcare Nursing and Midwifery Oral Health and Sydney Dental Hospital Population Health rpa virtual Women's Health, Neonatology & Paediatrics |
| HD Institute of Precision | Medicine and Bioinformatics | |
| ector | Professor Ron Trent | |
| erations Manager | Melissa Cole | |
| A Green Light Institute | for Emergency Medicine | |
| air | Professor Michael Dinh | |
| nior Research Manager | Dr Radhika Seimon | |
| titute for Musculoskele | tal Health (with the University of Syd | ney) |
| ector | Professor Chris Maher | |
| twork Manager | Alexandra Edmondson | |
| ith Collins Centre for Tr | anslational Research in Alcohol, Drug | gs & Toxicology |
| ectors | Professor Paul Haber Professor Nick Buckley | |
| search Manager | Dr Mohamed Fahim | |
| HD Allied Health Resea | rch | |
| njoint Professors of Allied alth | Professor Jennifer Alison Professor Andrew Baillie | |
| titute of Nursing and M | idwifery Education, Research and Inn | ovation - New |
| airs | Hayley Sciuriaga Kylie Tastula | |
| HD Mental Health Servi | ces Research – Planning in progress | |
| search Director | Associate Professor Anne Wand | |
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Notes

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slhd.health.nsw.gov.au

Sydney, it's *your* local health district



Sydney Local Health District