New South Wales

Special Commission of Inquiry into Healthcare Funding

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Submission to Special Commission of Inquiry into Healthcare Funding

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NSW GOVERNMENT

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Northern Sydney Local Health District: Overview

A high-performing local health district

Northern Sydney Local Health District (NSLHD) is one of the highest-performing local health districts in NSW, providing safe, high-quality person-centred healthcare to a local population of almost one million people, as well as providing a number of state-wide specialist services for the people of NSW.

For the last six years, the district has held the highest performance level attainable as measured against the NSW Health Performance Framework.

However, this high performance maintained across key clinical, operational, and financial targets does not fully capture the broader aspects that define the exceptional leadership and positive workplace culture that exist in NSLHD. Beyond the numbers, the district has strong consumer and staff engagement and a positive workplace culture provided in a safe, inclusive environment.

Staff at all levels display a sense of pride and a can-do attitude. It was very much on display as staff quickly stepped forward to support other parts of NSW Health during bushfires and floods. Most recently, this has been evident as the district prepares for its state-wide leadership role with voluntary assisted dying, designs and embeds virtual care into all aspects of the delivery of health care and opened the new Adolescent and Young Adult Hospice at Manly. The can-do attitude was also on display as the district dealt with and emerged from COVID-19 (including successfully recruiting nurses from overseas), noting the clinical risk associated with the exceptionally high number of aged care facilities within the district.

The district is committed to maintaining this high morale and fostering a culture that engages, empowers, recognises and celebrates the achievements of its people. It prioritises diversity, inclusion and belonging and ensures staff are physically and psychologically safe and can be themselves regardless of their role, age, gender, sexual orientation, sexual characteristics, ethnicity, physical abilities, or life experiences.

The district's pursuit of excellence is ongoing, and significant investment is being made in workforce education, training, professional development and leadership opportunities. This is to ensure staff are equipped with the capabilities and skills they need, including through clinical education, leadership development and graduate health management programs.

NSLHD has a reputation as a research-focused organisation, with health research and innovation at its core. It is a proud partner with many tertiary education providers and research institutes which work together to translate scientific breakthroughs into clinical practice to improve patient care and the health of the community. Ongoing partnerships exist with Sydney Health Partners and The Kolling Institute – a joint venture with the University of Sydney – which are among the district's key collaborations. Significant collaborations also exist with Macquarie University, University of Technology Sydney and Australian Catholic University.

Over the past 18 months, five hospitals and services within the district successfully completed accreditation to National Safety and Quality Health Service standards. All hospitals are accredited, with many receiving high praise and exceeding standards, further demonstrating the district's culture of continuous improvement and safe, high-quality healthcare. One key reason for these achievements, even more remarkable coming off the back of the hospitals and services coping with COVID-19, is the way in which the district integrates its strategies and deliverables for clinical governance. This is seen through the district's focus on and measurement of patient experience and its strong and persistent commitment to hearing the voices of patients and carers and working constructively with the local Primary Health Network.

The district is overseen by a committed, engaged and diverse Board, which is dedicated to transparency and accountability and ensures NSLHD operates with utmost integrity. The committee structures of the Board and the Board's strong focus on strategic issues are important contributors to

the district's reputation and success. The Board actively participates in various initiatives, including staff breakfasts, staff meet-and-greets, hospital and service tours and events. The Board is proud of its commitment to open communication with all stakeholders, including through the online publication of the Chief Executive's monthly report that comes to the Board.

The district has strong clinical and consumer engagement, with wide-ranging input into strategic and operational management. Clinical governance is aligned with patient experience, demonstrating the commitment to delivering high-quality patient-centred healthcare. A proactive consumer committee and consumer forum further enable the district to achieve excellence in the delivery of healthcare.

The district's vision – 'Exceptional Care, Leaders in Research, Partners in Wellbeing' – and its plans to continue to be a high performing organisation and an exemplar of the NSW health system are clearly articulated in the NSLHD Strategic Plan 2022-2027.

Challenges and opportunities

In striving to maintain and further enhance its exemplary performance and reputation within the healthcare system, the district faces multiple challenges, but recognises opportunities for change that carry significant implications. The district's environmental and financial sustainability are major challenges to be addressed for the future.

As a health service with a large carbon footprint, NSLHD has acknowledged its responsibility to reduce its emissions and to embrace environmental stewardship, while continuing to provide high-quality healthcare.

The district has identified planetary health and environmental sustainability as key areas of focus and is the first local health district to comprehensively measure its baseline carbon footprint and implement a net zero roadmap.

For the carbon emissions NSLHD controls directly, a commitment has been made to reach net zero carbon emissions by 2035, including a 70-80 per cent reduction in emissions by 2030. For the emissions NSLHD does not control directly but can influence, the aim is to reach net zero by 2050, with a 50 per cent reduction by 2035.

Other challenges the district faces include the impact of increasing patient demand, acuity, and complexity, and the rising financial cost of public healthcare.

While the district continues to identify efficiency savings to ensure its financial sustainability, the district would benefit from having greater funding certainty spanning several financial years. This would enable the district to improve financial planning, support innovation and strengthen its focus on delivering the best outcomes for our patients and workforce.

At a hospital and facility level, several financial opportunities and challenges exist.

This includes securing a commitment to ensuring sufficient funding for mental health services at Ryde Hospital that is at the start of a major redevelopment. This is not only a financial imperative, but critical to the wellbeing of the community. With adequate mental health funding at Ryde, NSLHD can continue to provide essential mental health services to the community served by Ryde Hospital and across the district.

The full potential of the Macquarie Hospital site (in general terms, an 'open' mental health facility with buildings now in their sixth decade) is currently unrealised, and it could present a unique opportunity for NSLHD to develop and deliver improved services, further enriching the scope of care offered to the community, including the most vulnerable members of society.

NSLHD is also committed to ensuring all its community health facilities consistently meet high standards. Some of the district's community health facilities are substandard and no longer fit-for-purpose. By investing in these important community facilities and addressing the need for quality

infrastructure, the district can provide an excellent built environment across all levels of healthcare service it provides.

NSLHD is often relied upon to fill gaps in the provision of healthcare to the community and act as a safety net, particularly in the fields of disability and aged care. For example, the support provided to aged care facilities during the toughest times of the COVID-19 pandemic demonstrated the district's commitment to the local community.

While this is a testament to an ethos and a culture of improving health across the community, it represents a significant and ongoing challenge for the district. However, the district would welcome opportunities to work more collaboratively in the areas of primary care and aged care sectors to help address the increasingly complex healthcare environment where Federal and State government policy and funding intersect.

The district's collaboration with primary care is demonstrated through the development of a strong working relationship with the Sydney North Health Network (SNHN), the region's local primary health network, as well as with other care providers who play an important and ongoing role in providing integrated care for our patients. The development of HealthPathways and collaborative commissioning programs in partnership with SNHN have been successful in reducing avoidable emergency department presentations and hospital admissions for patients who can be safely cared for at home. Over the past three years, the Board has had an annual joint board meeting with the board of SNHN. This unique and innovative gathering has immeasurably strengthened the sense of mission and aligned the two organisations.

The use of new digital technologies enabling virtual care, telehealth, and Hospital in the Home services has greatly contributed to hospital avoidance strategies which have been both welcomed and embraced by our patients. Important work has already commenced to harness the power of big data and artificial intelligence to benefit our patients and staff.

Each year, the district writes off funds from health services delivered to overseas visitors who come to Australia with no health insurance. This is a significant and unacceptable financial burden on the district and one that disadvantages the residents of Sydney and NSW. The answer – to ensure overseas visitors who are not covered by Medicare have medical insurance to enter Australia – requires the Commonwealth to take action.

The district is unique in that it manages two health public-private partnerships: at Royal North Shore Hospital and at Northern Beaches Hospital. These are complex arrangements and it requires a significant level of expertise and resources to manage them effectively.

By addressing the many challenges and seizing associated opportunities, the district has great potential to continue its high-level performance and its contribution to the state-wide drive to deliver value -based healthcare. NSLHD is committed to tackling future challenges and reaffirms its commitment to delivering exceptional care, fostering research and innovation, and providing high-quality healthcare for all in its community.

The following submission provides an outline of NSLHD governance, operations, strengths and challenges, and puts forward opportunities for future change to ensure the continued provision of high-quality care and patient outcomes.

1. Corporate governance and strategy

Under the *Health Services Act 1997*, NSLHD has been constituted as a local health district (public health organisation) for the purposes of facilitating the conduct of public hospitals and health institutions in the provision of health services for NSW residents residing in the Northern Sydney community.

The *NSLHD Corporate Governance Framework 2023* (Attachment A) outlines the key frameworks in place to ensure appropriate governance, accountability and risk management systems are embedded throughout NSLHD operations.

As of October 2023, the NSLHD Board comprised 12 members appointed by the NSW Minister for Health. In accordance with the *Health Services Act 1997* by-laws, the NSLHD Board has established the following Committees:

- Audit and Risk (required)
- Finance, Risk and Performance (required)
- Quality and Safety (required)
- Consumer Committee
- Junior Medical Officer Wellbeing Committee
- Research, Innovation and Technology Committee

The NSLHD Board is actively engaged in the district and regularly participate in tours, visits and events hosted by our facilities and services.

NSLHD has the appropriate structures in place to ensure provisions applied to Health Service Senior Executives align to the *Health Services Act 1997*, *Government Sector Employment Legislation Amendment Act 2016*, statutory settings and requirements set by the Secretary, and NSW Health policies.

The remuneration range for each Senior Executive is determined using a job evaluation score and the NSW Public Service Commission Senior Executive Remuneration Framework.

1.1 NSLHD Strategic Plan 2022-2027

The *NSLHD Strategic Plan 2022-2027* (Attachment B) describes the objectives that align with our strategic vision: *Exceptional Care, Leaders in Research, Partners in Wellbeing*.

The Plan identifies six strategic outcomes:

1. Patients and carers are our partners in their healthcare
2. Safe, high quality connected care
3. Keeping people healthy and well
4. Our staff are engaged and well supported
5. Research, innovation and digital advances inform and improve the delivery of patient care
6. Our services are sustainable, efficient and committed to planetary health.

Monitoring and evaluation of progress against the Strategic Plan is governed by executive champions against the strategic outcomes and the Chief Executive, with oversight from the NSLHD Board. Progress is reported to the Board and to stakeholders every six months.

2. Clinical Governance

Clinical governance is acknowledged as an integrated component of corporate governance.

The *NSLHD Clinical Governance Framework 2022–2025* (Attachment C) guides the measurement and routine reporting on the safety and quality of the care the district provides. The successful implementation of robust clinical governance requires identification of clear lines of responsibility and accountability for clinical care and development of strong and effective partnerships between clinicians and managers. The Framework also promotes an organisational culture that supports openness, transparency and continuous improvement. It reflects the district's strategic vision and promotes a collective understanding in relation to clinical safety and quality standards that drive individual and organisational behaviours that lead to better patient care.

3. Clinical Services

3.1 Facilities and Services

As outlined in the current *NSLHD Clinical Services Plan 2019–2022* (Attachment D), (the *NSLHD Clinical Services Plan 2023-2028* is currently in development) clinical services are organised across four acute hospitals, one sub-acute hospital and the Adolescent and Young Adult Hospice in Manly. There are two clinical directorates in NSLHD: Mental Health Drug and Alcohol, which includes Macquarie Hospital; and Primary and Community Health. The range of clinical and other support services provided by the district are detailed below.

Clinical services in NSLHD are organised across the following facilities and services

- Royal North Shore Hospital (acute)
- Hornsby Ku-ring-gai Hospital (acute)
- Ryde Hospital (acute)
- Mona Vale Hospital (sub-acute)
- Northern Beaches Hospital
- Adolescent and Young Adult Hospice
- Mental Health Drug and Alcohol
- Primary and Community Health (across 18 community health centres)
- Virtual Care and Hospital in the Home Services
- Protection and Response to Violence, Abuse and Neglect (PARVAN)
- Medical Imaging
- Pharmacy
- Allied Health
- Aboriginal and Torres Strait Islander Health
- Carer Support Services

Within the district's facilities and services, clinical networks play an important role in establishing and overseeing standards of care, providing leadership with respect to research and innovation, and providing advice on service development, resource allocation, workforce requirements, and configuration of services.

Clinical networks include:

- Maternal, Neonatal and Women's Health
- Children and Young People
- Acute and Critical Care Medicine
- Chronic and Complex Medicine
- Surgery and Anaesthesia
- Cardiothoracic and Vascular Health
- Musculoskeletal, Integumentary and Trauma

- Neurosciences
- Cancer
- Supportive and Palliative Care
- Rehabilitation and Aged Care.

All NSLHD facilities and services are accredited by Australian Council on Healthcare Standards against the National Safety and Quality Health Service Standards 2nd edition (2021). Five NSLHD hospitals and services successfully completed accreditation over the past 18 months.

3.2 NSLHD state-wide services

NSLHD provides a wide range of state-wide clinical services to residents throughout NSW. These services are primarily provided at Royal North Shore Hospital (RNSH) in the clinical areas of:

- Severe burn injury
- Spinal cord injury
- Major trauma
- Neonatal intensive care unit (ICU)
- Adult ICU
- Allogeneic blood and marrow transplant
- Home dialysis training
- Voluntary assisted dying (from 28 November 2023)
- Transcatheter aortic valve implantation (TAVI)
- Endovascular clot retrieval (ECR)

NSLHD also provides two state-wide mental health services at:

- Hornsby Hospital's Brolga Unit
- Coral Tree Family Service

4. Safety, quality and the patient experience

4.1 Safety and quality

Safe, high-quality care of consumers remains the highest priority for NSLHD. We strive to create healthy and culturally safe and inclusive environments for all staff and patients.

Quality and safety are governed by the NSLHD Health Care Quality Committee (HCQC), which is a sub-committee of the NSLHD Board. This Committee meets bimonthly and receives a detailed report on NSLHD's performance against safety and quality key performance indicators as outlined in the Service Agreement between NSLHD and the Secretary, NSW Health. Site and facility-level safety and quality committees exist and report to the NSLHD HCQC. The district's quality and safety performance is also reported to the Ministry of Health monthly, as required by the Service Agreement.

Cross membership between the HCQC and the Board's Consumer Committee is an important feature that contributes to its impact and success.

The *NSLHD Safety and Quality Account* (Attachment E) is developed annually and details reflections on safety and quality for the year prior as well as outlining priorities for the next 12 months. These priorities align with the National Safety and Quality Health Service Standards and the NSLHD Strategic Plan 2022 - 2027.

NSLHD fosters a safety and learning culture, based on the CORE values (collaboration, openness, respect and empowerment). Positive safety culture is promoted as a key organisational priority and underpinned by empowering staff to recognise and respond to adverse events and resist indiscriminate blaming of individuals for errors. This drives staff safety behaviours which can achieve the best clinical practice and outcomes.

For example, the NSLHD 'Speaking Up for Safety' staff development program, introduced in partnership with the Cognitive Institute, trains staff to recognise safety risks and to react proactively to prevent harm or mitigate risk.

The district also follows the 'open disclosure' principles mandated by NSW Health. Learnings from adverse events are shared across the district. In addition, the Board receives and discusses a patient story at the beginning of each Board meeting.

NSLHD also assesses its safety culture by conducting the NSLHD Staff Patient Safety Culture Survey every two years to monitor attitudes toward patient safety, identify the effectiveness of existing strategies and understand ways that we can improve. Results are communicated to staff and action is taken to improve staff experience.

4.2 Patient experience

Responsibility for monitoring and improving patient experience is embedded within the NSLHD Clinical Governance Directorate to ensure it has a direct relationship to safety and quality provision of healthcare.

The first strategic priority outlined in the NSLHD Strategic Plan 2022–2027 is: 'Patients and carers are partners in their healthcare'. The district is committed to ensuring patients are empowered to make informed decisions about their care and guide their health outcomes. Patient-reported experience measures (PREMs) and Patient-reported outcomes measures (PROMs) record both outcomes and experience from a patient's perspective and promote a culture of patient-centred care and clinical service delivery tailored to the patients' needs and preferences.

NSLHD also rolled out the Real-Time Patient Experience Survey (RTPES) in 2021. This tool, developed by NSLHD and the NSW Clinical Excellence Commission (CEC), is the first of its kind in NSW and aims

to capture information related to the patient experience at the time of receiving care. The clinical staff have been centrally involved in this innovation and have used it effectively to improve care.

4.3 Consumer engagement

The *NSLHD Partnering with Consumers Framework 2021–2026* (Attachment F) was developed in collaboration with NSLHD consumer advisors to promote consumer engagement and better patient experiences. It encourages a multidimensional consumer engagement approach that supports participation in health service planning, delivery, monitoring and evaluation and promotes highly effective partnerships.

NSLHD has a proud history of partnering with consumers to:

- Improve patient and staff experiences and outcomes
- Improve collaborative decision-making about treatment and care
- Enhance health service development
- Improve the quality of services.

The district has a culturally and linguistically diverse (CALD) community and the Framework addresses the need to serve this community.

In 2022, the NSLHD Consumer and Patient Experience team recorded that a total of 99 new strategic or policy documents were reviewed by consumer advisors.

Each NSLHD hospital and service has a local consumer participation committee. Representatives from each of the local committees form the membership of the overarching NSLHD Consumer Committee, which is sub-committee of the Board and provides it with strategic advice on consumer engagement and experience.
NSLHD also convenes an annual Consumer Forum. In 2023, more than 150 people attended the conference that was themed: ‘Safety and Quality for All of Us’.

5. NSLHD Performance

NSLHD 's strong performance is demonstrated by the ongoing achievement (on a monthly basis) of Performance Level 0 – 'No Performance Issues', since 2016. This is the highest performance level attainable, in accordance with the NSW Health Performance Framework.

The district's Service Agreement with the Secretary, NSW Health stipulates qualitative and quantitative operational, financial, safety, quality and performance indicators and targets aligned to the six NSW Health Strategic Priorities. NSLHD is a high performing district with regard to these deliverables.

5.1 Patient flow and access performance

The focus of patient flow and access is on timely access to safe, quality care and uses well-grounded theoretical and practical approaches to eliminate constraints in a patient's journey. Reducing waste in time and resources improves efficiency and frees up capacity.

The core indicators for patient flow and access are Emergency Treatment performance (ETP), transfer of care (ToC), Emergency Department triage, elective surgery access and average length of stay. Within these performance areas, NSLHD performs highly on these indicators when compared to targets and performance of metropolitan peers.

5.2 Financial performance

In FY 2022/23, NSLHD's total expenditure was $2.18B against a budget of $2.18B – a break-even position. Key contributors to the achieved result were strong management of FTE recruitment and cost driver analysis across all facilities and services. Revenue performance resulted in a surplus of $1m to budget. This was a result of increased focus on private health conversions.

In FY 2022/23, NSLHD's activity target was 250,022 National Weighted Activity Units (NWAU) and the district delivered 242,771 NWAU of activity. A breakdown of purchased and delivered activity across different areas is shown below:

Area	Purchased (NWAU)	Delivered (NWAU)
Acute admitted	149,220	144,197
Emergency Department	33,409	32,975
Non-admitted patients	50,277	50,783
Sub and non-acute services	17,116	15,832

5.3 Value based healthcare

Value based healthcare continually strives to deliver care that improves:

- Health outcomes that matter to patients
- Experiences of receiving care
- Experiences of providing care
- Effectiveness and efficiency of care.

A key program of work in this area that NSLHD has implemented in recent years is Leading Better Value Care (LBVC). LBVC identifies and scales up evidence-based initiatives to manage and treat specific diseases or conditions, through a focus on managing conditions in the most appropriate setting.

Value based healthcare looks to identify opportunities within the system to enhance efficiency and outcomes, driving down costs and enhancing patient care. There is significant opportunity across the healthcare system to expand the integration of these principles and disinvest in low-value care.

6. Workforce

6.1 Our Staff

NSLHD has a skilled and dedicated workforce of more than 14,250 staff committed to providing high-quality safe patient care to the community. Services are provided in hospital and community settings.

As at December 2022, of the more than 14,250 staff in NSLHD:

- There were 2340 medical staff, 1562 allied health staff, 5513 nursing and midwifery staff and 4835 other staff.
- 73% identify as female, 26% identify as male and 1% identify as non-binary or gender diverse.
- 64% are full time and 36% are part time.
- 67% are permanent, 16% are temporary workers and 17% are casual.
- 34% have been working in NSLHD for more than 10 years, 24% for between 5 and 10 years, 28% for between 1 and 5 years and 13% for less than 1 year.
- 51% of senior leaders identify as female.
- The median age is 40 years, with 66% of the workforce aged over 34 years of age.

The district is very much aware of the financial challenges of using agency staff and seeks to keep this usage to a minimum.

6.2 NSLHD People Plan 2022-2027

The *NSLHD People Plan 2022–2027* (Attachment G) provides a strategic and progressive framework of workforce initiatives that support an engaged and empowered workforce and deliver on the Strategic Plan through strong staff collaboration.

Ensuring the workforce is engaged and well supported is the key to delivering excellent healthcare for patients and consumers, their carers and the community. The People Plan demonstrates the district's dedication to making NSLHD a great place to work and receive care. The workforce is rapidly changing and so is the world in which people work. The Plan is the roadmap to creating a workforce to which all staff want to contribute and belong. It links every aspect of an employee's career at NSLHD: from the factors that count when first joining (e.g., recruitment and onboarding) to offering development opportunities to support career and promotion. It ensures high standards of leadership and management to sustain a motivated and engaged workforce and to foster a culture that is inclusive and enables staff to achieve work-life balance.

6.3 Health, safety and wellbeing of staff

The Work Health and Safety team supports the health and safety of people at work by providing the following services across NSLHD:

- Developing work health and safety (WHS)-related policies, systems, procedures, forms and training for use across NSLHD
- Facilitating and supporting managers in implementing WHS systems into wards and departments
- Providing advice and recommendations on WHS issues
- Developing WHS-related training material and delivering training and competency assessments to managers
- Assisting management of SafeWork NSW-related issues and coordinating responses
- Supporting facilities and services to prepare for audits and to conduct Ministry of Health Work Health and Safety Audits every two years.

The NSLHD Health and Wellbeing Program ensures workers are provided with a safe and supportive workplace to maximise their health and wellbeing.

6.4 Recognition of staff

NSLHD believes it is important to celebrate staff successes, because the talents and efforts of employees and volunteers are key to achieving the district's strategic vision. There are a variety of ways in which employees, volunteers and consumers are acknowledged, including for:

- The work they do every day
- Going above and beyond
- Undertaking projects to increase the quality and safety of the care
- Coming up with ideas that bring improvements and innovation.

The NSLHD Exceptional People Awards were created to identify and celebrate staff who demonstrate the NSW Health CORE Values and who go over and above to make a difference for the benefit of their colleagues, patients and consumers.

The NSLHD Quality and Improvement Awards also recognise excellent service delivery and improvement projects that make a real difference to patients and consumers.

6.5 Recruitment initiatives

NSLHD acknowledges that recruitment in the healthcare industry is facing unprecedented challenges, particularly in the areas of nursing and psychiatry, largely due to the impact of the COVID-19 pandemic. Specialised recruitment approaches are required and have been implemented in the district.

International recruitment of nurses and midwives is a vital strategy to address the ongoing shortages within the existing workforce. Following a 2023 recruitment drive in the United Kingdom, a pipeline of candidates is in the process of being secured for employment and onboarded within NSLHD. Recruiting international nurses and midwives is a complex process that involves several steps to ensure compliance with regulatory bodies and to ensure the provision of quality healthcare services. To ensure a steady pipeline of skilled staff it is anticipated that a return recruitment drive will be undertaken in 2024.

The NSLHD University of Technology (UTS) Nursing Student Initiative is the first of its kind in Australia. The program is giving 150 undergraduate nursing students focused clinical experience across NSLHD facilities and services, increasing their awareness of the district, its culture and systems. These students are also offered an opportunity to join the district's Casual Nursing and Midwifery Pool to gain further exposure in a remunerated role. This program will provide a pathway to secure these students as graduate Registered Nurses on completion of their degree. It is hoped the program will also result in reduced 'transition shock' for these staff and increased levels of NSLHD-specific knowledge, confidence, and skills as they enter the workforce.

6.6 Diversity, equity, inclusion and belonging

The *NSLHD Diversity, Equity, Inclusion and Belonging Strategy 2023-2027* (Attachment H) is an excellent example of how NSLHD provides leadership in contemporary organisational practices and delivers on the business case for diversity.

The Strategy shows the district's commitment to making NSLHD a great place to work for all, regardless of personal background or life experience. The central aspiration of the Strategy is to have a workforce that reflects the diverse community we serve, where people from all walks of life are represented, respected and feel they belong.

NSLHD delivers programs that enhance Aboriginal and Torres Strait Islander employment and employment for people with disability. The district has made significant headway in inclusion for people who are LGBTIQ+. Women in medical leadership has also been a key focus, with initiatives that support female doctors to progress to senior clinical and leadership positions.

6.7 Aboriginal and Torres Strait Islander workforce

NSLHD is committed to strengthening employment opportunities for its Aboriginal and Torres Strait Islander workforce. Strategies to support Aboriginal and Torres Strait Islander staff and patients include establishing an Aboriginal and Torres Strait Islander Workforce Manager position and increasing FTE for Aboriginal and Torres Strait Islander Patient Liaison Officers across facilities and services.

In line with the NSW Health Transforming Aboriginal Health initiative, NSLHD recognises that improving the health of our Aboriginal and Torres Strait Islander community is the responsibility of all staff. NSLHD is committed to achieving workforce participation rates that reflect the community.

NSLHD is also currently developing an Aboriginal and Torres Strait Islander-specific role for Nursing and Midwifery graduates that will include rotations in acute care and Aboriginal and Torres Strait Islander Health Services. This is anticipated to commence in 2025.

6.8 Workforce education, leadership development and training

NSLHD is committed to providing training and education opportunities for all staff. The NSLHD Organisational Development and Capability (ODaC) team assists staff to develop their skills, supporting career progression and ultimately enhancing services to patients and the community.

The NSLHD Leadership Strategy and Leadership Development Programs ensure we are building a pipeline of future leaders at all levels of the organisation, at scale, cost effectively, across all disciplines and with measurable impact. The multitiered approach to developing leaders through formal development programs including:

- Senior Leadership Development program: 12-month program specifically designed for emerging Executive Leaders
- THRIVE Leadership Development Program: 6-month program for mid-tier and frontline leaders
- Nursing and Midwifery Leadership Program: facilitates increased access to experiential and contextually relevant leadership development for nurses and midwives across all levels
- Graduate Health Management Program*:* gives high potential graduates experience and tailored learning to develop capabilities to work in health leadership
- People Leader Manager Pathway: 10 modules to provide essential skills and information for those supervising staff
- Clinical professional development: A range of educational programs for clinical staff to promote the delivery of safe and reliable patient care.

NSLHD delivers a range of educational programs to clinical staff that promote the delivery of safe and reliable patient care. These include, but are not limited to, basic and advanced life support training, Continuing Professional Development days, accreditation, specific clinical skills training and clinical supervision.

NSLHD also operates the Sydney Clinical Skills and Simulation Centre. The centre is accredited to provide a variety of specialist courses including the DETECT program, adult and paediatric response team training, medical ALS and Train the Trainer courses for some programs.

6.9 Clinician engagement

NSLHD recognises the importance of clinician engagement across the healthcare system, including in local and district-wide leadership and management structures. In addition to the forums outlined below, clinicians from all clinical backgrounds (medical, nursing and allied health) are engaged at all levels of the organisation to provide input into the strategic and operational planning and management of the district.

Each hospital has a Medical Staff Council that reports to the overarching NSLHD Medical Staff Executive Council. These councils provide advice on clinical, quality and safety matters. The NSLHD

Medical Staff Executive Council Chair also attends Board meetings, for effective two-way communication between the Board and medical staff.

The NSLHD Clinical and Quality Council consists of clinical, operational and executive representatives from across the district, including the chairs of site-level clinical councils. The Clinical and Quality Council is responsible for oversight of clinical quality and safety matters and has reporting obligations to the Chief Executive.

NSLHD has two representatives on the NSW Health System Advisory Council which provides independent and impartial strategic clinical advice on key priorities and functions of the health system, as well as guiding the planning and implementation of measures to drive positive change. Made up of 24 doctors, nurses, midwives, oral health and allied health professionals, as well as the Ministry Executive Management team, the Council brings together frontline experience, valuable links to our system's clinical councils and clinical engagement structures, and our senior executive team, to inform how we deliver care across the NSW Health system.

NSLHD has established a local 'Time for Care' steering committee to guide implementation of this important initiative that emerged from the NSW Health System Advisory Council. The project recognises there is a significant opportunity within the NSW Health system to reduce the amount of time spent on unnecessary administrative tasks that do not add value to patient care. The Council engaged with clinicians throughout NSW to understand what takes them away from patient care, then developed short-, medium- and long-term solutions to those problems, that each local health district including NSLHD is now implementing.

7. Research, innovation and technology

7.1 NSLHD Board Research Innovation and Technology Committee

NSLHD is committed to ensuring the delivery of clinical care is underpinned, informed and supported by high impact, world leading research, innovation and technology that benefits patients, their families and carers and the community.

The NSLHD Board Research, Innovation and Technology (RIT) Committee was established in early 2023 to ensure that research, innovation and technology is appropriately governed and supported such that it complements clinical care. The RIT Committee engages and coordinates with the NSLHD Chair of Research and with university and other research partners to drive the delivery of the *NSLHD Research Strategy 2019-2024* (Attachment I).

7.2 Research and Innovation

NSLHD has a number of strong academic partnerships with tertiary education providers including:

- University of Sydney (including the Kolling Institute*)
- University of Technology Sydney
- Australian Catholic University
- Macquarie University
- University of New South Wales Sydney
- Notre Dame University
- TAFE NSW
- Sydney Health Partners

NSLHD also hosts a number of research centres including:

- Pam McLean Centre
- Bill Walsh Translational Cancer Research Laboratory
- Pain Management Research Institute
- Murray Maxwell Biomechanics Laboratory
- John Walsh Centre for Rehabilitation Research
- Academic Psychiatry and CADE Clinic
- Cancer Genetics Laboratory
- Kolling Institute Tumour Bank
- Sydney Musculoskeletal Health
- Raymond Purves Bone
- Joint Research Laboratory

These academic partnerships allow for translational research and the delivery of cutting-edge clinical service delivery in conjunction with on-site specialised education and training for current and emerging clinical staff in NSLHD. These partnerships present an opportunity to leverage mutual goals and shared visions to benefit the district and its patients.

NSLHD is leading the way in clinician-led translational research for:

- Musculoskeletal health
- Cancer services
- Intensive care
- Rehabilitation and aged care
- Neuroscience and pain
- Haematology
- Anatomical pathology
- Endocrinology
- Long COVID

*Kolling Institute submission attached (Attachment J).

7.3 Technology

The *NSLHD Digital Strategy 2021-2026* (Attachment K) sets the technology vision and focus areas for the district and articulates a roadmap to achieve this vision. This document is used as a guide for priorities, a way to plan the project pipeline and a reference point for proposed work.

Significant improvements in technology have helped NSLHD provide better health outcomes for its population. More effectively leveraging technology enables the district to:

- Deliver affordable and accessible patient-centred care
- Improve the overall health of communities
- Engage and develop its workforce
- Ensure the organisation is agile and insights driven by real-time access to data.

NSLHD has a successful track record of implementing large-scale enterprise-wide, complex clinical informatics/electronic medical record (eMR) systems, developed both independently and in partnership with eHealth NSW. This success is largely due to successful engagement with clinicians, key stakeholders and executive sponsorship, underpinned by a functional clinical change management team.

ICT/Digital Health Services across NSW have an opportunity to enhance customer service and integration. Standardisation, governance and state-wide leadership in ICT/Digital Health Services could support system efficiencies and optimisation. The district's Chief Digital Health Officer is working closely with eHealth NSW colleagues on informing the new operating model for the delivery of the Single Digital Patient Record and other initiatives.

Given the rapid advance of technology within the healthcare sector and more broadly, the health sector will require funding, guidance and standardisation to harness and utilise emerging technologies to improve clinical care and operational efficiency.

7.4 St Leonards Health, Research and Education Precinct

The *NSLHD St Leonards Health Campus: Health, Research and Education Precinct Plan* (Attachment L) was developed in 2022 and outlines the district's vision to further develop public and private health services as well as education and research sectors into an integrated and innovative precinct, consistent with RNSH's national and international reputation as a leading teaching and research hospital. This will ensure NSLHD can harness the breadth of healthcare, knowledge and skills on its doorstep, to provide an exciting environment for future investment, employment and innovation.

8. Capital works and planning

NSLHD is currently planning a number of pivotal short- and long-term capital works projects as detailed below:

8.1 Ryde Hospital redevelopment

The NSW Government is investing $479 million in the redevelopment of Ryde Hospital to meet the community's future health needs. The redevelopment will replace the ageing infrastructure and expand the clinical services to support the growing population in the Ryde Hospital catchment. Located on the border with Western Sydney Local Health District (WSLHD) and equidistant between Westmead and RNSH Hospitals, the new hospital will care for populations from both local health districts, with at least 30% of patients coming from WSLHD. The redevelopment will include:

- A new expanded, integrated and enhanced emergency department
- A new and expanded medical imaging department
- A new expanded and enhanced intensive care unit
- New expanded and enhanced operating theatres and procedure rooms
- More adult overnight inpatient beds
- A new purpose-built ambulatory care centre
- A new paediatric short stay unit
- Expanded and enhanced surgical/endoscopy day-only spaces
- Associated clinical and non-clinical support services including pharmacy, pathology, food, environmental, linen and supply services
- Contemporary education, training and research to strengthen tertiary partnerships
- Improved accessibility to the campus including internal roads, urban spaces, landscaping and wayfinding, and engineering and ICT service.

The redevelopment will make best use of the current services available at the Ryde campus, including the Graythwaite Rehabilitation Centre and historic Denistone House.

NSLHD is continuing work to secure funding for mental health beds in the new hospital, a provision currently not included in the allocated funding.

8.2 Adolescent and Young Adult Hospice (AYAH)

The Manly Adolescent and Young Adult Hospice (AYAH) is a NSLHD facility that was purpose-built in partnership with Health Infrastructure to provide specialised care and designated support to adolescents and young adults between the ages of 16 and 24 years (now extended to 30 years) with life-limiting illnesses. It operates as a state-wide service hosted by NSLHD. It is the first facility of its kind in Australia and commenced operation in February 2023.

The 8-bed AYAH service provides person-centred, high-quality care within a setting specifically designed for adolescents and young adults. This includes holistic care and support for patients and their families, comprising a range of individualised services including medical, nursing, allied health, social events, supportive care, counselling, and bereavement support. A key role of the AYAH is to facilitate integration and a high level of communication with patient's primary care providers to ensure a continuum of care with both primary and other specialised services. Staff are also available to provide advice to clinicians and families across NSW in respect to the care and management of adolescents and young adults.

Referrals are accepted for patients residing in NSW and who require respite care, symptom management, end of life care or step down from an acute hospital prior to discharge home.

8.3 Hornsby Ku-ring-gai Hospital redevelopment

The hospital's services cover an area stretching from the Hawkesbury River to Lindfield, east to St Ives and west to Pennant Hills, Cherrybrook and Epping, serving 300,000 people. The now completed $265 million redevelopment includes new and expanded health services at the hospital. It was completed progressively in phases, and has resulted in provision of:

- Day renal dialysis and chemotherapy services for the first time
- Expanded emergency department
- Expansion of oral health services
- Combined intensive care and high dependency unit
- Specially designed dementia and delirium ward with features to improve the patient's experience, including an outdoor courtyard
- A rehabilitation unit with a smart car so patients can learn practical daily living skills
- Combined respiratory/cardiac and coronary care beds co-located with the cardiac investigations unit
- Expanded medical imaging department – including the hospital's first MRI
- Co-located education space with the University of Sydney
- NSW's first public hospital pharmacy with robotic dispensing

The redevelopment also means staff have a significantly improved working environment and ensures the hospital can continue to cater to the needs of local communities well into the future.

8.4 Royal North Shore Hospital (RNSH) Campus Master Plan 2023

In May 2023, NSLHD began a refresh of the RNSH Campus Master Plan. The Plan is expected to be finalised in late October 2023 and will guide the use of the RNSH campus over the next 40 years to 2063. It will also be used to inform future capital funding bids for RNSH.

8.5 Planetary health and sustainability

NSLHD has identified planetary health and environmental sustainability as a key area of focus and is the first local health district to comprehensively measure its baseline carbon footprint and implement a net zero roadmap.

For the carbon emissions NSLHD controls directly, a commitment has been made to reach net zero emissions by 2035 with a 70–80 per cent reduction by 2030. For the emissions the district does not control directly but can influence, the aim is to reach net zero by 2050, with a 50 per cent reduction by 2035.

The *NSLHD Planetary Health Framework 2021–2023* (Attachment M) outlines the district's vision to become a more environmentally aware and sustainable organisation. It focuses on five priority domains underpinned by economic, social and governance systems that shape the actions affecting our natural systems and planetary health.

NSLHD developed the Framework to identify strategic priorities in achieving this target. Progress against the framework is monitored by the NSLHD Planetary Health Committee, which is chaired by the Chief Executive, and includes members of the NSLHD Board on the Committee membership. A new *Planetary Health Framework 2024-2027* is currently being developed.

9. Partnerships

9.1 Northern Beaches Hospital (NBH) – Healthscope

The Public Private Partnership (PPP) between NSLHD and Healthscope for the delivery of public health services at NBH stipulates purchased volumes of clinical services as well as quality and safety indicators.

The NBH Project Deed was entered into on 11 December 2014 and describes the obligations and responsibilities of Healthscope and the State (NSW Health and NSLHD). The NBH Project Deed includes operator responsibility (Healthscope) for the design, construction, commissioning, operation, and maintenance of NBH for the 20-year term of the 'public portion', and a further 20-year term for the 'private portion'. At the end of the contract period, the public portion of the hospital is to be handed back to NSW Health at no cost. Healthscope then has a further 20 years to provide services to private patients before the remaining part of the hospital is also be returned to the State.

Under the NBH Project Deed, Healthscope have an obligation to deliver services with regard to the highest standard of patient care and safety at all times. Healthscope is responsible for operating NBH as a licensed private hospital to meet the needs of the Northern Beaches community for both public and private patients.

NSW Health, NSLHD and Healthscope have an established governance structure for the management of the NBH Project Deed, including the Senior Governance Board, the Operational Services Group, and a variety of working groups and committees across portfolio areas.

NSLHD manages the Project Deed through dedicated resourcing and monitors Healthscope's performance under a performance management framework though monthly performance meetings between NSLHD and NBH.

NSLHD continues to work closely with NBH to refine and enhance governance and partnership arrangements to ensure the delivery of public healthcare services to the residents of the Northern Beaches. In 2020, a NSW Parliamentary Inquiry into the operation and management of the Northern Beaches Hospital was undertaken. The NSW Government Response to the inquiry is attached (Attachment N).

9.2 Royal North Shore Hospital (RNSH) (Infrashore/Ventia)

The RNSH PPP project covered redevelopment and enhancement of the RNSH campus and provides for ongoing contracted services. During the initial construction stages, the project company designed, built and financed the Acute Services Building, Community Services Centre, the multi-storey carpark and refurbished the Douglas Building. The Kolling Building and other clinical services buildings were designed and built outside of the PPP project and then later included in the project. The ongoing contractual services included hard facilities management of the buildings and outdoor areas within the PPP footprint, management and maintenance of certain furniture, fixtures and equipment, management and operation of the car park and retail facilities and the fulfillment of general contractual obligations including performance monitoring, auditing and reporting.

The Project Term is for 28 years (contract commenced 23 October 2008–22 October 2036). There is no provision for an extension of the Project Team and all infrastructure and services will revert to NSW Health control at the end of the Project Term.

Soft services management, which includes cleaning, linen, food, gardening and pest inspection, is delivered through an agreement with Healthshare NSW (i.e., soft services are not part of the PPP).

9.3 Ministerially Approved Grants (MAGs) with non-government organisations (NGOs)

Under the NSW Health MAG Program, NSLHD partners with the non-government sector to deliver important community-based services that support the health and wellbeing of the public, especially vulnerable or hard to reach populations. NLSHD administers 15 agreements across mental health, disability, cancer and aged care. Of these, 11 agreements are entirely funded by NSW Health and four agreements are jointly funded by NSW Health and NSLHD. The value of agreements ranges from $6000–$650,000, with a total value of $3.5M.

9.4 Sydney North Health Network (SNHN)

NSLHD has developed and fostered a strong relationship with SNHN, the primary health network for the local area, over many years. Shared priorities have been developed to address the transitions of care between acute and primary care and work to improve health access and equality.

A joint board meeting is held annually to discuss achievements and priorities for the next year. Key members of each organisation's Executive meet bi-monthly to oversee progress of joint priorities. The strength of this relationship has enabled NSLHD to successfully deliver high quality initiatives that are collectively funded and managed, including:

- 'Collaborative Commissioning': this has successfully reduced avoidable hospitalisations in one of our most vulnerable cohorts, namely frail and older people.
- HealthPathways: more than 510 localised pathways have been developed, with up to 12,000 page views on the website each month.
- Improving discharge summary success rates: working together with SHNH has made NSLHD of the highest performing districts in sending electronic discharge summaries to GPs.
- A focus on residential aged care facilities (RACFs) has enabled more people to be cared in place. NSLHD has worked closely with the district's 116 RACFs to increase timely access to GPs and district services by rolling out telehealth, training and graduate transition programs for RACFs staff, and co-hosting regional forums for RACFs to feedback emerging issues.

9.5 Affiliated healthcare organisations (AHOs)

NSLHD has an agreement with HammondCare to provide acute in-reach, community and inpatient palliative care services. These arrangements are governed via a local governance committee that includes reporting and monitoring of performance, and safety and quality indicators.

NSLHD also has an agreement with Royal Rehab to provide specialist inpatient spinal cord injury, traumatic brain injury and burns rehabilitation services, and general community and outpatient rehabilitation services. These arrangements are governed via a local governance committee that includes reporting and monitoring of performance, quality and safety indicators.

9.6 Other private arrangements

NSLHD has an arrangement in place whereby a select group of NSLHD clinicians based at RNSH can access a Da Vinci Robot Xi owned by North Shore Private Hospital (which is co-located on the RNSH campus) to perform specific volumes of certain surgical procedures. NSLHD does not currently own a surgical robot. The surgical activity undertaken using the robot utilises a 'close behind' model resulting in nil additional cost for the surgery.

NSLHD, in line with NSW Ministry of Health directives, has engaged with various private hospitals within the district to assist with addressing surgery waitlists that have emerged as a result of surgery reductions during the COVID-19 pandemic. Utilising this model, NSLHD is on track to return to zero overdue patients by the end of 2023.

9.7 Crisis and emergency support to other LHDs

NSLHD provides clinical and operational support to other local health districts on an as-needed basis, to support emergency response and natural disaster management, including bushfires and floods. The NSLHD Counter Disaster Unit (CDU) is well trained and well-equipped to support such efforts and has been deployed to aid rural, regional and remote LHDs on multiple occasions over the past few years.

9.8 NSW Health and pillars and statewide services

NSW Health and the pillar and statewide service organisations are co-located in facilities adjacent to the RNSH campus. NSLHD maintains a strong relationship with NSW Health and these organisations, and works collaboratively on shared priorities and initiatives, leveraging individual and shared expertise and skills. NSLHD often works collaboratively with the Agency for Clinical Innovation (ACI) and Clinical Excellence Commission (CEC) on shared priorities. NSLHD also has a strong relationship with Health Infrastructure NSW, partnering on various capital works and planning projects.

9.9 Sydney Health Partners

Sydney Health Partners brings together the Sydney, Northern Sydney, Western Sydney and Nepean Blue Mountains Local Health Districts; the Sydney Children's Hospitals Network (at Westmead), the University of Sydney and eleven of their affiliated medical research institutes.

Collectively, these health organisations provide health care to 3.1 million people, representing 12% of the Australian population and 38% per cent of people across NSW.

9.10 NORTH Foundation and philanthropy

The NORTH Foundation is the district's official fundraising partner. NSLHD and the NORTH Foundation work in partnership to raise funds that contribute to providing patient care and to drive research into health problems impacting the Northern Sydney community. The Chief Executive of NSLHD is on the board of NORTH Foundation. The NORTH Foundation Annual Report 2021 – 2022 is attached (Attachment O).

NSLHD acknowledges the important role philanthropy plays in supporting research and innovation in healthcare.

10. Opportunities for change

In striving to maintain and further enhance its exemplary performance, NSLHD is aware it faces many challenges. These include ensuring environmental and financial sustainability. In responding to these challenges, the district foresees significant opportunities for change that will enable it to continue to provide the best possible healthcare into the future. These opportunities are outlined below.

10.1 Performance and funding

Opportunities to improve NSLHD's performance include:

- Disinvesting in low-value care, reinvestment in high-value care and a greater focus and support for the delivery of value based healthcare.
- Increasing integration
    - Throughout the district's hospitals and services (including services provided by AHOs) to ensure the district is working as a coordinated system.
    - Between local health districts, including supporting regional, rural and remote health communities.
    - With primary care, disability and aged care sectors.
- Review of funding models to support local health districts to efficiently deliver clinical services and establishment of a more strategic funding environment across the health system. This could include funding certainty across multiple years and closer alignment of local and state priorities.
- Increased focus on cost effectiveness or cost benefit prior to consideration and implementation of proposals at local and State levels.

10.2 Workforce

Improved delegation and articulation of responsibility at local and State levels would be beneficial. Similar workforce strategies and programs are often developed and deployed at local and State levels at different times. This increases the likelihood of ambiguity, duplication and overlap experienced by local health districts.

Current local recruitment initiatives, such as targeted overseas recruitment and establishment of graduate pipelines, have the potential to be expanded into other clinical areas experiencing workforce shortages and/or recruitment difficulties, such as psychiatry.

Additional FTE and workforce enhancements for clinical areas requiring specialised knowledge and skills, such as palliative care, are vital to meet current and future demand.

A focus on retaining skilled and experienced staff to decrease disruptions to departments would further increase collaboration between team members and allow staff to focus on strategic priorities.

Avoiding small fractional staff appointments (0.1FTE – 0.2FTE) in key roles would enhance senior staff ownership of local initiatives and promote enhanced integration and contribution.

NSLHD would also benefit from expanding the scope of practice for allied health, nursing and midwifery clinicians, by increasing and enhancing professional development opportunities for our staff, ultimately improving staff retention and patient experience.

An opportunity exists for development of strategies for clinical education, mid- to long-term career planning, and service succession planning, recognising the importance of developing and retaining staff with highly specialised skills and expertise.

10.3 Clinical services

Opportunities to optimise NSLHD clinical services include:

- The development of the new NSLHD Clinical Services Plan 2023–2028 is underway and will provide a platform for our future clinical direction.

- Exploring further development and integration of Virtual Care throughout our facilities and services
- The redevelopment of Ryde Hospital offers an ideal opportunity to source funding for mental health beds to meet the growing need for mental health care across Northern Sydney.
- Enhanced networking with primary care, disability and aged care providers, including the SNHN, to ensure appropriate service provision in line with funding models, responsibility and designation (between state and Commonwealth).
- Redevelopment of the Macquarie Hospital site presents an opportunity to better meet the needs of the community by providing improved services, further enriching the scope of care offered to the community.
- Upgrades to community health infrastructure to allow for ongoing and enhanced service provision for the NSLHD community.
- Shared care models whereby generalist staff support specialised staff for areas such as palliative care, to assist with managing increasing demand for specialised care in non-specialised environments.
- Enhancing the focus on value based healthcare principles in clinical service development and delivery.
- Greater focus on multidisciplinary care in complex clinical areas and structures to support this approach to care.
- Review of ambulatory care services to ensure services are meeting community needs but are also in line with our state-level responsibility (I.e. not filling primary care and Commonwealth Government gaps).
- Enhancing referral pathways between acute, sub-acute and rehabilitation services to optimise patient flow and reduce bed-block.
- Providing an environment that facilitates service adaptation to changes in clinical practice as they emerge.
- Evaluating and developing contemporary models of nursing, medical and allied healthcare to address increasing treatment complexity and unique needs of complex patients.

10.4 Research, innovation and technology

Opportunities to capitalise on research, innovation and technology advances include:

- Establishing greater links with tertiary education partners that can translate to workforce opportunities, research and innovation that improves patient outcomes and experience.
- Leveraging the district's co-location with the NSW Ministry of Health and pillar organisations as Precinct partners to advance its research and education priorities.
- Longer-term appointments and guaranteed ongoing support for translation of research evidence into practical settings.
- Engagement with industry partners providing an opportunity to advance the development and delivery of healthcare innovation and technology to enhance NSLHD patient outcomes and experience.
- Optimisation of clinical trials will reduce the cost of clinical service provision while providing patients with access to novel and cutting-edge treatment options in NSLHD.
- Transforming state-wide ICT into a customer-focused Digital Health Services organisation that provides LHDs with a modern, mobile, intelligent, innovative service, greatly enhancing the user experience and supporting improved functionality and value.
- Defining the ongoing governance approach for assessing, delivering, supporting and managing new ICT applications and solutions would provide standardisation and streamline implementation of new systems.
- Greater focus on health system research to ensure the system that supports clinical service delivery is optimised and drives efficiency and effectiveness.

11. Attachments

A) NSLHD Corporate Governance Framework 2023
B) NSLHD Strategic Plan 2022 – 2027
C) NSLHD Clinical Governance Framework 2022 – 2025
D) NSLHD Clinical Services Plan 2019 – 2022
E) NSLHD Safety and Quality Account 2023
F) NSLHD Partnering with Consumers Framework 2021 – 2026
G) NSLHD People Plan 2022 – 2027
H) NSLHD Diversity, Equity, Inclusion and Belonging Strategy 2023 – 2027
I) NSLHD Research Strategy 2019 – 2024
J) Kolling Institute Submission to Special Commission of Inquiry into Healthcare Funding
K) NSLHD Digital Strategy 2021 – 2026
L) NSLHD St Leonards Health Campus: Health, Education and Research Precinct Plan
M) NSLHD Planetary Health Framework 2021 – 2023
N) NSW Government Response: Parliamentary Inquiry into the Operation and Management of the Northern Beaches Hospital
O) NORTH Foundation Annual Report 2021 - 2022

NSLHD Corporate Governance Framework 2023

NSW GOVERNMENT

Northern Sydney
Local Health District

Acknowledgement of Country

Northern Sydney Local Health District acknowledges the traditional custodians of the lands on which our health services are located, the Guringai and Dharug peoples, and we honour and pay our respects to their ancestors.

We acknowledge and pay our respects to all Aboriginal and Torres Strait Islander peoples and to Elders past and present.

We acknowledge that past, current and future Aboriginal and Torres Strait Islander peoples are the continuing custodians of this country upon which we live, work and meet and that it is from their blood, courage, pride and dignity that we are able to continue to live, work and meet on this ancient and sacred country.

Contents

Corporate Governance

The Northern Sydney Local Health District (NSLHD) Corporate Governance Framework 2023 outlines the key frameworks and activities in place to ensure the appropriate governance, accountability and risk management in all NSLHD operations.

The Board considers that NSLHD's corporate governance practices provide the organisation with the appropriate mechanisms to ensure effective decision making, in line with NSLHD's Strategic Plan and overall vision. The principal features of the Corporate Governance Framework have been developed in line with the following key governance documents:

- NSW Health Corporate Governance and Accountability Compendium
- NSW Health Future Health Strategy 2022-2032
- NSLHD Corporate Governance Attestation Statement 2021-2022
- NSLHD Strategic Plan 2022-2027
- NSLHD Safety and Quality Account 2021-2022
- Health Services Act 1997 No 154
- NSLHD By-Laws
- NSW Health Code of Conduct
- Service Agreement between the Secretary, NSW Health and NSLHD 2022-2023
- National Safety and Quality Health Service (NSQHS) Standards; and
- NSLHD Clinical Quality Improvement Framework 2022-2025.

Under the Health Services Act 1997, NSLHD has been constituted as a local health district (public health organisation) for the purposes of facilitating the conduct of public hospitals and health institutions in the provision of health services for New South Wales residents residing in the Northern Sydney community. NSLHD also provides a number of specialist, supra-LHD services to residents residing outside of the Northern Sydney community.

NSLHD's vision, *Exceptional Care, Leaders in Research, Partners in Wellbeing* as outlined in the NSLHD Strategic Plan 2022-2027, shapes NSLHD's commitment to providing high quality care for our patients, consumers, carers and broader community.

The Board is satisfied that NSLHD complies with the corporate governance requirements set out in the Service Agreement between the Secretary, NSW Health and NSLHD. All organisational reports requested by the NSW Ministry of Health are provided within the allocated timeframes. The NSLHD Delegations Manual is reviewed and updated regularly to ensure currency in line with the NSW Health Delegations of Authority – Local Health Districts and Specialty Networks Policy Directive. NSLHD ensures that recommendations, where accepted by NSW Health, of the NSW Auditor General, the Public Accounts Committee and the NSW Ombudsman are actioned in a timely and effective manner and NSLHD puts in place suitable processes and guidelines to avoid repeat issues.

The NSW Health Performance Framework details the performance expected of local health districts to achieve the required levels of health improvement, service delivery and financial performance. The Performance Framework sets out the performance improvement approaches, responses to performance concerns and management processes that support the achievement of these outcomes in accordance with government policy. The Board is required to ensure effective clinical and corporate governance frameworks are established for the health service, and to provide strategic oversight of and monitor the health service's quality, financial and operational performance in accordance with the Performance Framework. Local health districts are assessed against the Performance Framework by the Ministry of Health on a regular basis. Throughout 2022, NSLHD achieved Performance Level 0 – 'no performance issues' which is the highest performance level attainable under the Framework. Service Agreements are a central component of the Performance Framework and set out the service and performance expectations and funding, supporting the devolution of decision making, responsibility and accountability for safe, high quality, patient centred care to local health districts, other health services and support organisations.

A Service Agreement between the Secretary, NSW Health and NSLHD has been signed and is in place for 2022-23. The Service Agreement, identifying the annual operating targets and funding allocations for NSLHD are publicly available on the NSLHD website.

The Board endorses annually by resolution, the NSLHD Corporate Governance Attestation Statement (the Statement) on the basis that the Chief Executive conducted all necessary enquiries and is not aware of any reason or matter for the Board not to give the required attestation. The Statement sets out the main corporate governance frameworks and practices in operation within NSLHD, in line with the seven NSW Health Corporate Governance Standards. The Statement is reviewed and approved by the NSLHD Internal Audit unit to ensure that NSLHD implements and meets all of the necessary requirements. A signed copy of the Statement is submitted to the NSW Ministry of Health and is publicly available on the NSLHD website.

Figure 1 below describes the delineation between the roles of the NSW Government, NSW Ministry of Health, NSLHD Board and NSLHD Senior Executive Team. The NSW Ministry of Health holds the role of 'system manager' and oversees the operation of the NSW public health system. The NSW Ministry of Health delegates responsibility to a network of local health districts and speciality networks (via an annual Service Agreement) and Non-Government Organisations (NGOs). Each local health district has a Board responsible for ensuring that effective clinical and corporate governance frameworks are established to support the maintenance and improvement of standards of patient care and services by the local health district.

The NSLHD Board is responsible for NSLHD's governance, operational efficiency and overarching strategy. A Chief Executive is appointed for each local health district by the local health district board with the concurrence of the Health Secretary.

The Chief Executive is responsible for managing and controlling the affairs of the local health district and is accountable to the local health district board. In accordance with the Health Services Act 1997 By-laws, local health district Boards are to establish the following Committees as a minimum, which all exist in NSLHD:

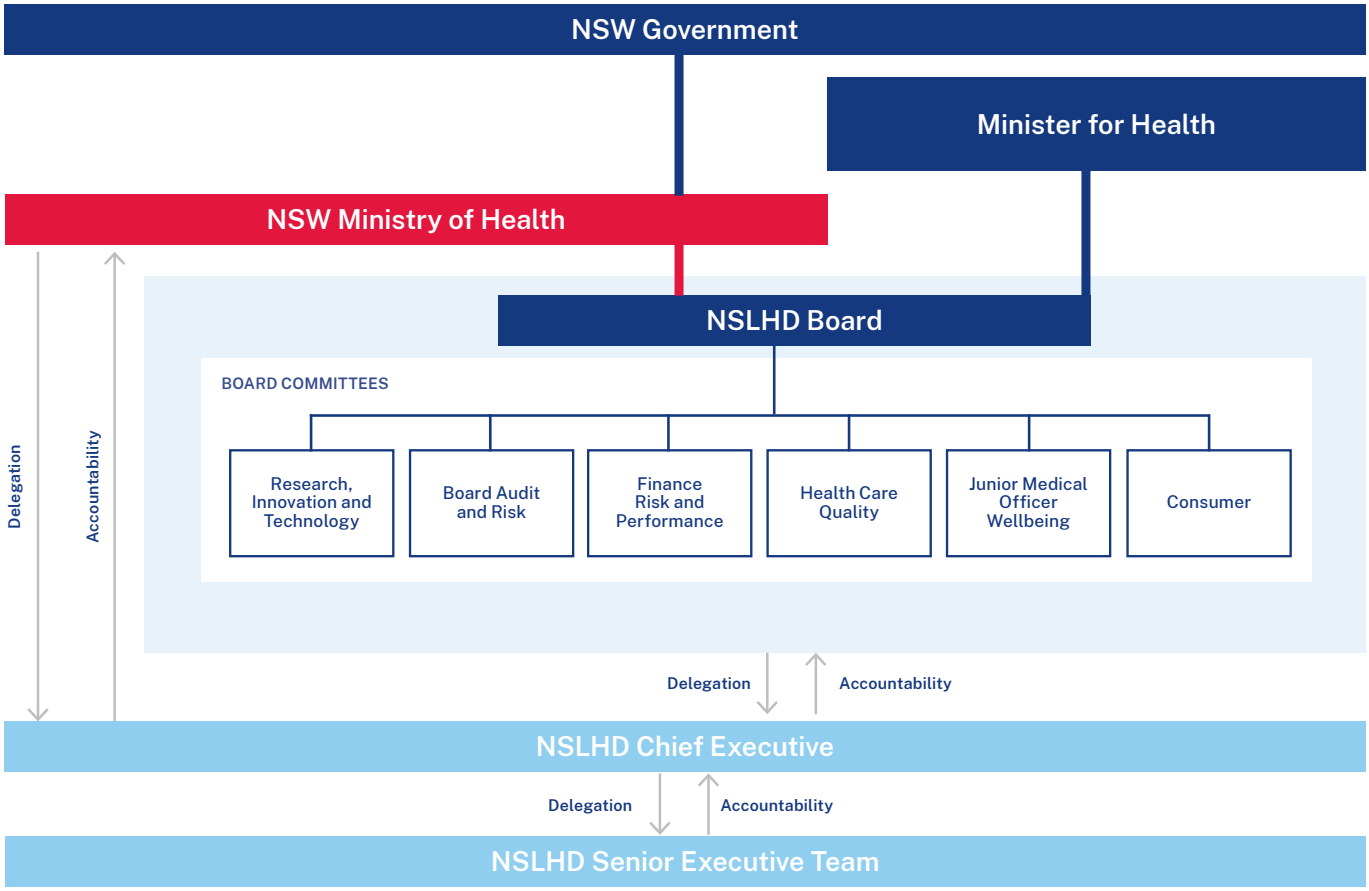
- Audit and Risk
- Finance and Performance
- Quality and Safety.

A local health district may also establish other Board committees as it determines appropriate to provide advice or other assistance to enable it to perform its functions under the Health Services Act 1997. NSLHD has additionally established:

- Consumer Committee
- Junior Medical Officer (JMO) Wellbeing Committee

In 2023, the NSLHD Board also established the Research, Innovation and Technology Board Committee. The NSLHD Board committee structure is detailed in Figure 1. Each NSLHD Board committee regularly reports to the Board on relevant matters.

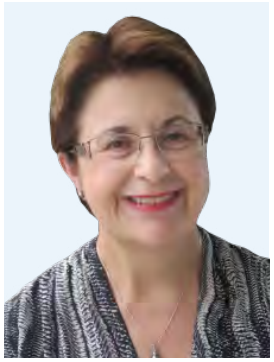
Figure 1 NSLHD Corporate Governance structure



Northern Sydney Local Health District Board

Trevor Danos AM FTSE
Board Chair

Professor Emerita Mary Chiarella AM
Board Deputy Chair



Karen Filocamo
Board Member

The Hon. Patricia Forsythe AM
Board Member

Andrew Goodsall
Board Member

Brad Goodwin
Board Member

Nadia Levin
Board Member

Dr Donna Lynch
Board Member

Dr Michelle Mulligan OAM
Board Member

Kimberley Reynolds
Board Member

Chris Greatrex
Board Member

Adam Johnston
Board Member

Dr Stephanie Teoh
Board Member

NSLHD ensures that all services are delivered in a manner consistent with corporate governance standards outlined in the NSW Health Corporate Governance and Accountability Compendium:

Standard 1

Establish robust governance and oversight frameworks

Standard 2

Ensure clinical responsibilities are clearly allocated and understood

Standard 3

Set the strategic direction of the organisation and its services

Standard 4

Monitor financial and service delivery performance

Standard 5

Maintain high standards of professional and ethical conduct

Standard 6

Involve stakeholders in decisions that affect them

Standard 7

Establish sound audit and risk management practices

Northern Sydney Local Health District Board Biographies (As at 1 April 2023)

Trevor Danos AM FTSE

Board Chair

Trevor is Chair of Northern Sydney Local Health District Board and sits on the boards of Endeavour Energy, and the privatised NSW Land Registry Office. Trevor is Chair of the NSW Treasury Social Investment Expert Advisory Group and is a member of the Australia SKA Coordination Committee for the Square Kilometre Array telescope.

Trevor is an Adjunct Professor at the University of New South Wales and the immediate past chair of the Dean of Science's Advisory Council. Trevor was previously a Director of the Civil Aviation Safety Authority, Summer Housing, NSW Circular and TransGrid and a member of the Cooperative Research Centres Committee. Trevor is the author of the book The Pursuit of Excellence: A History of the Professor Harry Messel International Science School.

Trevor was made a Member of the Order of Australia on Australia Day 2014.

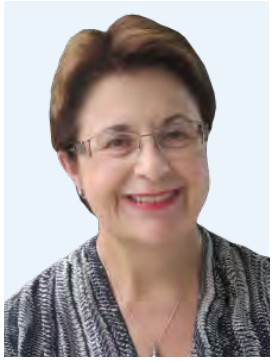
Professor Emerita Mary Chiarella AM

Board Deputy Chair

Mary is a Professor Emerita of Nursing at the Susan Wakil School of Nursing and Midwifery, Faculty of Medicine and Health, University of Sydney. Mary is an internationally renowned nurse leader with a distinguished career in nursing services, with qualifications in nursing, midwifery and law. Mary conducts research covering three broad themes including: safety and quality; law, ethics and regulatory issues; and improvements in nursing practices/models of care.

Mary's career spanning over 40 years began as a clinical nurse in the United Kingdom. Mary was invited to the World Health Organisation Nursing and Midwifery Directorate, Geneva, to develop a compendium of nurse-led Primary Health Care models including a review of global models of care from 38 countries.

Mary joined the NSLHD Board in 2017 and is Chair of the District Health Care Quality Committee and is a member of the District Board Consumer Committee.



Karen Filocamo
Board Member

Karen brings with her a wealth of experience in both the NSW health service and the non-government sector having held senior management roles in consumer engagement, health promotion and disability and chronic disease management. Karen has a Master of Health Services Administration and is the former Chief Executive of Arthritis and Osteoporosis NSW.

Karen joined the Northern Sydney Local Health District Board in 2019, and is Chair of the District Board Consumer Committee and is a member of the District Health Care Quality Committee.

The Hon. Patricia Forsythe AM
Board Member

The Honourable Patricia Forsythe AM most recently served as Australian High Commissioner to New Zealand. Patricia is a former member of the NSW Legislative Council and former Executive Director of the Sydney Business Chamber.

Patricia is currently a member of the Water NSW Board and is Chair of the NSW Government's International Education Advisory Committee.

Patricia has served as a board member of NSW Port Authority, Destination NSW, Hunter Development Corporation, Hunter Medical Research Institute, Sydney Children's Hospital Network Board, Macquarie University Council and Cricket NSW.

Patricia is a Fellow of the Australian Institute of Company Directors and was made a Member of the Order of Australia in 2019.

Patricia joined the Northern Sydney Local Health District Board in 2023.

Andrew Goodsall
Board Member

Andrew is the senior healthcare analyst with MST Marquee Australia. Andrew has specialised in equity research since 1999, and is rated as the number one sector analyst in each of the major surveys since 2004. Prior to joining MST Marquee in 2017, he was with UBS and Citi. Andrew has extensive health policy background culminating in his roles as a senior adviser/chief of staff to a former Victorian Minister for Health.

Andrew joined the Northern Sydney Local Health District Board in 2013 and is Chair of the District Finance, Risk and Performance Committee.

Brad Goodwin
Board Member

Brad has over two decades of front
line experience as a paramedic, with 12 years as an intensive paramedic specialist and is currently the Director of Safety and Recovery at NSW Ambulance. As a senior Aboriginal manager with NSW Ambulance, Brad has influenced decisions that have led to better employment and health outcomes for both Aboriginal and Torres Strait Islander employees and the patients. This has been by encouraging executive level managers to increase the skills of Indigenous paramedics through recruitment campaigns for Aboriginal paramedic specialists. Brad has an Advanced Diploma in Management, an Advanced Diploma Paramedical Science and qualifications in Corporate Governance.

Brad joined the Northern Sydney Local Health District Board in 2017 and is a member of the District Board Consumer Committee and the District JMO Wellbeing Committee

Northern Sydney Local Health District Board Biographies (As at 1 April 2023)

Chris Greatrex
Board Member

Chris is a technology executive who has worked across many industry sectors including; Health, Defence and Finance. A former Naval Officer in the Australian Defence Force for 13 years, Chris has worked in the US and Australia leading and growing businesses in the technology sector with a focus on delivering solutions to streamline operations and/ or improve capabilities.

Chris has a Bachelor of Arts (Economics), and an MBA in International Business. He is an alumni of the elevate61 Rapid Growth Entrepreneur Program, has developed commercial vineyards, property developments, and served on the Boards of The American Club, Artis Group and currently Dynamic Aspect.

Active in the Northern Sydney community, Chris is also Honorary Secretary of the North Sydney RSL Sub Branch promoting Veteran's Health initiatives.

Chris joined the Northern Sydney Local Health District Board in 2022 and is a member of the District Finance Risk and Performance Committee.

Adam Johnston
Board Member

Adam is a solicitor, holding a Master of Laws from the University of New England, Armidale, and a Graduate Diploma from the Australian Institute of Company Directors. He is a former long-term Member of the Government Solicitors Committee of the Law Society of NSW, was a founding member of the Consumer Advisory Council of the Sydney North Primary Health Network and has worked in various complaint handling roles for the NSW Ombudsman and the Energy and Water Ombudsman NSW (EWON).

He has a wealth of experience as consumer representative for a number of health agencies including Health Consumers NSW, Clinical Excellence Commission and Northern Sydney Local Health District's Mental Health Drug and Alcohol service.

Adam joined the Northern Sydney Local Health District Board in 2023 and is a member of the District Research Innovation and Technology Committee.

Nadia Levin
Board Member

Nadia is CEO of Research Australia and leads national advocacy for health and medical research innovation. Nadia has successfully driven recognition and a change in strategies to support the translation of research discovery and innovation into collective opportunity.

Part of her focus is showcasing digital evolution in healthcare and bio sciences progress in Australia. She was part of a national effort aimed at changing the way we fund research. She is Co-Chair of the Frontiers Health and Medical Research Initiative.

Nadia is currently Managing Director of Research Australia, and a non-executive Director on the boards of the New Zealanders for Health Research. She previously served on the board of the Australian Synchrotron. Nadia is a state and federal advisor for working groups and committees across the sector and is a mentor on the Industry Mentoring Network for STEM (IMNIS) network for early career researchers.

Nadia joined the NSLHD Board in 2022 and is Chair of the District Research Innovation and Technology Committee.

Dr Donna Lynch
Board Member

Donna is trained in anatomical pathology and has spent time as a general practitioner. Following several years working in the United Kingdom Donna returned to Australia and managed a specialist surgical practice. During this time she studied Practice Management and Accounting. Donna spent 10 years at DHM pathology where she trained registrars and scientific officers and took an active part in the expansion and development of the laboratory.

Donna joined the Northern Sydney Local Health District Board in 2018 and is a member of the District Board Consumer Committee and the District JMO Wellbeing Committee.

Dr Michelle Mulligan OAM
Board Member

Michelle is a Specialist Anaesthetist (FANZCA) at Royal North Shore Hospital and in the private sector. Michelle is a board member for Northern Sydney Local Health District and the Clinical Excellence Commission. She is a member of the Agency for Clinical Innovation Clinical Executive Advisory Group as well as number of committees of NSLHD including Women in Medical Leadership Group, Leadership Advisory Committee, and Digital Health Steering Committee.

Michelle's qualifications include a Master of Business Administration, Fellowship of the Australian Institute of Company Directors (FAICD) and Associate Fellowship of the Royal Australasian College of Medical Administrators (AFRACMA). Michelle has also served on a number of boards including the Council, Australian and New Zealand College of Anaesthetists. She received a prestigious Order of Australia medal (OAM) in 2022 for her service to medicine, particularly to Anaesthesia.

Michelle joined the District Board in 2017 and is a member of the District Finance, Risk and Performance Committee.

Kimberley Reynolds
Board Member

Kimberley is a Chartered Accountant with over 30 years of experience as a consultant working across large private and public sector organisations. Kimberley has experience with PWC, Unilever, Transport for NSW, Sydney Metro, Service NSW, Department of Industry, Science and Resources and Business Australia. Kimberley has a background in leading strategic realignment, growth, innovation and customer experience programs with a focus on risk, data and analytics, digital transformation and organisational performance. Kimberley is a strong advocate for improving patient experience and the care journey. Kimberley holds a Bachelor of Commerce and Masters of Business Administration.

Kimberley joined the District Board in 2020 and is a member of the District Health Care Quality Committee and District Research, Innovation and Technology Committee.

Dr Stephanie Teoh
Board Member

Stephanie is a general practitioner with over 20 years' experience in both rural and urban practices throughout Australia. From 2008 to 2015, Stephanie worked in Beijing, China for International SOS. She returned to Australia in 2015 as Medical Director for Qualitas Healthcare Australia, a primary healthcare group, focussing on clinical governance, risk management and primary care models. In 2018 Stephanie joined Osana as a Clinical Director to develop innovation in primary care to improve community health outcomes, chronic disease prevention and health network integration.

Stephanie is a Fellow of the Royal Australian College of General Practitioners (FRACGP), Diplomate of the Royal Australian & New Zealand College of Obstetrics and Gynaecology (DRANZCOG) and holds a Diploma of Paediatrics (Dip. Paeds).

Stephanie joined the Northern Sydney Local Health District Board in 2020 and is a member of the District Research Innovation and Technology Committee.

The Board

As at April 2023, the Board comprises 13 members, all of whom are appointed by the NSW Minister for Health (the Minister). The Board is subject to the control and direction of the Minister, except in relation to the content of a recommendation or report to the Minister. This function is delegated to the Secretary, NSW Health.

A member is appointed to the Board for up to five years and may hold office for such a period as specified in the member's instrument of appointment. When a member's term of office expires, the member is eligible (if otherwise qualified) for re-appointment, but may not be appointed so as to hold office for more than 10 years in total.

The Minister selects the membership of every local health district board to ensure the board has an appropriate mix of skills and expertise required to oversee and provide guidance to the district. Each local health district board is required to have at least one member who has expertise, knowledge or experience in relation to Aboriginal health. Table 2 details the length of tenure as at 1 April 2023 of each serving Board member.

Board Evaluation

The Board considers the ongoing development and improvement of its performance as critical to effective governance. The Board undertakes an annual review of the Board and its performance.

An evaluation of the Board's performance was last undertaken in November 2022. The Board performance evaluation consists of Board members identifying improvement opportunities, providing feedback on their attributes, competence, effectiveness and performance, and determining opportunities for improvement. The Board Chair meets individually with each Board member to discuss their performance and the overall performance of the Board. All Board members are also provided with an opportunity to discuss performance issues with the Deputy Board Chair. During performance reviews, Board members are offered tailored training opportunities.

Table 2 Board member tenure

Board Member	Appointed to the Board	Length of tenure
Andrew Goodsall	2013	9 years
Trevor Danos, AM FTSE (Chair)	2016	6 years
Professor Emerita Mary Chiarella AM (Deputy Board Chair)	2017	5 years
Brad Goodwin	2017	5 years
Dr Michelle Mulligan OAM	2017	5 years
Dr Donna Lynch	2018	4 years
Karen Filocamo	2019	3 years
Kimberley Reynolds	2020	2 years
Dr Stephanie Teoh	2020	2 years
Chris Greatrex	2022	1 year
Nadia Levin	2022	1 year
Adam Johnston	2023	< 1 year
The Hon. Patricia Forsythe AM	2023	< 1 year

Board Roles and Responsibilities

Trevor Danos AM FTSE joined the NSLHD Board in 2016 and was appointed Chair of the Board in 2017. The Board Chair is the official representative and spokesperson for the Board and the principal link between the Board and the Chief Executive. Professor Emerita Mary Chiarella became Deputy Board Chair in July 2021. When the Board Chair is absent, the Deputy Board Chair takes the responsibilities of the Chair on a temporary basis.

During 2022, the Board held 11 scheduled meetings. All Board members prepare comprehensively for each Board meeting and together are equipped to consider all aspects of any issue that impacts the strategic direction of NSLHD. Each Board member carries out their responsibilities independently and in the interests of NSLHD and the Northern Sydney community as a whole.

The Board recognises and values the importance of meeting with key stakeholders and employees, and has a comprehensive internal engagement calendar. Board 'breakfasts' are held monthly with clinical and non-clinical groups for the purposes of enhancing the Board's understanding of the opportunities and challenges faced by NSLHD employees. The Board also conducts regular tours of NSLHD Hospitals and Services. Engagement opportunities that were cancelled due to the COVID-19 pandemic will be rescheduled.

Accountability

The Board is ultimately responsible for overseeing and establishing an effective governance and risk management framework for NSLHD, endorsing the strategic direction, ensuring high standards of professional and ethical conduct, monitoring service delivery and financial performance and holding the Chief Executive accountable. The functions of the NSLHD Board as defined in the *Health Services Act 1997* and in the NSW Health Corporate Governance and Accountability Compendium are as follows:

- ensure effective clinical and corporate governance frameworks are established to support the maintenance and improvement of standards of patient care and services by NSLHD and approve those frameworks;
- approval of systems to
  - » support the efficient, effective and economic operation of NSLHD
  - » ensure NSLHD manages its budget to ensure performance targets are met
  - » ensure that resources are applied equitably to meet the needs of the community served by NSLHD;
  - » ensure strategic plans to guide the delivery of services are developed and approve those plans;
- provide strategic oversight of and monitor NSLHD's financial and operational performance in accordance with the State-wide performance framework against the performance measures in the service agreement for NSLHD;
- appoint, and exercise employer functions in relation to the Chief Executive of NSLHD;
- ensure that the number of NSW Health service senior executives employed to enable NSLHD to exercise its functions, and the remuneration paid to those executives, is consistent with any direction by the Health Secretary or any condition imposed by the Health Secretary;
- confer with the Chief Executive in connection with the operational performance targets and performance measures to be negotiated in the service agreement for NSLHD under the National Health Reform Agreement (NHRA);
- approve the service agreement for NSLHD under the NHRA;
- seek the views of providers and consumers of health services and of other members of the community served by NSLHD, as to NSLHD's policies, plans and initiatives for the provision of health services, and to confer with the Chief Executive on how to support, encourage and facilitate community and clinician involvement in the planning of district services;
- advise providers and consumers of health services and other members of the community served by NSLHD, as to NSLHD's policies, plans and initiatives for the provision of health services;
- endorse the NSLHD Annual Report;
- liaise with the boards of other local health districts and specialty network governed health corporations in relation to both local and State-wide initiatives for the provision of health services; and
- such other functions as are conferred or imposed on it by the regulations.

Board Expertise

The Board believes the current mix of skills, knowledge, attributes and expertise is sufficient to ensure balanced views and perspectives to oversee and provide suitable guidance to NSLHD.

To be considered for a position on a NSW Health local health district Board, members are required to nominate an area of expertise which the applicant considers would be the area of most significant contribution. These areas of expertise are listed below.

Table 3 Board expertise

Skill	Explanation
Corporate governance and risk	Experience in legal, compliance, strategic planning, audit, risk management, organisational culture and ethics.
Health management or health administration	Experience in leadership, senior public sector management or administration of a large and complex public health system, health care system, hospitals or hospital networks.
Financial management	Strong understanding of financial statements, accounting and financial management of a large organisation.
Business management or public administration	Experience in asset management, information technology, human resource, marketing and senior public sector management.
Clinical practice or provision of health services to patients	Experience in provision of health services to patients with backgrounds in medical, nursing, allied health and other health professional and paraprofessionals.
Aboriginal Health	Expertise, knowledge or experience in relation to Aboriginal Health and matters related to the social and emotional wellbeing of the Aboriginal and Torres Strait Islander community.
Understanding of local community issues	Experience in managing matters related to health care issues that impact the local community issues and understanding of the community served by NSLHD.
Primary health care experience	Experience in the management and/or provision of essential healthcare accessible to individuals and families in the community, including health promotion and prevention and treatment of acute and chronic conditions.

Board Commitees

Under the NSLHD By-Laws, the Board is required to establish a Audit and Risk Committee, a Finance and Performance Committee and a Quality and Safety Committee to provide advice or assistance to enable NSLHD perform its functions under the *Health Services Act 1997*. The Board has determined that in order to effectively discharge its duties, two additional Board sub-committees are required being the Consumer Committee and Junior Medical Officer (JMO) Wellbeing Committee. The Research, Innovation and Technology Committee was established as a third additional Board sub-committee in March 2023.

Each Committee has Terms of Reference that are publicly available and published on the NSLHD Internet. The Terms of Reference outline the governance, purpose, objective and responsibilities pertaining to each Committee and are reviewed annually. All Board Committees are required to undergo annual self-evaluations.

A brief description of the role and function of each Board Committee is described below and Board membership on the Committees is summarised in Table 4.

Board Audit and Risk Committee (BARC)

The BARC meets four times per year with additional meetings held to review annual financial statements.

The BARC provides independent assistance to the Board and the Chief Executive by monitoring, reviewing and giving advice related to NSLHD governance processes, risk management and control frameworks, and its external accountability obligations. The BARC has no executive powers and is directly responsible and accountable to the Board and the Chief Executive for the exercise of its responsibilities.

BARC members collectively develop, possess and maintain a broad range of skills and experience relevant to the operations, governance and financial management of the NSLHD, the environment in which the organisation operates and the contribution that the Committee makes to NSLHD. At least one Committee member has accounting or related financial management experience with an understanding of accounting and auditing standards in a public sector environment.

The BARC consists of three to five members appointed by the Board. The majority of the members must be independent, including the Chair. The Board appoints the Chair and members of the Committee.

Research Innovation and Technology (RIT) Committee

The RIT Committee was established in 2023 and will meet quarterly.

The NSLHD Board is committed to ensuring the delivery of clinical care is informed and supported by world leading research, innovation and technology that benefits our patients, their families and carers and our community. The RIT Committee oversees the governance of research, innovation and technology and ensures that it complements clinical care. The RIT Committee will engage and coordinate with the NSLHD Chair of Research and with NSLHD's university and other research partners to drive the delivery of the NSLHD Research Strategy.

Finance Risk and Performance (FRAP) Committee

The FRAP Committee meets 11 times per year.

The FRAP Committee provides governance oversight, advice and recommendations to the Board and the Chief Executive on the sustainable financial performance of the operations of NSLHD.

The FRAP Committee is informed of any exposure to financial risks and the extent to which they are being effectively managed. The Committee monitors and advises on financial performance, asset management, major contracts, risk, procurement and other relevant matters.

The FRAP Committee consists of one to three members of the NSLHD Board, the Chief Executive, the Director of Finance and Corporate Services, the Executive Director Operations and the Director of Performance and Analytics. The Board appoints the Chair of the Committee.

Health Care Quality Committee (HCQC)

The HCQC meets six times per year.

The HCQC identifies opportunities to continually improve the quality of services and all aspects of care. This is achieved through defining, overseeing, measuring, monitoring, improving and reporting on structure, processes and assurance for effective, consistent and best practice patient safety and clinical quality and, where relevant, having regard to National Safety and Quality Healthcare Services Standards.

The HCQC is made up of the Chief Executive, one to three Board members, NSLHD Executives and representatives from all Hospitals and Services. The HCQC has cross membership with the Consumer Committee.

Consumer Committee

The Consumer Committee meets a minimum of five times per year.

The Consumer Committee is responsible for overseeing the consumer engagement and consumer experience strategy and agenda. The Consumer Committee's primary functions include, but are not limited to, providing strategic advice to the NSLHD Board in relation to; the consumer experience of health care and, consumer needs, including ensuring effective two way communication, research and, engagement strategies are in place to promote the needs of consumers.

The Consumer Committee consists of the Chief Executive, the Director Clinical Governance and Patient Experience, a minimum of two NSLHD Board members, representatives from the consumer participation committees of the NSLHD Hospitals and Services, a senior representative from one of the major non-government organisations providing services to NSLHD, Aboriginal and Torres Strait Islander Health Service representative, a representative from the Sydney North Health Network, the NSLHD Consumer and Patient Experience Manager and, representatives from the NSLHD Youth Health Promotion, the Culturally and Linguistically Diverse Community and Carers of the Northern Sydney Community.

The Consumer Committee has cross membership with the HCQC.

Junior Medical Officer (JMO) Wellbeing Committee

The JMO Wellbeing Committee structure was reviewed in 2022. From 2023, the Committee will meet four times per year.

The JMO Wellbeing Committee identifies, prioritises and promotes the implementation of initiatives designed to enhance the working environment of JMOs in NSLHD. The Committee also monitors issues regarding JMO wellbeing including results of relevant JMO surveys and develops responses to address issues identified. The Committee provides feedback and support, to Hospitals and Services, relating to initiatives for JMO wellbeing in NSLHD.

Table 4 Board Committee Membership

● Chair ● Member

	Audit and Risk (Observers)	Finance Risk and Performance	Health Care Quality	Consumer	Junior Medical Officer Wellbeing	Research Innovation Technology
Trevor Danos, AM FTSE[1]						
Professor Emerita Mary Chiarella AM[2]			●	●		
Karen Filocamo[3]			●	●		
The Hon. Patricia Forsythe AM						
Andrew Goodsall	●	●				
Brad Goodwin[4]	●			●	●	
Chris Greatrex		●				●
Adam Johnston						●
Nadia Levin						●
Dr Donna Lynch[5]				●	●	●
Dr Michelle Mulligan OAM[6]		●				
Kimberley Reynolds			●			●
Dr Stephanie Teoh						●

1 Trevor Danos AM FTSE, in his capacity as Board Chair, is an ex officio member of all Board Committees
2 Professor Emerita Mary Chiarella AM is also a member of the NSLHD Planetary Health Committee convened by the Chief Executive
3 Karen Filocamo is also a member of the NSLHD Research Advisory Committee convened by the Chief Executive
4 Brad Goodwin is also a member of the NSLHD Aboriginal and Torres Strait Islander Health Advisory Committee
5 Dr Donna Lynch is also a member of the NSLHD Planetary Health Committee convened by the Chief Executive
6 Dr Michelle Mulligan OAM is also a member of the NSLHD Digital Health Steering Committee and the NSLHD Leadership Advisory Board convened by the Chief Executive

General Governance and Senior Executive Structure

NSLHD has the appropriate structures in place to ensure provisions applied to Health Service Senior Executives align to the *Health Services Act 1997, Government Sector Employment Legislation Amendment Act 2016,* statutory settings and requirements set by the Secretary, and NSW Health policies.

Lee Gregory was appointed Acting NSLHD Chief Executive in September 2022. The NSLHD Board appoint the Chief Executive with the concurrence of the Secretary, under the *Health Services Act 1997.* The affairs of NSLHD are managed and controlled by the Chief Executive. The Chief Executive is accountable to the Board for the overall operations and performance of NSLHD.

The Board is responsible for ensuring that the number of Senior Executives employed by NSLHD enables the organisation to effectively exercise its functions consistent with any Secretary or NSW Health policy or procedure. The Chief Executive is required to seek approval from the Secretary on the number of Senior Executives employed by NSLHD, and the band in which they are employed.

The appropriate band for each Senior Executive role in NSLHD is determined by the NSW Public Service Commission Work Level Standards.
There are three bands in which the role of a Senior Executive is established:

- **Band 3** – System linkers with high level cross-agency, cross-sector, national and international experience.
- **Band 2** – Senior Executives focused on strategic activities that align to future requirements of NSLHD and broader government objectives.
- **Band 1** – Senior Executives responsible for a subset of NSLHD's core functions.

All Senior Executives are employed under a written contract of employment signed by the Chief Executive on behalf of the NSW Government. Each Senior Executive has a role description that incorporates the relevant capability levels from the NSW Public Sector Capability Framework. Each Senior Executive has an annual performance agreement in place with the Chief Executive.

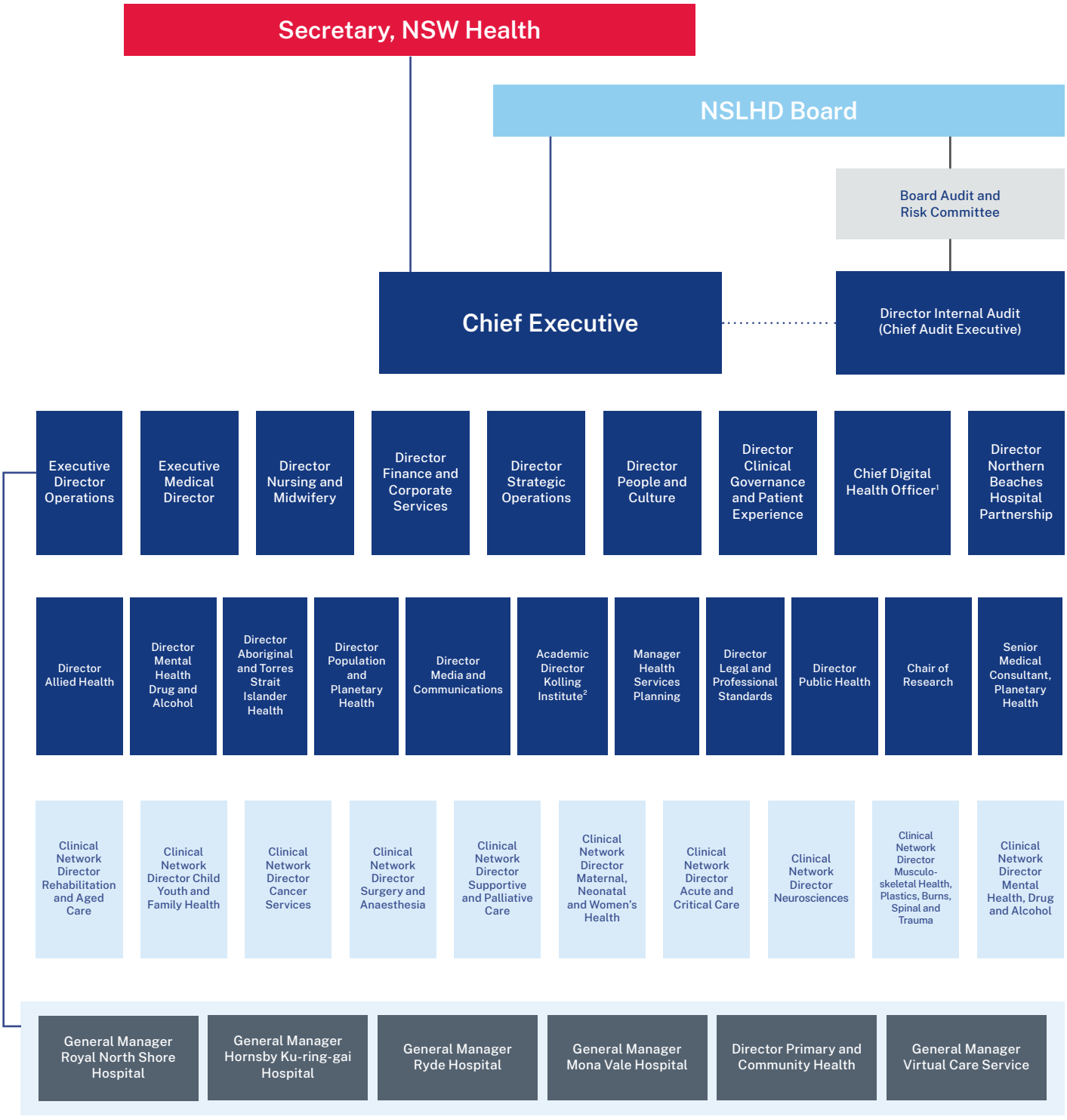
Remuneration

The remuneration range for each Senior Executive is determined using a job evaluation score and the NSW Public Service Commission Senior Executive Remuneration Framework. The Framework provides a fair and transparent approach to determining Senior Executive remuneration, in line with the *Government Sector Employment Act 2013*. Remuneration ranges for each Senior Executive band are determined annually by the Statutory and Other Offices Remuneration Tribunal (SOORT). All Senior Executives are reviewed annually against a Performance Assessment Scale where they are assessed from Performance Level 'Outstanding' to 'Unsatisfactory.'

Clinical Engagement in Organisational Structure

NSLHD and its associated hospitals and health services are governed by a network-led operating model. Clinical engagement in the Senior Executive structure is critical to empowering clinicians to work with the Chief Executive, divisional structures, Senior Executives, Hospital General Managers and Service Directors. The Clinical Network Directors, reporting directly to the Chief Executive, play an important role in establishing and overseeing standards of care, providing leadership in relation to education and research, and providing advice in relation to service development, resource allocation and workforce requirements. This operating model ensures executive teams across NSLHD are adequately supported to deliver outcomes and to drive change that benefits patients, consumers and carers by delivering the right care, in the right place, at the right time.

Figure 2 NSLHD Organisation Chart (As at April 2023)



1 Jointly appointed across Northern Sydney Local Health District and Central Coast Local Health District
2 Jointly appointed between the University of Sydney and Northern Sydney Local Health District

Clinical Governance

NSLHD has in place frameworks and systems for measuring and routinely reporting on the safety and quality of care provided.

Clinical governance is acknowledged as an integrated component of corporate governance. The Board recognises that the successful implementation of Clinical Governance requires identification of clear lines of responsibility and accountability for clinical care and development of strong and effective partnerships between clinicians and managers.

The Board is satisfied that NSLHD provides the leadership required to develop a culture of safety and quality improvement, and has satisfied itself that such a culture exists within NSLHD.

The Board has endorsed the *NSLHD Clinical Quality Improvement Framework 2022-2025* and has ensured that roles and responsibilities for safety and quality in health care provided for and on behalf of NSLHD, or within its hospitals and services, are clearly defined for the Board and workforce, including management and clinicians. Committees of the Board have monitored the action taken as a result of analyses of clinical incidents and have routinely and regularly reviewed reports relating to these, and monitored NSLHD's progress on safety and quality performance in health care.

The Board closely monitors NSLHD compliance and preparedness against each of the ACSQHC National Safety and Quality Health Service (NSQHS) Standards. NSLHD has fully complied with, and acquitted, any actions in the NSQHS Standards relating to the responsibilities of governing bodies generally for Governance, Leadership and Culture. The Standards address the following patient focused areas:

- Clinical Governance
- Partnering with Consumers
- Preventing and Controlling Infections
- Medication Safety
- Comprehensive Care
- Blood Management
- Communicating for Safety
- Recognising and Responding to Acute Deterioration.

In line with the ACSQHC National Model Clinical Governance Framework, the Board ensures compliance with the following responsibilities of governing bodies for corporate governance:

- Establishment of a strategic and policy framework
- Delegates responsibility for operating the organisation to the Chief Executive
- Supervises the performance of the Chief Executive
- Monitors the performance of NSLHD and ensures that there is a focus on continuous quality improvement.

The Clinical and Quality Council provides the Board and the Chief Executive with advice on clinical matters affecting NSLHD, including on:

- Improving quality and safety in the hospitals within NSLHD
- Planning for the most efficient allocation of clinical services within NSLHD
- Focusing on the clinical safety and quality of the health system for Aboriginal people
- Translating national best practice into local delivery of services
- Working with representatives from local communities to develop innovative solutions that address local community needs.

All hospitals and our Mental Health Drug and Alcohol service have established multidisciplinary Clinical Councils that promote engagement with clinicians and enhance local management decision making. The objectives of the Clinical Councils include:

- Providing a local structure for consultation with, and involvement of, clinical staff in management decisions impacting public hospitals and related community services
- Acting as a key leadership group for the hospital
- Working with hospital executive structures to ensure that the hospital delivers high quality health and related services for patients
- Facilitating effective patient care and service delivery through a cooperative approach to the efficient management and operation of public hospitals with involvement from medical practitioners, nurses, midwives and allied health practitioners and clinical support staff
- Being a forum for information sharing and providing feedback to staff (through council members) on relevant issues.

The Medical and Dental Appointments Advisory Committee reviews the appointment or proposed appointment of all visiting practitioners and specialists. The Credentials Subcommittee provides advice to the Medical and Dental Appointment Advisory Committee on all matters concerning the scope of practice and clinical privileges of visiting practitioners or staff specialists.

Aboriginal and Torres Strait Islander Health

The Board has ensured that NSLHD's safety and quality priorities address the specific health needs of Aboriginal and Torres Strait Islander people. The Aboriginal and Torres Strait Islander Health Advisory Committee ensures positive and equitable health care outcomes for Aboriginal and Torres Strait Islander people across NSLHD. The Committee plans, monitors and evaluates the provision of Aboriginal and Torres Strait Islander Health Services in line with the strategic direction of NSLHD.

A Local Partnership Agreement is in place between the Aboriginal Medical Service Co-operative Limited and NSLHD, South Eastern Sydney Local Health District, Sydney Local Health District, St Vincent's Hospital Network and Sydney Children's Hospital Network. In addition, the Board is satisfied that NSLHD complies with the requirements set out in the Aboriginal Health Impact Statement and Guidelines. The Impact Statement ensures that the needs and interests of Aboriginal people are embedded into the development, implementation and evaluation of all NSW Health initiatives.

Partnering with Stakeholders

The Board prioritises and seeks the views of local stakeholders in the decisions that affect them. To align with the NSW Health Corporate Governance and Accountability Compendium, Standard 6: Involve Stakeholders In Decisions That Affect Them and the National Safety and Quality Health Service Partnering with Consumers Standard, NSLHD has committed to enhancing existing systems to partner with consumers in the design, delivery, measurement and evaluation of their care. Consumers are involved in governance processes through their membership and involvement on District Committees. There are established Consumer Participation Committees, Consumer Advisory Councils and Peer Workforce Committees at all of our hospitals and services. The NSLHD Consumer Committee provides overarching assurance and strategic advice in relation to the consumer and carer experience of health care and to develop effective communication and engagement strategies for the NSLHD community.

The Board is also committed to improving the health, wellbeing and health literacy of the community through the availability and access to information and resources about our services and health-related topics tailored to the specific needs of our consumers.

In addition, NSLHD has a Patient Service Charter to identify NSLHD's commitment to protecting the rights of patients in the public health system. NSLHD protects the rights of patients in the health system by following policy and guidelines including:

- NSW Health My Health Record Security and Access Policy Directive
- NSW Health Your Health Risks and Responsibilities Policy Directive
- Australian Charter of Health and Health Care Rights Policy Directive.

Audit

Internal Audit

The Internal Audit Unit (IAU) provides objective and independent advice and assurance to the Board, Board Audit and Risk Committee and Chief Executive on the controls and risk management frameworks in place to assist NSLHD in achieving its goals and objectives.

The IAU is an objective and independent assurance and consulting function designed to add value and improve NSLHD's hospital and service operations. The IAU evaluates and contributes to NSLHD's governance, risk management, and control processes using a systematic and disciplined approach. The IAU, through its activities, plays an integral part in maintaining a culture of accountability and integrity and promoting a culture of cost-consciousness, self-assessment and adherence to high ethical standards. In addition, the IAU is responsible for facilitating the integration of risk management into day-to-day activities and processes.

The Internal Audit Charter is reviewed annually in consultation with the Chief Executive and is endorsed by the Board Audit and Risk Committee.

Audit activities and advisory activities align to NSW Health Internal Audit Policy Directive and Procedures, and with relevant professional standards including International Standards for the Professional Practice of Internal Auditing. This is in addition to NSLHD policies, procedures and guidelines and cover the following:

Risk Management (Audit Activity)

- evaluate the effectiveness, and contribute to the improvement, of risk management processes
- provide assurance that risk exposures relating to NSLHD's governance, operations, and information systems are correctly evaluated, including:
  - reliability and integrity of financial and operational information
  - effectiveness, efficiency and economy of operations
  - safeguarding of assets
  - evaluate the design, implementation, and effectiveness of NSLHD's ethics-related objectives, programs, and activities
  - assess whether the information technology governance of NSLHD sustains and supports the organisation's strategies and objectives.

Compliance (Audit Activity)

- compliance with applicable laws, regulations and Government policies and directions

Performance Improvement (Audit Activity)

- the efficiency, effectiveness, and economy of NSLHD's business systems and processes

New programs, systems and processes (Advisory Service)

- providing advice on the development of new programs and processes and/or significant changes to existing programs and processes including the design of appropriate controls

Risk management (Advisory Service)

- assisting management to identify risks and develop risk mitigation and monitoring strategies as part of the risk management framework

Fraud control (Advisory Service)

- evaluate the potential for the occurrence of fraud and how NSLHD manages fraud risk
- assisting management to investigate fraud, identify the risks of fraud and develop fraud prevention and monitoring strategies.

The IAU prepare a risk-based annual IAU work plan that is endorsed by the Board Audit and Risk Committee. The Chief Audit Executive presents reports at each Board Audit and Risk Committee meeting that cover audits completed, progress against the IAU work plan and implementation status of agreed internal and external audit recommendations. In addition, a report on the overall state of internal controls in NSLHD and any systemic issues requiring attention is presented to the Board Audit and Risk Committee annually.

External Audit

The Audit Office of NSW has been delegated by the NSW Ministry of Health to undertake the external audit function for NSLHD. The Audit Office of NSW is the independent auditor for the NSW public sector and report directly to the NSW Parliament. The Audit Office of NSW sends relevant reports to the Board Audit and Risk Committee.

All external audit activities conducted are coordinated to ensure adequacy of overall audit coverage. External audit have full access to all NSLHD internal audit plans, working papers and reports.

Fraud and Corruption Prevention Program

Our Fraud and Corruption Control Policy reflects NSLHD's commitment to managing the risks of fraud and corruption in compliance with the NSW Health Corrupt Conduct – Reporting to the Independent Commission against Corruption (ICAC) Policy, NSW Audit Office guidelines, and Fraud and Corruption Control Australian Standards.

Work Health and Safety

NSLHD is committed to ensuring a proactive and positive approach towards the risk management of work, health and safety (WHS) for all NSLHD employees, patients and visitors.

All employees are encouraged to be engaged and empowered to positively contribute to achieving a person-centred safety culture and safe workplace. This commitment to proactive WHS management extends to other Persons Conducting Business or Undertakings (PCBU) and their workers where applicable.

The Board was compliant with their Due Diligence obligations as Officers under the NSW WHS Act 2011, and NSW Health Work Health and Safety Audits Policy Directive (PD2016_017) during 2022. The Board and Chief Executive are collectively responsible for ensuring the health and safety systems implemented across NSLHD eliminate and minimise workplace injuries.

The Board is satisfied that NSLHD has achieved a WHS focused, person centred safety culture where people are physically and psychologically safe and are supported to maximise their health and wellbeing. NSLHD is committed to managing risks by resourcing, supporting and empowering its employees and managers to proactively participate in the risk reporting, risk escalation and risk treatment processes implemented and by selecting control measures that are effective, and based on evidence. These include eliminating risks where practicable in order to comply with the NSW WHS Act 2011 and WHS Regulation 2017. NSLHD commits to the implementation and continuous improvement of health and safety by establishing measurable objectives and targets. As an affirmation of NSLHD's WHS commitment, Policy statements signed by the Chief Executive and General Manager and Service Directors are displayed in all NSLHD hospitals and services.

Risk Management

NSLHD is committed to building and maintaining an effective risk management culture that ensures adequate management, mitigation and monitoring of clinical and non-clinical risks across all hospitals, services, and corporate functions.

NSLHD's approach to risk management aligns to the following mandatory requirements outlined in the NSW Health Enterprise-Wide Risk Management Policy and Framework:

- Risk management is embedded into corporate governance, planning, financial, insurable, clinical, workforce management structures, operational service delivery, project management and support functions
- Risk management is included as a part of the strategic, operational and annual business planning activities
- An up-to-date Risk Register is in place
- Risk Management Plan in place that outlines the approach to further enhance risk management across NSLHD in accordance with the requirements of the relevant NSW Health Policy Directive
- Enterprise Risk Management Procedure that identifies how NSLHD will manage, record, monitor and address risk, and includes processes to escalate and report on risk to the Chief Executive and Executive Risk Committee, Board Audit and Risk Committee, and Board
- Processes in place to monitor and review the risk governance system
- Chief Risk Officer appointed and responsible for designing NSLHD's risk management framework and coordinating, maintaining and embedding the framework into NSLHD.

Risk management principles and practices reflected within NSLHD's governance systems, are applied in the development of strategic and operational planning and performance, and are integrated into all functions and activities including clinical care, research, education, support services and management.

Key risk management stakeholder responsibility

In line with the NSW Health Enterprise-Wide Risk Management Policy and Framework, and subsequent changes announced by NSW Health from 1 January 2021, Key Risk Management oversight and Stakeholder Responsibilities at all levels are outlined in Table 5.

Table 5

Risk Management Stakeholder	Stakeholder Key Responsibilities
NSW Ministry of Health	• Champions a culture of risk awareness and monitors systemic risk across NSW Health (including NSLHD) • Updates and monitors compliance with the NSW Health Enterprise-Wide Risk Management Policy and Framework • Identifies systemic risk issues in consultation with health organisations (including NSLHD), central agencies and accountability bodies • Requests twice-yearly responses from Health Organisations (including NSLHD) on Risk Statements to assist Ministry to develop a state-wide report to Health Organisations on the specified area of risk • Reviews quarterly risk register reports received from health organisations (including NSLHD) and provides regular feedback on system-wide trends • Provides feedback to health organisations (including NSLHD), based on quarterly reports received • Monitors compliance with NSW Health annual Audit and Risk Attestation Statements • Maintains the NSW Ministry of Health Risk Register and formal reporting requirements.
Board, in conjunction with Finance, Risk and Performance Committee and Health Care and Quality Committee	• Ensures an effective risk management framework (including risk appetite and risk tolerance) is established and embedded into NSLHD clinical and corporate governance processes • Provides strategic oversight and monitoring of NSLHD's risk management activities and performance • Seeks information from the Chief Executive as necessary to satisfy the Board that risks are being identified and mitigation strategies are in place and effective • Receives quarterly written reports and presentations from the Chief Risk Officer.
Board Audit and Risk Committee	• Operates in accordance with the Board Audit and Risk Committee Charter as approved under the NSW Health Internal Audit Policy Directive • Monitors and reviews risk management attestation compliance and reports to the NSW Ministry of Health on risk management and control frameworks within NSLHD • Ensures audit plans for NSLHD include appropriate consideration of risk.
Chief Executive	• Champions a risk management culture that includes a focus on continuous improvement and identifying opportunities as well as risks • Ensures the Risk Management Plan is implemented and the Risk Register is current • Ensures appropriate resources are allocated to managing and monitoring risk and to implementing risk mitigation strategies identified through risk planning activities • Allocates accountability for managing individual risks at an appropriately senior level to ensure risk mitigation strategies are implemented • Communicates risk management requirements to management and staff • Takes appropriate action on risks reported or escalated • Provides the Board Audit and Risk Committee and Board with regular reports on risks and management actions being taken to mitigate these risks • Determines the level of management that will be delegated authority to accept risks • Provides quarterly reports to the Ministry of Health on NSLHD's top 10 risks inclusive of all extreme risks • Approves the annual NSLHD Audit and Risk Management Attestation Statement.

Risk Management Stakeholder	Stakeholder Key Responsibilities
Senior Managers/ Executives	• Promotes risk management within their areas of responsibility, including communication of requirements to relevant staff • Are accountable for risks and mitigating controls within their area of responsibility and take appropriate action on risks reported or escalated • Reports on changes and updates to the Risk Register, including updates on risk management strategies, current risk ratings and emerging risks.
Risk owners	• Manage the risk, including designing, implementing and monitoring actions to address (or "risk treatments") for a particular risk • Assess the effectiveness of existing controls and design improvements as required • Escalate the risk for effective management as appropriate to the level of the risk.

The Executive Risk Committee is NSLHD's peak management committee with respect to Enterprise Risk Management (ERM). The ERC:

- Advises the Chief Executive on NSLHD's Enterprise Risk Management program
- Reviews registers for relevance and currency of risk information
- Reviews NSLHD's strategic risks, key operational risks, new and emerging risk, risks where there has been material change to the risk rating, risk trends and closed risks
- Ensures risk ratings are consistently applied from a whole-of-NSLHD perspective and current risk ratings take into consideration the mitigating controls in place
- Ensures risk treatment actions are identified where necessary and monitor progress on those actions within timeframes
- Evaluates the level of risk assessed to determine whether to accept the current risk (within appetite/ attitude and tolerances); or if the risk requires further treatment action to mitigate the risk (control likelihood and/or consequence, share with or transfer to another party)
- Reviews the continuous improvement and integration of NSLHD's ERM Framework
- Provides the Board and Board Audit and Risk Committee with assurance that processes are in place to proactively identify and manage risks to levels within agreed tolerances
- Conducts an annual review of NSLHD's ERM framework for alignment with NSW Health Policy, effectiveness and continuous improvement
- Reviews any recommendations for improvements made by the Board Audit and Risk Committee, the Finance Risk and Performance Committee, Health Care and Quality Committee, or internal or external Audit reviews.

Financial Reporting

NSLHD has the systems in place to support the efficient, effective and economic operation of all our hospitals and services, and to oversight financial and operational performance. All financial and administrative authorities have been appropriately delegated by the Chief Executive with approval of the Board and are formally documented within the NSLHD Delegations Manual.

NSLHD is responsible for ensuring compliance with the NSW Health Accounts and Audit Determination and with the annual Ministry of Health budget allocation advice.

The Chief Executive is responsible for:

- Confirming the accuracy of the information in the financial and performance reports provided to the Board and those submitted to the Finance, Risk and Performance Committee and the Ministry of Health, and ensuring the operational results are in accordance with the relevant accounting standards
- Ensuring the relevant internal controls for NSLHD are in place to recognise, understand and manage its exposure to financial risk
- Ensuring overall financial performance is monitored and reported to the Finance, Risk and Performance Committee
- Ensuing monthly information reported to the Ministry of Health reconciles to and is consistent with reports to the Finance, Risk and Performance Committee
- Write-offs of debtors have been approved by duly authorised delegated officers.

NSLHD and NSW Health Service Agreement

A written Service Agreement between NSLHD and the Ministry of Health was in place during the financial year between the Board and the Secretary, and performance agreements between the Board and the Chief Executive. The Board has the mechanisms in place to monitor the progress of all matters contained within the Service Agreement, including those related to the financial performance of NSLHD.

Finance, Risk and Performance Committee

The Finance, Risk and Performance Committee ensures that the operating funds, capital works funds, resource utilisation and service outputs required of NSLHD are being managed in an appropriate and efficient manner. The Finance, Risk and Performance Committee receives the following monthly reports:

- Financial performance of each hospital and service
- Subsidy availability
- Position of Restricted Financial Asset and Trust Funds
- Activity performance against indicators and targets in the performance agreement for NSLHD
- Advice on the achievement of strategic priorities identified in the performance agreement for NSLHD
- Year to date and end of year projections on capital works and private sector initiatives.

NSW Health Corporate Governance Standards and NSLHD Assurance Mechanisms

Standard 1

Establish Robust Governance and Oversight Frameworks

Ensuring that the authority, roles and responsibilities of our governance, management and operating structures are clearly defined, documented and understood.

Requirements

(NSW Health Corporate Governance & Accountability Compendium)

- The authority, roles and responsibilities of our governing, management and operating structures, including reporting relationships of the Board, Chief Executive and senior management, are documented clearly and understood.
- NSLHD's legal and policy obligations are identified and understood; and responsibilities for compliance are allocated.
- Financial and administrative authorities are approved by the Chief Executive and/or Board and are published in a delegations manual for the organisation which is readily accessible.
- A system is in place to ensure that the policies and procedures of the organisation are documented, endorsed by the Board and/or Chief Executive and are readily accessible to staff.
- Aboriginal leadership in health decisions is embedded at a local level to ensure programs, policies and service delivery are appropriate and meaningful, and focused on Aboriginal community priorities.

NSLHD Assurance Mechanisms

- ✓ All Board members undertake annual evaluations of their performance.
- ✓ All Board members undertake necessary education/training.
- ✓ The Terms of Reference for all Board Committees are reviewed annually.
- ✓ All Board Committees complete annual Committee evaluations.
- ✓ All Board declarations of conflicts of interest are undertaken at every Board meeting and reviewed on an annual basis.
- ✓ An up-to-date NSLHD Delegations Manual is maintained whereby all financial and administrative authorities have been delegated by formal resolution of the Board.
- ✓ The leadership and accountability responsibilities for Aboriginal and Torres Strait Islander health are built into the roles of executives and managers at all levels of the organisation.
- ✓ The NSW Health and NSLHD Annual Service Agreement is available to the public.
- ✓ The Board ensures completion of the Chief Executive's annual performance agreement and review against identified objectives and indicators of success.
- ✓ The Chief Executive ensures that an up-to-date organisational chart is publicly available on the NSLHD Website, demonstrating the structure, roles and reporting relationships of the Board, Chief Executive, senior executive management and Clinical Network Directors.
- ✓ The Chief Executive shares the NSLHD Corporate Governance Plan internally with stakeholders, including consumer representatives where relevant, and ensure they understand and contribute to its implementation.
- ✓ The Board holds at least 11 scheduled meetings in the preceding 12-month period with a meeting planner and schedule ensuring the primary responsibilities of the Board are met pursuant to the *Health Services Act 1997.*

NSLHD Assurance Mechanisms *(continued)*	✓ Each Board sub-committee has Terms of Reference that are publicly available and published on the NSLHD Internet. The Terms of Reference outline the governance, purpose, objective and responsibilities pertaining to each Committee and are reviewed annually. ✓ The Chief Executive ensures an annual *Corporate Governance Attestation Statement* is developed by 31 August the Statement sets out the main corporate governance frameworks and practices in operation within NSLHD, in line with the seven Corporate Governance Standards. ✓ The Chief Executive and Board receive periodic briefings on how NSLHD meets its obligations under the *NSW Aboriginal Health Plan 2013-2023*. ✓ The Board Chair ensures that at least one member who has expertise, knowledge or experience in relation to Aboriginal health.
Owners	• Board • Chief Executive

Standard 2

Ensure Clinical Responsibilities are Clearly Allocated and Understood

Ensure that clinical management and consultative structures within the organisation are appropriate to the needs of NSLHD. Ensure that the role and authority of Clinical Directors and General Managers should be clearly defined, documented and understood.

Requirements

(NSW Health Corporate Governance & Accountability Compendium)

- Clear lines of accountability for clinical care are established and are communicated to clinical staff; and staff who provide direct support to them.
- The authority of Hospital and Service General Managers and Service Directors are clearly understood.
- A Medical and Dental Appointments Advisory Committee (MADAAC) is established to review and make recommendations about the appointment of medical staff and visiting practitioners.
- A Credentials Subcommittee is established to make recommendations to the MADAAC on all matters concerning the scope of practice and clinical privileges of visiting practitioners or staff specialists; and to advise on changes to a practitioner's scope of practice.
- An Aboriginal Health Advisory Committee is established with representation from Aboriginal Community Controlled Organisations (ACCHSs) and/or other Aboriginal community organisations, and with clear lines of accountability for clinical services delivered to Aboriginal people.
- A systematic process for the identification, and management of clinical incidents and minimisation of risks to the organisation is established.
- An effective complaint management system for the organisation is developed and in place.
- Effective forums are in place to facilitate the involvement of clinicians and other health staff in decision making at all levels of the organisation.
- Appropriate accreditation of healthcare facilities and their services is achieved.
- Licensing and registration requirements are checked and maintained.
- The Decision Making Framework for Aboriginal Health Workers to Undertake Clinical Activities is adopted to ensure that Aboriginal Health Workers are trained, competent, ready and supported to undertake clinical activities.

NSLHD Assurance Mechanisms

- ✓ An attestation statement is submitted annually to the Board to confirm compliance with the National Safety and Quality Health Service (NSQHS) Standards under the Australian Health Service Safety and Quality Accreditation Scheme.
- ✓ Effective forums and other opportunities are in place to enhance engagement with clinicians.
- ✓ Licence and registration compliance requirements are comprehensively checked in line with NSLHD and NSW Health policies and procedures.

NSLHD Assurance Mechanisms *(continued)*	✓ The Board reviews each Committees Terms of Reference annually, and receives and notes the minutes of the: » Health Care Quality Committee (HCQC); » Medical Staff Executive Council (MSEC), Mental Health Medical Staff Council, and Medical Staff Executive Councils (MSEC); » Clinical and Quality Council; » Hospital Clinical Councils; » Medical and Dental Appointments Advisory Committee (MADAAC); and » Credentials (Clinical Privileges) Subcommittee. ✓ The Board is provided with briefings that outline training, education and communication provided to staff on activities that support a positive incident management and reporting culture. ✓ The Board is provided with briefings that outline training, education and communication provided to staff and consumer representatives around management of complaints and compliments (positive culture surrounding complaints). ✓ The Board receives periodic briefings and notes minutes from the Aboriginal Health Advisory Committee (AHAC) detailing the clinical services delivered to Aboriginal people within the organisation. ✓ The Chief Executive and the Board receive briefings on progress against the NSQHS Standards. ✓ The Chief Executive receives briefings and reports from the Clinical Governance and Patient Experience Unit about systems of care, risk management, patient safety and clinical quality, incident management, partnering with consumers and investigation systems.
Owners	• Board • Chief Executive • Chair/s HCQC, MSC, Clinical and Quality Council, Hospital Clinical Councils, MADAAC and Credentials Subcommittee • Director Aboriginal and Torres Strait Islander Health • Director Clinical Governance and Patient Experience

Standard 3

Set the Strategic Direction for the Organisation and its Services

Ensure clear, articulated and relevant plans are in place to ensure that NSLHD is able to meet its statutory objectives. Ensure that Strategic Plans provide a mechanism for the progressive achievement of the long-term vision of NSLHD and act as mechanisms to link the aspiration of the future with the reality of the present.

Requirements

(NSW Health Corporate Governance & Accountability Compendium)

- The strategic goals of the organisation are documented within a Strategic Plan approved by the Chief Executive and where appropriate by the Board with a 3-5 year horizon.
- Detailed plans for asset management, information management and technology, research and teaching and workforce management are linked to the Strategic Plan.
- A Local Healthcare Services Plan and appropriate supporting plans including operations/business plans at all management levels.
  - » A Corporate Governance Plan.
  - » An Annual Asset Strategic Plan.
  - » An Aboriginal Health Action Plan is developed that aligns with the NSW Aboriginal Health Plan 2013-2023. The action plan must help:
    - Ensure that all relevant NSW Health policies, programs and services consider Aboriginal people as a priority population and reflect the needs of Aboriginal communities.
    - Recognise and strengthen the ongoing role NSW Health has in contributing to the social determinants of health for Aboriginal people through activities such as employment, resource distribution, and education/training.
    - Strengthen Aboriginal health governance, and build and maintain partnerships that facilitate community consultation and self-determination.

NSLHD Assurance Mechanisms

- ✓ The necessary governing documents linked to the Strategic Plan are in place and easily accessible by NSLHD employees, and where applicable, publicly available.
- ✓ The Board receives six monthly reports on progress against the strategic deliverables outlined in the Board-endorsed NSLHD Strategic Plan 2022-2027.
- ✓ The Board reviews and endorses the annual Asset Management Plan (AMP) and Strategic Asset Management Plan (SAMP).
- ✓ The NSLHD Clinical Services Plan is current and provides the service direction and detail of priorities for NSLHD over a five-to-ten-year horizon, with specific focus on issues which affect the health of the catchment population and the delivery of services.
- ✓ Each hospital and service has in place an Operational Plan to guide their strategic direction.
- ✓ The Board receives regular briefings on actions in place to implement the NSW Health Aboriginal Health Action Plan (AHAP) including progress and gaps, training, education and communication provided to staff on the AHAP, and Aboriginal and Torres Strait Islander consultation in the development of policies, programs and services.

Owners

- Board
- Chief Executive
- Director Aboriginal and Torres Strait Islander Health
- Director Clinical Governance and Patient Experience
- Director Finance and Corporate Services
- Manager Health Services Planning

Standard 4

Monitor Financial and Service Delivery Performance

Ensure that the appropriate arrangements are in place to secure the efficiency and effectiveness of resource utilisation by their organisation; and for regularly reviewing the financial and service delivery of the organisation.

Requirements (NSW Health Corporate Governance & Accountability Compendium)	• A committee is established for the organisation and that finance matters and performance and it's meeting frequency complements the board meeting cycle. • The organisation complies with critical government policy directives and policies, including the Accounts and Audit Determination for Public Health Organisations, annual budget allocation advice, the Fees Procedure Manual, Goods and Services Procurement Policy, and the Accounting Manual. • Local Health District and Network Service Agreements with the Secretary, NSW Health are signed and in place. • Performance agreements are in place with the chief executive and health executive service staff and performance is assessed on an annual basis. • Budgets and associated activity/performance targets are issued to relevant managers no later than four weeks after the delivery of the NSW State budget. • Systems are in place for liquidity management and to monitor the financial and activity/performance of the organisation as a whole, and its facilities. • Financial reports submitted to the Ministry of Health and the Finance and Performance Committee represent a true and fair view, in all material aspects, of the financial condition and the operational results for the organisation. • Specific grants or allocation of monies for specific purposes are spent in accordance with the allocation or terms of the grant. • Aboriginal health performance, service access, service utilisation and quality measures are included in all relevant service agreements
NSLHD Assurance Mechanisms	✓ NSLHD complies with the NSW Health Accounts and Audit Determination. ✓ NSLHD complies with the annual Ministry of health budget allocation advice. ✓ The Finance Risk and Performance Committee receives all required and relevant reports. ✓ The Board reviews the Terms of Reference and membership of the Finance, Risk and Performance Committee and ensures compliance with the NSW Ministry of Health Accounts and Audit Determination. ✓ The Board and Chief Executive an annual briefing on the systems and processes in place to review legislation and ensure policies are periodically updated. ✓ The Board and Chief Executive receives confirmation that NSLHD has the adequate policies, systems and processes in place to ensure: » budgets are managed in accordance with the Ministry's endorsed Budget Reporting systems and State-wide Budgeting Tool; ✓ The Board and Chief Executive receive periodic briefings about: » the procurement systems and processes in place in NSLHD; » the training, education and communication provided to staff about procurement processes in NSLHD; » procurement reports and written or verbal briefings where necessary; » confirmation that the procurement register is maintained up to date. ✓ The Chief Executive monitors progress against KPIs outlined in the Service Agreement between the Secretary NSW Health and NSLHD.
Owners	• Board • Chief Executive

Standard 5

Maintain High Standards of Professional and Ethical Conduct

Ensure that systems and processes are in place to ensure that staff and contractors are aware of and abide by the NSW Health Code of Conduct and relevant professional registration and licensing requirements. Ensure that policies, procedures and systems are in place to ensure that any alleged breaches of recognised standards of conduct or alleged breaches of legislation are managed efficiently and appropriately.

Requirements

(NSW Health Corporate Governance & Accountability Compendium)

- The Board and the Chief Executive lead by example in order to ensure an ethical and professional culture is embedded within NSLHD, which reflects the CORE values of the NSW Health system.
- Staff and contractors are aware of their responsibilities under the NSW Health Code of Conduct and that obligations are periodically reinforced.
- All disciplinary action is managed in accordance with relevant NSW Health policies, industrial instruments, legislative, contractual and common law requirements.
- Suspected corrupt conduct, indecent acts, sexual or physical violence or the threat of sexual or physical violence by a staff member against another person (adult or child) is reported to the appropriate agency; and is assessed and managed by an appropriate senior officer within NSLHD.
- There are systems and processes in place and staff are aware of their obligations to protect vulnerable patients and clients.
- Suspected professional misconduct or unsatisfactory professional conduct by staff and visiting practitioners is reported to the relevant healthcare professional council and any other relevant agencies, with appropriate action to be taken NSLHD to protect staff, patients and visitors.
- NSLHD is responsive to external oversight and review agencies such as the Health Care Complaints Commission, NSW Coroner, NSW Ombudsman, the Commission for Children and Young People, NSW Privacy, Independent Commission Against Corruption (ICAC) and the Audit Office of NSW.
- Cultural competence is embedded as a core feature of recruitment, induction, professional development and other education and training strategies.
- Models of good practice are implemented that provide culturally safe work environments and health services through a continuous quality improvement model.

NSLHD Assurance Mechanisms

- ✓ There are the policies and procedures in place to facilitate the reporting and management of public interest disclosures within NSLHD.
- ✓ The Board and Chief Executive monitor workplace culture through methods including review of the annual People Matter Survey results and exit survey results.
- ✓ The Board and Chief Executive monitor engagement with the Respecting the Difference Aboriginal cultural learning programs in accordance with policy.
- ✓ The Board and Chief Executive receive periodic briefings on systems for managing disciplinary action within NSLHD as well as the support framework available for managers navigating disciplinary action.

NSLHD Assurance Mechanisms *(continued)*	✓ The Board receives periodic briefings on NSLHDs: » potential for the occurrence of fraud and how the organisation manages fraud risk; » fraud control plan and satisfies itself that the agency has appropriate processes and systems in place to capture and effectively investigate fraud related information; » framework for detecting and reporting corrupt conduct to the Independent Commission Against Corruption (ICAC), including Public Interest Disclosures, and aggregated data on notifications to the ICAC. ✓ The Board and Chief Executive receive periodic briefings on NSLHD's policies, systems and processes for: » implementing individual management and clinical supervision plans for each practitioner with conditions and/or undertakings on their registration; » maintaining a central register of practitioners with conditions and undertakings; » reporting a breach of any condition and/or undertaking to the relevant Health Professional Council; » completing a risk assessment, IIMS +, Corporate Reportable Incident Brief (RIB) and taking appropriate actions to address the risks; » Reviewing changes in the Australian Health Practitioner Regulation Agency (AHPRA) registration status of clinical staff who have had their registration affected by report of racism, based on AHPRA's Shared Code of Conduct.
Owners	• Board • Chief Executive

Standard 6

Involve Stakeholders in Decisions that Affect Them

Ensure the rights and interests of key stakeholders are incorporated into the plans of the organisation and that they are provided access to balanced and understandable information about the organisation and its proposals.

Requirements (NSW Health Corporate Governance & Accountability Compendium)	• Appropriate consultative and communication strategies are in place to facilitate the input of consumers of health services, and other members of the community, into the key policies, plans and initiatives of the organisation. • Appropriate consultative strategies are in place to involve staff in decisions that affect them and to communicate the strategies, values and priorities of the organisation to staff. • A Local Partnership Agreement is in place with Aboriginal Community Controlled Health Services and Aboriginal community services within their boundaries, which enables Aboriginal communities to lead decisions regarding the design, delivery, and evaluation of services provided to local Aboriginal communities. • Appropriate information on key policies, plans and initiatives of the organisation is made available to the public. • Policies, plans and initiatives of the organisation are updated regularly and readily accessible to the staff. • The performance of NSLHD in delivering key plans, targets and initiatives is reported to the public at least annually. • There are accountability processes in place to ensure partnerships between ACCHSs and Aboriginal community services are established, meaningful, and appropriately facilitate Aboriginal self-determination.
NSLHD Assurance Mechanisms	✓ Information and advice is provided to the community and local providers about District policies and initiatives. ✓ The Consumer Committee continues to provide Board assurance and strategic advice in relation to the consumer and carer experience of health care. ✓ A stakeholder map has been developed and is used to inform decision making at all levels of the organisation. ✓ Consumers are involved in the governance, design, measurement and evaluation of health. ✓ The Board ensures that the endorsed annual Corporate Governance Attestation Statement is publicly available on the NSLHD website.
Owners	• Board • Chief Executive

Standard 7

Establish Sound Audit and Risk Management Practices

Establish and maintain an effective internal audit function that is responsible for overseeing the adequacy and effectiveness of NSLHD's internal control, risk management and governance.

Requirements (NSW Health Corporate Governance & Accountability Compendium)	• An Audit and Risk Management committee for NSLHD is established. • An internal audit function for the organisation is established. • Risk management is embedded in the culture of the organisation. The risk management framework (enterprise wide) should encompass the identification, elimination, minimisation and management of both clinical and non-clinical risks.
NSLHD Assurance Mechanisms	• The NSLHD Risk Management Plan identifies how risks are managed, recorded, monitored and assessed. • The Board Audit and Risk Committee continues to operate with the following core responsibilities: » Assess and enhance NSLHD's corporate governance, including systems of internal control, ethical conduct and probity, risk management, management information and internal audit. » Ensure that appropriate procedures and controls are in place to provide reliability in NSLHD's financial reporting, safeguarding of assets, and compliance with NSLHD's responsibilities, regulatory requirements, policies and procedures. » Oversee and enhance the quality and effectiveness of NSLHD's internal audit function, providing a structured reporting line for the Internal Auditor and facilitating the maintenance of their independence. » Assist the Board, through Internal Audit, to efficiently, effectively and economically deliver NSLHD's outputs. » Maintain a strong and candid relationship with external auditors, facilitating to the extent practicable, an integrated internal/external audit process that optimises benefits to NSLHD
Owners	• Board • Chief Executive • Chief Risk Officer

nthsydhealth
RoyalNorthShore
MonaValeHospitalNSW
HornsbyHospital
RydeHospital
NSLHD.MHDA

Northern Sydney
Local Health District

NthSydHealth

nthsydhealth

NSW GOVERNMENT

Northern Sydney
Local Health District

NSW GOVERNMENT
Northern Sydney
Local Health District

Northern Sydney Local Health District **Strategic Plan**

2022 - 2027

Exceptional Care, Leaders in Research, Partners in Wellbeing

Acknowledgement of Country

Northern Sydney Local Health District acknowledges the traditional custodians of the lands on which our health services are located, the Guringai and Dharug peoples, and we honour and pay our respects to their ancestors.

We acknowledge and pay our respects to all Aboriginal and Torres Strait Islander peoples and to Elders past and present.

We acknowledge that past, current and future Aboriginal and Torres Strait Islander peoples are the continuing custodians of this country upon which we live, work and meet and that it is from their blood, courage, pride and dignity that we are able to continue to live, work and meet on this ancient and sacred country.

Waraba Wandabaa (Turtle Spirit)

The Waraba (turtle) was painted by Adjunct Associate Professor Peter Shine, Director Aboriginal and Torres Strait Islander Health, Northern Sydney Local Health District.

Muru Dali Gili Gili (path to shine)

The Muru Dali Gili Gili background artwork was created by the Northern Sydney Local Health District Aboriginal and Torres Strait Islander Employee Network, Muru Dali Gili (meaning path to shine). Through painting, employees have come together to tell their story of connectedness to the community, the District and to each other.

All artwork has been used with permission.

Contents

Statement of Commitment to Aboriginal and Torres Strait Islander Families and Communities

Northern Sydney Local Health District acknowledges the traditional custodians of the Northern Sydney region, the Guringai and Dharug peoples. Their spirit can be found across the region and we honour the memory of their ancestors and Elders past and present.

Aboriginal and Torres Strait Islander people are a resilient community who have a deep connection to family, culture and country. Intergenerational trauma caused by colonisation, stolen generations, racism and unconscious bias have impacted the community and significant health disparities exist between Aboriginal and non-Aboriginal people.

The NSLHD Strategic Plan 2022-2027 builds on our commitment to improve the health, social and emotional wellbeing of Aboriginal and Torres Strait Islander people living in and accessing health services in NSLHD.

Our commitment will be demonstrated through:

- Working with our hospitals, services and external partners to ensure Aboriginal and Torres Strait Islander people have equitable access to health services
- Measuring, monitoring and reporting on our progress against agreed commitments
- Recognising that specific measures are needed to improve Aboriginal and Torres Strait Islander people's access to health services
- Recognising that equity of access to health services is dependent upon Aboriginal and Torres Strait Islander people being actively involved in the design and delivery of those services
- Recognising that the social determinants of Aboriginal and Torres Strait Islander health include education, employment, housing, environmental factors, social and cultural issues, and racism
- Working together to close the health gap between Aboriginal and Torres Strait Islander people and non-Aboriginal and Torres Strait Islander people.

NSLHD strives to provide a holistic approach to services offered to the Aboriginal and Torres Strait Islander people. Partnering with Aboriginal and Torres Strait Islander people in the design and delivery of health services will remain our priority.

Foreword

Every day, staff in NSLHD aim to deliver the very best, safe, effective, and person-centred care for our community.

The NSLHD Strategic Plan 2022-2027 provides a framework for how we will deliver care over the next five years. Our Strategic Plan builds on our existing strengths, outlines our key priorities and defines our future goals and ambitions.

Our Strategic Plan aligns closely with the NSW Health Future Health: Strategic Framework 2022-2032. The key priority for both the Future Health Strategic Framework and NSLHD Strategic Plan is to deliver personalised healthcare and outcomes that matter most to our patients, carers, consumers and community.

Over 800 staff, patients, carers, members of the local community, clinical leaders, and key partners have been consulted in the development of the NSLHD Strategic Plan. Their insights, experiences, individual perspectives and feedback have been incredibly important. We thank them for their contribution in helping to ensure we are well placed to continue to deliver high quality, person-centred care now and in the years ahead.

Our Strategic Plan focuses on six key Strategic Outcomes:

1. Patients and carers are our partners in their healthcare
2. Safe, high quality connected care
3. Keeping people healthy and well
4. Our staff are engaged and well supported
5. Research, innovation and digital advances inform and improve the delivery of patient care
6. Our services are sustainable, efficient and committed to planetary health

Our progress against these Strategic Outcomes will be supported by strong governance, transparent reporting frameworks and our enabling plans.

NSLHD will continue to promote the NSW Health CORE Values of Collaboration, Openness, Respect and Empowerment and ensure these values are embedded in everything that we do.

As part of our new Strategic Plan, we are pleased to launch our new vision: *Exceptional Care, Leaders in Research, Partners in Wellbeing*.

Our vision, together with our Strategic Plan 2022-2027, will guide the future of care in NSLHD.

We look forward to working alongside each of you as we continue to care for our patients, our community and each other.

Trevor Danos AM FTSE
Board Chair, NSLHD

Deb Willcox
Chief Executive, NSLHD

Introduction

NSLHD is one of the leading health services in Australia providing high quality healthcare to a population of almost one million people. The NSLHD Strategic Plan 2022-2027 describes our objectives to ensure that as a renowned healthcare organisation, we continue to provide high quality person-centred care, in the right place, at the right time.

Note: The NSLHD Strategic Plan 2022-2027 has been developed in close alignment with the NSW Health Future Health: Strategic Framework 2022-2032. The Strategic Outcomes identified in the NSLHD Strategic Plan reflect the Strategic Objectives of the NSW Health Future Health Strategic Framework. NSLHD looks forward to working with the Ministry of Health to achieve the priorities of the whole NSW Health system over the coming years.

The Strategic Plan has been developed to build on our accomplishments over the last five years. A comprehensive analysis of our current state was undertaken to understand and capture the strategic issues, challenges and priorities across our hospitals, services and clinical directorates.

The COVID-19 pandemic has shown us how in the face of significant pressures, NSLHD is able to remain an incredibly flexible and resilient organisation.

Our highest priority will continue to be the delivery of safe, high quality healthcare. Alongside our service delivery partners, we will continue to improve the way in which we deliver this care.

Advancing our technological and digital health capabilities will have a renewed focus to enable the delivery of person-centred care, support our staff and improve the patient and carer experience. Delivering our *Digital Strategy 2021-2026* will be dependent on our digital infrastructure and management of privacy and cybersecurity capabilities.

Health research will remain at the core of everything we do and we will maintain our reputation as a research-focused organisation.

NSLHD is a proud partner of Sydney Health Partners (SHP), an Advanced Health Research and Translation Centre recognised by the National Health and Medical Research Council.

NSLHD and the University of Sydney have a long history of collaboration in teaching, education and research. In addition, we are joint venture partners in the governance of the Kolling Institute and together we work to translate scientific breakthroughs into clinical practice, directly improving patient care and the health of our community.

The University of Sydney Northern Clinical School educates the next generation of clinicians within clinical teaching facilities at Royal North Shore, Hornsby Ku-ring-gai, Ryde and Macquarie Hospitals. NSLHD also partners with Macquarie University providing clinical placements for students at Royal North Shore Hospital.

NSLHD is proud to partner with a number of other tertiary education providers including the University of Technology Sydney, the University of Tasmania, the University of Notre Dame, Australian Catholic University and TAFE NSW.

The NORTH Foundation, our philanthropic and fundraising partner, provides valuable support for our hospitals and services as well as providing grants for innovative health research to inform the delivery of exceptional patient care and improve community wellbeing.

Planetary health and climate change are of major concern to our staff and our community. We must identify ways we can continue to provide high quality care in line with the principles of planetary health. NSLHD has an ambitious target of Net Zero carbon emissions by 2035.

We will continue to develop a culture that engages and empowers our people, prioritises diversity, inclusion and belonging, and ensures all staff members are physically and psychologically safe, and importantly can be themselves wherever they work in NSLHD.

Over the next five years, we will continue to build on our learnings and achievements by encouraging innovation, supporting the wellbeing and development of our staff, and designing models of care with our community that will improve patient and carer experience.

Strategic Outcomes

Patients and carers are our partners in their healthcare

Patients and carers are empowered to make informed decisions about their care, goals and health outcomes.

Safe, high quality connected care

Safe, high quality, reliable healthcare is delivered in a personalised way across all settings.

Keeping people healthy and well

Investment is made in keeping people healthy to promote wellness and address health inequity in our community.

Our staff are engaged and well supported

Staff are engaged and well supported to deliver safe, reliable person-centred healthcare and equipped to respond to a changing healthcare environment.

Research, innovation and digital advances inform and improve the delivery of patient care

The care we deliver is digitally enabled and informed by research and data.

Our services are sustainable, efficient and committed to planetary health

We use a value-based approach to optimise use of resources with a focus on embedding both planetary health and financially sustainable principles in everything we do.

About Northern Sydney Local Health District

NSLHD is one of 15 Local Health Districts in New South Wales. Covering an area of 900km^2 it encompasses nine local government areas including Hornsby, Ku-ring-gai, Northern Beaches, Lane Cove, Mosman, North Sydney, Willoughby, Ryde and Hunters Hill.

There are four geographic health sectors within NSLHD: Hornsby Ku-ring-gai, Northern Beaches, Lower North Shore and Ryde Hunters Hill. Each sector has an acute hospital with an emergency department, along with a broad range of other acute, sub-acute and community health services.

Clinical services in NSLHD are organised across four acute hospitals Royal North Shore Hospital, Hornsby Ku-ring-gai Hospital, Ryde Hospital and Northern Beaches Hospital, one sub-acute hospital at Mona Vale and an Adolescent and Young Adult Hospice currently under development at Manly. There are two clinical directorates in NSLHD; Mental Health Drug and Alcohol, which includes Macquarie Hospital; and Primary and Community Health. Clinical and other support services include Medical Imaging, Pharmacy and Allied Health, Aboriginal and Torres Strait Islander Health, and Carer Support.

Under the leadership of the Ministry of Health, healthcare in NSLHD is well supported by a network of specialist health organisations including NSW Ambulance, Health Infrastructure NSW, HealthShare NSW, NSW Health Pathology and eHealth NSW, and pillar agencies including the Agency for Clinical Innovation, the Clinical Excellence Commission, the Bureau of Health Information, the Health Education and Training Institute and the Cancer Institute NSW.

Additional services in NSLHD are provided through arrangements with Affiliated Health Organisations including HammondCare (sub-acute palliative care, ambulatory and home-based rehabilitation and older persons mental health services) and Royal Rehab (specialist brain and spinal injury rehabilitation).

Within our hospitals and services, clinical networks play an important role in establishing and overseeing standards of care, providing leadership with respect to research and innovation, and providing advice on service development, resource allocation, workforce requirements, and configuration of services. Our clinical networks include:

- Maternal, Neonatal and Women's Health
- Children and Young People
- Acute and Critical Care Medicine
- Chronic and Complex Medicine
- Surgery and Anaesthesia (including Cardiothoracic and Vascular Health)
- Musculoskeletal Health, Integumentary and Trauma
- Neurosciences
- Cancer
- Supportive and Palliative Care
- Rehabilitation and Aged Care.

Our District

Hornsby Ku-ring-gai Hospital
Guringai/Darug land

Mona Vale Hospital
Garigal land

Neringah Hospital
Guringai land

Northern Beaches Hospital
Cammeraygal land

Macquarie Hospital
Wallumedegal land

Royal North Shore Hospital
Cammeraygal land

Ryde Hospital
Wallumedegal land

Adolescent and Young Adult Hospice
Gayamaygal land

Royal Rehab
Wallumedegal land

Greenwich Hospital
Cammeraygal land

- Northern Sydney Local Health District
- NSLHD Hospitals and Hospice
- Affiliated Health Organisations
- Public-private Partnership

Our Health Ecosystem

Our staff, community, and partners are critical to our success.

We are well placed to maximise and leverage these partnerships to enhance the delivery of clinical services, foster high quality research, enable the development of new technologies and further embed research and teaching in all of our clinical services.

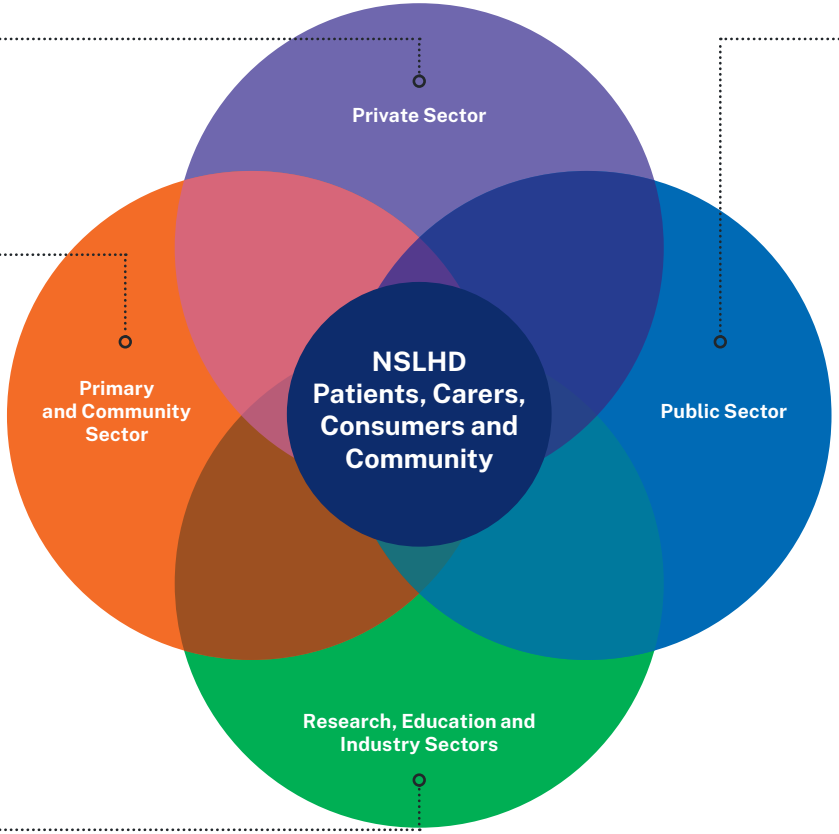
The NSLHD 'health ecosystem' includes a diverse range of private sector groups, primary and community services, research and education entities, and public organisations, which together, create a vibrant and innovative system of healthcare, education and research.

There is widespread collaboration between individual NSLHD departments and staff, and university health and non-health faculties, their staff and students. There is a deep commitment to continue these collaborations.

- Private Hospitals (x41) and Day Procedure Centres (x20) including: •
  - Macquarie University •
  - Mater Sydney Hospital •
  - North Shore Private Hospital •
  - Sydney Adventist Hospital •
  - Ramsay Clinic Northside •
- Northern Beaches Hospital (public-private partnership) •
- Private Medical Specialists •••

- Sydney North Health Network •••
- General Practice (298+ practices, 1,602 GPs) ••
- Community Pharmacy ••
- Private Allied Health ••
- Home and residential aged care (9,083 places in 110 facilities) ••
- Non-Government Organisations (16 agreements with NSLHD) •••
- NSW and Federal Human Service Agencies including: •
  - Australian Department of Health and Aged Care
  - NSW Department of Communities and Justice
  - NSW Department of Education
  - National Disability Insurance Agency
- Local Government (9 councils) •

- NORTH Foundation •••
- Kolling Institute ••
- Sydney Health Partners ••
- Universities and Colleges including: •
  - The University of Sydney
  - Macquarie University
  - University of Tasmania
  - University of Technology Sydney
  - The University of Notre Dame
  - Australian Catholic University
  - Royal Colleges (medical)
  - NSW TAFE
- Industry Partners •



Public Hospitals and Service Directorates

- Hornsby Ku-ring-gai Hospital •
- Mona Vale Hospital •
- Northern Beaches Hospital (public private partnership) ••
- Royal North Shore Hospital •
- Ryde Hospital •
- Macquarie Hospital •
- Manly Adolescent and Young Adult Hospice •
- Mental Health Drug and Alcohol •
- Primary and Community Health •

Affiliated Health Organisations

- Royal Rehab ••
- HammondCare ••
  - Greenwich Hospital
  - Neringah Hospital

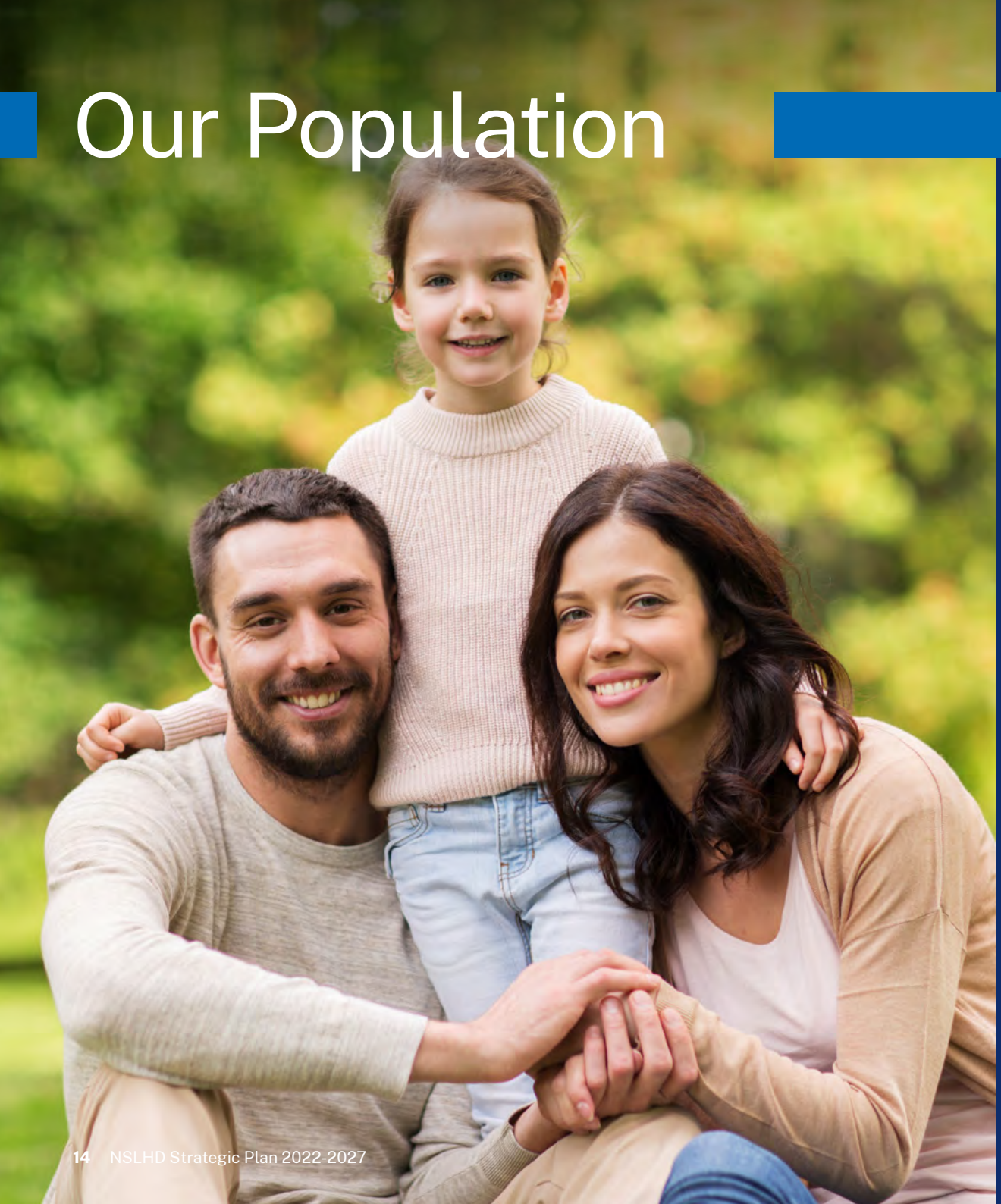
NSW Health

- Pillars: •
  - Clinical Excellence Commission
  - Agency for Clinical Information
  - Bureau of Health Information
  - Health Education and Training Institute
- Cancer Institute NSW •
- HealthShare NSW •
- eHealth NSW •
- NSW Ambulance •
- NSW Health Infrastructure •
- NSW Health Pathology •

Neighbouring LHDs and Speciality Networks

- Central Coast, Sydney, Western Sydney, South Eastern Sydney •
- Sydney Children's Hospitals Network •
- Justice Health and Forensic Mental Health Network •

Our Population



In 2022 there were an estimated 956,486 residents in NSLHD, representing 11.7 per cent of the NSW population:

- 203,381 (21.3 per cent) were children under 18 years
- 343,888 (36.0 per cent) were younger working aged (18-44 years)
- 242,071 (25.3 per cent) were older working aged (45-64 years)
- 117,251 (12.3 per cent) were retirement aged (65-79 years)
- 49,895 (5.2 per cent) were elderly (80 years and older).

Compared with NSW, NSLHD has a similar proportion of children (21.3 per cent compared with 21.7 per cent) and a higher proportion of elderly residents (5.2 per cent compared with 4.6 per cent). Across all of NSLHD sectors Hornsby Ku-ring-gai has both the highest proportion of children (24.0 per cent) and elderly residents (5.2 per cent).

By 2032 the population of NSLHD is expected to reach 1,023,462 residents (passing 1 million residents in 2029), representing an increase of 66,976 (7.0 per cent) residents at an annual growth rate of 0.7 per cent. The annual growth rate for NSW is expected to be approximately the same as NSLHD. The growth in NSLHD residents aged 80 years and older is expected to exceed 4 per cent per annum for the next 10 years.

Between 2022 and 2032, Ryde-Hunters Hill is expected to be the fastest growing sector. Growth in this area (25.4 per cent) will be more than twice the rate for the rest of NSLHD (6.3 per cent) and faster than the NSW average (6.8 per cent). Ryde-Hunters Hill population growth is expected to be greater for all age groups but is strongest in children (0-17 years) where it will be the only NSLHD sector that will grow (5.9 per cent).

NSLHD is a diverse population:

- 4,266 Aboriginal people live in NSLHD, representing 0.5 per cent of the population
- 30 per cent of residents speak a language other than English at home of which 15 per cent report having limited or no proficiency in English. Top 5 languages other than English spoken by NSLHD residents are:
  - Mandarin
  - Cantonese
  - Korean
  - Spanish
  - Hindi.

Health Status

NSLHD residents compare favourably with the rest of NSW on most socioeconomic and health status indicators. There are however identifiable geographical areas and population sub-groups within NSLHD with higher health and social care needs and lower economic means.

- Vulnerable population sub-groups include Aboriginal and Torres Strait Islander people; people from culturally and linguistically diverse (CALD) backgrounds; people who identify as lesbian, gay, bisexual, transgender and intersex population (LGBTQI+); people with mental illness; people who are homeless; and frail older people
- Pockets of disadvantage within NSLHD are concentrated in Ryde, Hornsby, and Northern Beaches LGAs

NSLHD residents have a longer life expectancy (men: 85 years, women: 88 years) compared to Greater Sydney (men: 83 years, women: 86 years) and NSW (men: 81 years, women: 85 years)

NSLHD residents have significantly lower standardised mortality ratios compared to the NSW average, for cancer, accidents, heart disease and respiratory conditions

43.1 per cent of NSLHD adults are overweight or obese (compared to 56.8 per cent in NSW)

Risky alcohol drinking: NSLHD 28.0 per cent and NSW 32.5 per cent (both NSLHD and NSW have trended upwards over last five years)

Tobacco smoking: NSLHD 6.4 per cent (down from 9 per cent in 2016) and NSW 12.0 per cent (downward trend)

NSLHD residents have, on average, greater access to both public and private health services with 132 FTE General Practitioners per 100,000 population (similar to NSW with 123 FTE per 100,000) and higher utilisation of private health insurance (compared to the rest of NSW)

1 in 8 people (equivalent to 120,000 NSLHD residents) are estimated to provide care to a family member, partner or friend, of which, 30,000 are providing intensive support.

Activity in 2020/21

EMERGENCY DEPARTMENT ACTIVITY

226,205
Emergency Department presentations across 4 acute hospitals

47,522
adults over 70 years
(21 per cent)

52,272
children under 16 years
(23 per cent)

53,467
ambulance arrivals (24 per cent)

2,177
triage category 1 presentations (1 per cent); just over half of these patients are cared for at RNSH

105,688
semi-urgent or non-urgent (triage categories 4 and 5) presentations
(47 per cent)

59,991
admissions from ED
(27 per cent)

25,289
adults aged over 70 years
admitted from ED (53 per cent)

6,108
paediatric admissions from Emergency Department
(12 per cent)

ADMITTED HOSPITAL ACTIVITY

44,700
acute adult
medical admissions

6,788
acute paediatric admissions
(medical/surgical/other)

2,740
acute mental health admissions
(adult and paediatric)

5,513
babies delivered

26,912
surgical admissions
(adult and paediatric)

NON-ADMITTED AND COMMUNITY HEALTH ACTIVITY

72,954
mental health
community contacts

410,007
medical outpatient
consultations

56,365
registered nurse visits for babies in first year of life

52,849
breast screens

332,523
adult allied health or specialist nurse interventions

24,772
dialysis treatments

34,755
oral health visits

179,173
home nursing visits

TELEHEALTH

38,841
telehealth occasions of service (OOS) (up from 14,057 in 2019/20)

7,199
eMeds orders placed daily

5,467
peak concurrent eMR users

PRIVATE HEALTHCARE ACTIVITY

203,214
private hospital admissions (overnight and day only) including

4,257 births to NSLHD resident mothers
(2019/20)

1,317,479
Private Medical Specialist attendances

5,784,062
GP attendances

COVID-19 ACTIVITY (SINCE START OF PANDEMIC 2020 TO JULY 2022)

COVID-19 testing

19 testing clinics
established in NSLHD

3.6 million
COVID-19 tests on NSLHD residents

507,298 PCR tests and 128,770 RATs
completed in NSLHD testing clinics

Vaccination

703,413
NSLHD residents are fully vaccinated (95 per cent of eligible population)

145,550
vaccinations provided in NSLHD clinics

COVID-19 Care

310,712
NSLHD residents have had COVID-19

3,145
patients with COVID-19 admitted to NSLHD hospitals

12,782
patients cared for in virtual COVID-19 Hospital

349
patients with COVID-19 admitted to NSLHD ICUs

In 2027, the principles of safe, person-centred, high quality care continue to be part of our culture.

NSLHD in 2027

During the consultation process for the NSLHD Strategic Plan 2022-2027, our staff were asked to describe what NSLHD would look like in 2027. Clear themes emerged with NSLHD envisioned as a healthcare organisation that provided truly person-centred care, enabled by advancements in technology, with a strong and resilient workforce, and a sustainable health system.

In 2027, the principles of safe, person-centred, high quality care continue to be part of our culture. Patients and carers are our partners in their healthcare and are supported to make informed decisions about their care. The healthcare they receive is flexible and responsive to their preferences and needs. Safety, quality and continuous improvement are part of business as usual and integral to everything we do. Patient Reported Measures and patient, carer and consumer feedback are used to inform changes and improvements to models of care, services and processes.

Programs targeting priority and vulnerable populations are in place and have demonstrated success including the First 2000 Days, Closing the Gap, healthy ageing and frailty, refugee health and improving mental health and wellbeing.

We continue to focus on the health and wellbeing of our population and are seeing improvements across the population with declines in smoking and alcohol intake and increases in physical activity.

Our hospitals and services recognise diversity and deliver culturally safe and sensitive services that respond to the needs of our community.

Our workplace culture is positive and focused on the physical and psychological wellbeing of our staff to create a safe and supportive workplace. Flexible work practices are in place to achieve a positive work-life balance. Strong and supportive leadership is in practice across all levels of the workforce. We have high levels of staff satisfaction, good staff retention and NSLHD is considered an attractive place to work.

Our people are capable and confident with new technologies, adaptable and responsive to change, supported through training and professional development, and are equipped with the knowledge and skills needed.

Learning and development are key components of developing and maintaining a skilled workforce. We continue to have strong links with our tertiary education providers and other training bodies.

Service planning and infrastructure align with community needs making optimal use of available built capacity. Patients, carers and staff participate in co-design for new and redesigned services, technologies and facilities.

Our services and the way we deliver care have been transformed through the availability and use of digital technology. Our data systems are streamlined and connected, staff are digitally literate, have access to training in the use of technology and ongoing support to maximise functionality of the information, communications and technology systems available. Clinicians have ready access to real-time relevant data that inform clinical decision making, improve models of care and operational processes.

Digital technologies support patient care, facilitating the shift toward increased healthcare provision in non-hospital environments. This is supported by the use of virtual technologies for patient and carer consultation, care provision and remote monitoring, as well as the use of applications to support increased self-care at home, hospital avoidance and reduced inpatient length of stay. Patients and carers can easily access support in the use of these technologies.

Provision of integrated and seamless care is facilitated through a single digital patient record and virtual care enhancements including telehealth. This shift supports interaction of the whole care team from across settings including the patient's general practitioner at a single appointment with the patient and their carer where collaborative decisions around care planning can be made.

The patient and carer experience is enhanced through easy access to relevant health and service information, electronic booking systems, and the ability to interact with members of their care team to seek advice about their care and treatment. Support is easily accessible to assist patients and carers to use available technologies. Systems are in place to identify carers and alert staff to any potential carer support needs.

The development of new partnerships and the strengthening of existing partnerships with patients, carers, consumers, primary care, Sydney North Health Network and other care providers play an important and ongoing role in providing integrated care for patients.

Developed in conjunction with Sydney North Health Network, HealthPathways and collaborative commissioning are in place across NSLHD and have been successful in reducing avoidable Emergency Department presentations and hospital admissions for patients who can be safely cared for at home.

Research and innovation underpin the delivery of safe, high quality healthcare and improved experiences for patients, carers and staff. Research in all its forms is recognised as a core part of everyone's role with outcomes used to inform patient care, models of care and innovative practice. Research is undertaken in partnership with patients, carers, consumers, industry, research organisations and key pillar organisations with an emphasis on translation into best practice healthcare. Ongoing partnerships with Sydney Health Partners and the Kolling Institute as well as the development of the St Leonards Health, Research and Education Precinct are key components of this approach. The philanthropic fundraising by the NORTH Foundation provides valuable support for these initiatives.

The completion of the redevelopment of Ryde Hospital in 2026 has transformed the delivery of healthcare for the Ryde local community, ensuring that people access the care they need close to home. The redevelopment sees the preservation of the historic Denistone House, alongside new and enhanced health facilities and services including emergency, critical care, inpatient, community and ambulatory care services, with expertise in rehabilitation services through the Graythwaite Rehabilitation Centre.

The redevelopment strengthens the networking of services across our hospitals and provides increased service capability and capacity for inpatient and ambulatory care enabling patients to access a greater range of services closer to home.

The new hospital is NSW's first 100 per cent electric hospital including all building services and systems, hot water, heating, ventilation, air conditioning and cooking facilities. The hospital design incorporates comprehensive waste management facilities, enhanced open space, and renewable onsite energy.

Planetary health remains a priority and has strong staff engagement across NSLHD. There has been significant progress toward achieving our commitment to Net Zero carbon emissions by 2035. There is green space across all our hospitals and services, solar panels are in place and utility usage and waste generation have been reduced. Initiatives have extended to clinical and non-clinical processes to reduce waste through low-value care and inefficient systems and processes. All new capital works developments are environmentally sustainable and contribute to our goal of Net Zero carbon emissions by 2035.

Challenges and Opportunities

The health system and environment continues to change at a rapid pace. Advances in technology are impacting how we deliver healthcare, what services we provide, and where and how these services are accessed.

Our achievements over the last five years in delivering healthcare have ensured that we are well prepared to respond to the challenges ahead and to meet the complex healthcare needs of the NSLHD community.

CHALLENGES

- Population growth and an ageing population
- Increasing patient demand, acuity and complexity
- Ongoing impact of the COVID-19 pandemic on our workforce, patients, carers, the community and services as it becomes part of business as usual:
  - Maintaining a state of readiness for ongoing challenges of the pandemic
  - Caring for patients with planned and non-urgent healthcare needs
  - Workforce impacts including fatigue, early retirement, training and education of students and clinicians, gaps in the new graduate pipeline, and staff wellbeing
- Balancing increasing demand and costs of service delivery with finite resources including capacity constraints
- Rapid increase in digital technologies and shift to digital healthcare and adaptation by both patients and staff including those unable to easily use technology
- Operating in an increasingly complex healthcare environment with policy and funding from both the Federal and State governments, and with multiple partners including private providers and primary care.

OPPORTUNITIES

- Increasing importance placed on patient and carer engagement, diversity inclusion, value-based care, partnerships, and integration of services to improve patient and carer experience and outcomes
- Building on our achievements arising from the COVID-19 pandemic:
  - Structures to support rapid decision making and effect change
  - Development of virtual care expertise and technology
  - Improved relationships with our care delivery partners
- The use and translation of research to inform clinical practice and service delivery
- The role and impact of technological change, data availability and data analytics to inform value-based care and improve patient care and outcomes
- Transforming and developing digital health and virtual care capabilities that integrate across services and providers
- Targeted and sustainable investment in, and development of, non-admitted patient services across NSLHD
- The use of virtual care and other technologies to improve patient and carer access to services and the provision of increased out of hospital care options
- Strengthening the network of hospitals and services across NSLHD to provide increased service capability and capacity for inpatient and ambulatory care
- Enhancing existing partnerships and collaborations with the Sydney North Health Network, general practice and primary care, our affiliated health organisations, residential aged care facilities, private hospitals, tertiary education partners, and the NORTH Foundation
- Increasing philanthropic and fundraising opportunities through the NORTH Foundation to support research and innovation to deliver exceptional healthcare
- Precinct planning and building on the vision for the St Leonards Health, Research and Education Precinct Plan
- Working towards and achieving our target of Net Zero carbon emissions by 2035
- Partner with Northern Beaches Hospital to enhance collaboration across the clinical streams by establishing integrated networks including outreach from hospital to community based services.

NSLHD Strategy Map

VISION
Exceptional Care, Leaders in Research, Partners in Wellbeing

PURPOSE
Transforming healthcare through innovation, research and partnerships, for our patients, community and staff

Patients and carers are our partners in their healthcare

Patients and carers are empowered to make informed decisions about their care, goals and health outcomes

- 1.1 Involve patients and carers as active partners in their healthcare
- 1.2 Ensure positive experiences of care
- 1.3 Increase health literacy to support informed decisions about healthcare
- 1.4 Promote co-design in the development and evaluation of our services and facilities

Safe, high quality connected care

Safe, high quality, reliable healthcare is delivered in a personalised way across all settings

- 2.1 Make safety and quality fundamental to everything we do
- 2.2 Provide high quality care that delivers good clinical outcomes
- 2.3 Increase the range of services provided in non-inpatient and out of hospital settings
- 2.4 Patient care is seamless across providers, services and settings
- 2.5 Implement systems that support navigation of care, improved patient and carer experience and easy access to out of hospital services

Keeping people healthy and well

Investment is made in keeping people healthy to promote wellness and address health inequity in our community

- 3.1 Improve population health through the development, implementation and evaluation of policies, programs and services to improve health and reduce the burden of chronic disease
- 3.2 Decrease the burden of disease by reducing risk factors and promoting health and wellness
- 3.3 Improve health outcomes for vulnerable and priority populations
- 3.4 Enhance collaborative partnerships to address the social and environmental determinants of health

Our staff are engaged and well supported

Staff are engaged and well supported to deliver safe, reliable person-centred healthcare and equipped to respond to a changing healthcare environment

- 4.1 Cultivate a safe, flexible and positive workplace culture where staff feel valued, heard, empowered and are supported to perform at their best
- 4.2 Ensure our workforce reflects the diversity in our community and our culture leverages diversity of thinking
- 4.3 Develop our talent and leadership capability across our workforce
- 4.4 Develop a skilled and capable workforce equipped to provide high-value and person-centred care
- 4.5 Support and foster innovative thinking and practices related to future care
- 4.6 Develop our workforce to have the capabilities and culture to address future demands on the health system

Research, innovation and digital advances inform and improve the delivery of patient care

The care we deliver is digitally enabled and informed by research and data

- 5.1 Advance and translate research and innovation with institutions, industry partners, clinicians, patients and carers
- 5.2 Improve care delivery and operations by harnessing the power of digital technology and data
- 5.3 Design and develop the required infrastructure to enable and embed innovations in digital technology and data
- 5.4 Engage and support our workforce, patients, carers and partners in an increasingly digital healthcare environment

Our services are sustainable, efficient and committed to planetary health

We use a value-based approach to optimise use of resources with a focus on embedding both planetary health and financially sustainable principles in everything we do

- 6.1 Optimise the use of resources by using an outcomes-focused approach to support efficient and effective care
- 6.2 Deliver services that maximise value from existing resources and reduce waste
- 6.3 Develop collaborative partnerships with external service providers to support our strategic objectives and deliver high quality health outcomes
- 6.4 Prioritise initiatives that positively impact planetary health and environmental sustainability
- 6.5 Ensure robust corporate and clinical governance standards are embedded in all decision making processes

OUR VALUES › C Collaboration | O Openness | R Respect | E Empowerment

NSW GOVERNMENT
Northern Sydney Local Health District

Strategic Outcomes

When we improve the voice and equity of all consumers, we drive innovation and the integration of services to deliver the very best patient and carer experience.

STRATEGIC OUTCOME 1

Patients and carers are our partners in their healthcare

Patients and carers are empowered to make informed decisions about their care, goals and health outcomes

Why this is important

NSLHD has a proud history of partnering with consumers who include patients and carers. Our patients and their carers have a fundamental right to participate in the delivery of the healthcare they receive. When we empower, engage and co-design with consumers, we recognise the value lived experience contributes to moving towards a shared vision of delivering person-centred care. When we improve the voice and equity of all consumers, we drive innovation and the integration of services to deliver the very best patient and carer experience. We promote partnering with consumers and the community to:

- Improve our patient, carer and staff experiences and outcomes
- Improve collaborative decision making about treatment and care
- Enhance our health service development
- Improve the quality of our services
- Reduce the rate of hospital readmissions by working with patients and carers, ensuring support needs are assessed and addressed.

The *NSLHD Partnering with Consumers Framework 2021-2026* is a re-affirmation of our commitment to consumer engagement, further embedding a culture of inclusive, integrated and valued consumer partnerships. The Framework outlines key priorities for action, co-designed with consumer advisors and guides the future of consumer engagement and the patient, carer and staff experience in NSLHD. The Framework aligns closely to the *NSW Health Elevating the Human Experience – Guide to Action* which provides a roadmap for Local Health Districts to coordinate a strategic approach for the patient experience.

We will support our workforce to recognise diversity and deliver culturally safe and sensitive services that respectfully respond to the diversity of our patients, carers, staff and community. This diversity includes the Aboriginal and Torres Strait Islander community, Culturally and Linguistically Diverse (CALD) communities, people who experience mental health issues, people living with a disability, and people who identify as Lesbian, Gay, Bi-Sexual, Transgender, Queer and Intersex (LGBTQI+) and other consumers.

Objectives

1.1 Involve patients and carers as active partners in their healthcare

Working in partnership with patients and carers to co-design their care and significantly improve the healthcare experiences and outcomes.

- Ensure all patients and carers, including people living with a disability, people with cognitive impairment and communication difficulties including limited English language skills or those experiencing vulnerability, are able to access information regarding their treatment options and are encouraged to be involved with their own care and self-management.
- Partner with the Health Care Interpreting Service and the Multicultural Health Service to improve access to interpreting services.
- Develop care plans with patients and carers incorporating their individual goals, preferences, values and needs.
- Ensure open and transparent communication between patients, carers, their families and treating teams regarding their care.

1.2 Ensure positive experiences of care

Treating patients, carers and families with respect and dignity to ensure they receive care that is personalised and considerate of their cultural, educational, social and economic status.

- Work in partnership with patients, carers and families to better understand their experience of care.
- Ensure service provision is flexible and responsive to the diverse preferences, values and needs of our patients, carers and community.
- Provide holistic and trauma-informed healthcare, linking together physical and psychological health.
- Partner with Aboriginal and Torres Strait Islander Health to fully engage staff in the Aboriginal Workforce and the NSW Health Respecting the Difference initiative to improve cultural awareness and ensure the provision of respectful, responsive and culturally sensitive health services to Aboriginal and Torres Strait Islander people.
- Reduce health disparities for diverse community groups including Aboriginal and Torres Strait Islander people, people from a CALD background, people who identify as LGBTQI+, people with a disability and people living with mental illness.

1.3 Increase health literacy to support informed decisions about healthcare

Ensuring access to health-related information empowers patients and carers to make decisions about their health and healthcare.

- Embed health literacy including digital health literacy into our education and communication.
- Work with our Consumer and CALD Advisory Groups to ensure that education material and health related information is readily available, up to date, easy to understand, and is written in accessible languages and formats.
- Use clear and easily understood language and communication tools when communicating with patients, carers and their families.

1.4 Promote co-design in the development and evaluation of our services and facilities

Engaging with patients, carers, consumers and the community in the design, implementation and evaluation of our healthcare services improves patient and carer experiences and outcomes.

- Ensure that patient and carer experience and feedback is used to improve services and models of care.
- Involve patients, carers, consumers and the community in the planning, design, implementation and evaluation of services, processes and models of care.
- Extend patient, carer and community engagement to areas including patient safety, quality improvement, education, ethics and research.
- Seek genuine engagement to co-design culturally safe services and care that reflects and addresses the needs of a diverse community.

What does success look like?

- Patients and carers are active partners in their care, and have the knowledge to make informed decisions.
- Hospitals and services are culturally welcoming, safe and responsive to the diverse cultural needs of our community.
- Aboriginal and Torres Strait Islander people are identified when they attend our hospitals and services and receive culturally safe and clinically appropriate high quality care.
- Preferred language and interpreter need is recorded in all clinical records and interpreters are provided to patients in a timely manner.
- Care is individualised and responsive to patient and carer values, needs and preferences.
- Patients, carers and families feel comfortable to ask questions and receive answers in their preferred language or communication method.
- Patients and carers have positive experiences of care with high Patient Reported Measures survey response rates.
- Patient and carer feedback is incorporated into safety and quality improvements.
- Consumers and the community are represented and actively involved in all aspects of hospital and service planning, development, implementation and evaluation.
- Service design and models of care reflect patient, carer and consumer input and feedback including through Patient Reported Measures.
- People with a disability have their disability accurately documented, with additional support needs clearly identified in their clinical records and care is provided in a way that considers specific adjustments that may be required.
- Carers are identified in the patient's clinical record to facilitate decision making about treatment and care.
- Patient Reported Measures are used to improve healthcare and support person-centred and value-based care.
- Full accreditation against the National Safety and Quality Health Service Standards.

Essential metrics

MEASURE	TARGET
Overall Patient Experience Index (Number)	
Adult admitted patients	≥ 8.7
Emergency department	≥ 8.6
Patient Engagement Index (Number)	
Adult admitted patients	≥ 8.5
Emergency department	≥ 8.5
Mental Health Consumer Experience: Mental Health consumers with a score of Very Good or Excellent (%)	≥ 80
Patient-reported Experience Measure surveys with a score of Very Good (%)	≥ 70
Aboriginal and Torres Strait Islander identification in Emergency Department reporting (%)	≥ 90
Aboriginal Culture: Respecting the Difference all-staff training completion (%)	≥ 60

Enabling plans

NSW Health

- Elevating the Human Experience – Our Guide to Action (2020)

NSLHD

- Partnering with Consumers Framework (2021-2026)
- Carer Strategy (2018-2023)
- Disability Inclusion Action Plan (2018-2022)
- Aboriginal Health Plan (2017-2022)
- Multicultural Health Plan (2020-2024)
- CORE Values and Behaviours Charter (2017)
- Clinical Governance Framework (2022-2025)

STRATEGIC OUTCOME 2

Safe, high quality connected care

Safe, high quality, reliable healthcare is delivered in a personalised way across all settings

Why this is important

NSLHD strives to be recognised as a leader in patient safety, patient and carer experience and in the delivery of high quality care and clinical outcomes. We know that the provision of safe, high quality services extends beyond the acute inpatient episode and includes integration and connection of services into the outpatient, community and home-based settings as well as with primary care and other care providers.

Care is supported through the increasing availability and use of digital health technologies including virtual care. Technology advancements support integration and connectivity across care providers enabling consistent and coordinated care for the patient.

Our patients, carers and their families expect robust clinical governance structures to integrate safety systems and processes, identify and mitigate clinical risks, systematically manage incidents and complaints, and adopt lessons to make care better and safer.

Objectives

2.1 Make safety and quality fundamental to everything we do

Embracing the importance of safety and quality in every aspect of the services and care we deliver and striving for continuous improvement.

- Embed a safety and quality culture across NSLHD to reinforce that 'safety and quality is everyone's responsibility'.
- Prioritise the Speaking Up For Safety program to encourage all staff to feel empowered to speak up to prevent unintended patient harm.
- Support the delivery of safe, high quality care by empowering and educating staff, and promoting greater engagement in quality improvement initiatives.

2.2 Provide high quality care that delivers good clinical outcomes

Ensuring care and services provided are safe, high quality, evidence-based and produce a clear benefit.

- Ensure decision making is underpinned by research and evidence.
- Enhance systems to monitor and evaluate quality of care and outcomes.
- Develop evidence-based care pathways across services, providers and settings.
- Ensure clinical care and services are both effective and delivered efficiently with a focus on eliminating unwarranted clinical variation and low-value care.
- Deliver care to patients that is holistic and considers their home, social situation, and other conditions to support their recovery and reduce risk of readmission.

2.3 Increase the range of services provided in non-inpatient and out of hospital settings

Giving patients and carers a greater choice of how and where they can access their care.

- Develop alternative models of care including rapid assessment and early review clinics.
- Ensure hospital avoidance and early discharge is supported by community teams and home-based care as well as the use of virtual care.
- Develop remote monitoring and digital applications to support recovery and rehabilitation at home.
- Support staff, patients and carers in accessing and using telehealth and digital technologies, acknowledging the significant change for patients and clinicians.
- Adopt clinical guidelines to ensure appropriate patient selection for virtual care.
- Ensure patient and carer experience and outcomes, together with clinician experience, are monitored to identify areas for improvements.

2.4 Patient care is seamless across providers, services and settings

Providing consistent, connected and coordinated care that meets the care needs of the patient and carer.

- Support digital integration across all care providers including primary care and non-healthcare providers to ensure relevant patient information is accessible to support safe and consistent care.
- Ensure discharge planning prepares the patient and their carer and enables a smooth transition across providers, in particular general practice and other community or home-based care providers.

2.5 Implement systems that support navigation of care, improved patient and carer experience and easy access to out of hospital services

Ensuring patients have greater choice about how, where and when they access the services.

- Develop and maintain a comprehensive service directory of available services across NSLHD that can be accessed by patients and the community.
- Improve the patient and carer experience offering electronic booking of appointments and smart scheduling to align multiple appointments, options for telehealth, and the inclusion of their primary care provider or other care providers in the appointment.
- Improve accessibility for people where physical attendance is difficult.

What does success look like?

- Advances in technology enable the safe delivery of care across multiple settings including at home and virtually.
- There are standardised, evidence-based clinical care pathways across all NSLHD services.
- There is a robust safety and quality culture in place with all staff engaged in continuous improvement.
- Improved communication between patients, carers, and healthcare teams ensure the seamless flow of information across settings.
- Improved patient and carer experience and patient outcomes.
- There are robust processes in place to ensure that performance concerns are identified early and managed sensitively and fairly, while ensuring that patient safety is not compromised.

Essential metrics

MEASURE	TARGET
Harm-free admitted care: (Rate per 10,000 episodes of care)	
Hospital acquired pressure injuries	≤ 8.2
Hospital acquired infections	≤ 150.4
Hospital acquired venous thromboembolism	≤ 11.4
Hospital acquired delirium	≤ 60
Emergency Department Presentations treated within benchmark times (%)	
Triage 1: seen within 2 minutes	100
Triage 2: seen within 10 minutes	≥ 95
Triage 3: seen within 30 minutes	≥ 85
Transfer of Care – Patients transferred from ambulance to the Emergency Department ≤ 30 minutes (%)	≥ 90
Elective Surgery Overdue – Patients (Number)	
Category 1	0
Category 2	0
Category 3	0
Unplanned Hospital Readmissions: all unplanned admissions within 28 days of separation (%)	
All persons	Reduction on previous year
Aboriginal persons	Reduction on previous year
Unplanned and Emergency Re-Presentations	
All patients	Reduction on previous year
Aboriginal and Torres Strait Islander patients	Reduction on previous year

Enabling plans

NSW Health

- 20-Year Health Infrastructure Strategy (2020-2040)
- NSW Health Virtual Care Strategy (2021-2026)
- NSW Health Facility Planning Process (2021)
- Strategic Framework for Integrating Care (2018)
- NSW Health Pathology Strategic Plan - Towards 2025 (2020)
- Their Futures Matter (whole of government)

NSLHD

- Clinical Governance Framework (2022-2025)
- Partnering with Consumers Framework (2021-2026)
- Safety and Quality Account Report (2021) and Future Priorities (2022)
- Clinical Services Plan (2023-2028)
- Aboriginal Health Plan (2017-2022)
- Multicultural Health Plan (2020-2024)
- Disability Inclusion Action Plan (2018-2022)
- Carer Strategy (2018-2023)

Enabling access to education, health and community services is critical to keeping people healthy and well.

STRATEGIC OUTCOME 3

Keeping people healthy and well

Investment is made in keeping people healthy to promote wellness and address health inequity in our community

Why this is important

Health promotion, illness prevention and early intervention, especially for populations at greatest risk, is well recognised to improve the overall health and wellbeing of our community and reduce the demand for hospitalisation. Many common diseases are attributable to risk factors relating to physical activity, diet, smoking and alcohol intake. Strong partnerships with primary and community providers are crucial to a whole of system effort to keep our community well.

Public health measures are also vital in maintaining the health of the community and include preventing and responding to communicable diseases, most recently COVID-19, as well as protecting our water and air quality, and immunisation and vaccination programs.

Enabling access to education, health and community services is critical to keeping people healthy and well. In partnership with key agencies such as local government, schools, transport and planning, we can increase everyone's control over their determinants of health.

Objectives

3.1 Improve population health through the development, implementation and evaluation of policies, programs and services to improve health and reduce the burden of chronic disease

Ensuring a healthy environment through to health promotion, illness prevention, early identification and intervention in disease, and supporting people to manage their health and maximise their wellness.

- Enable a renewed focus on primary prevention activities to keep people healthy and prevent hospitalisation.
- Invest in early detection and intervention to reduce the development and impact of chronic disease to enable people to remain well in the community.
- Maintain high rates of immunisation and vaccination, particularly for children and high risk groups such as the elderly and people with chronic disease.
- Plan and prepare to protect our population from communicable diseases, pandemics and other environmental threats to health.
- Strengthen communication and partnerships internally and with primary and community providers such as the Sydney North Health Network to increase awareness of available services, reduce duplication and address gaps in services.
- Increase utilisation of evidence-based metrics to measure success of our population health programs.

3.2 Decrease the burden of disease by reducing risk factors and promoting health and wellness

Appropriately targeting strategies and education programs, in conjunction with improved health literacy, to impact on the health choices people make.

- Facilitate healthy eating and active living among our community as well as minimising tobacco use and alcohol intake.
- Partner with local government and non-government organisations to improve connectedness across communities and reduce the impact of social isolation.
- Provide programs in the settings where people live, learn, work, and come together.
- Increase use of virtual care programs that people can access at their convenience.
- Promote health literacy and provide access to information in a variety of formats and languages that encourages healthy behaviours and increases community awareness of risk factors for disease.

3.3 Improve health outcomes for vulnerable and priority populations

Focusing programs on population groups who are disadvantaged to reduce health inequity, where investment can improve quality of life and long-term outcomes.

- Promote the best start to life from pregnancy though to five years, through:
  - Implementation of the NSW Government Brighter Beginnings – the first 2000 days of life initiative and the NSW Health The First 2000 Days Framework
  - Roll-out of state-wide Health Promotion programs including Munch & Move for all early childhood services
  - Increased access to support services for children, young people and adults who are victims of violence, abuse or neglect through the Prevention and Response to Violence Abuse and Neglect (PARVAN) program.
- Work in partnership with our Aboriginal and Torres Strait Islander community to reduce inequities and Close the Gap.
- Work with the community, peer workers, and mental health services to promote mental health and wellbeing through:
  - Implementation of the NSW Health Towards Zero Suicide initiatives
  - Prevention and early intervention, with a focus on children and young people
  - Greater focus on community-based care
  - Improved integration between mental health and other providers.
- Support older people to live active and healthy lives with improved physical and mental wellbeing.
- Identify and engage with marginalised and vulnerable communities to improve access to health services.
- Incorporate trauma-informed care by delivering services based on an understanding of the ways trauma affects people's lives, their service needs and service usage.

3.4 Enhance collaborative partnerships to address the social and environmental determinants of health

Improving partnerships to ensure focus on the key determinants required for good health including adequate housing, education, employment, access to services, and connection to community.

- Enhance strategic engagement with key external partners, including local government, the Sydney North Health Network, and other organisations.
- Leverage our existing network of internal partners to provide a coordinated response to emerging population health challenges.
- Work with partners to create inclusive public spaces which will facilitate physical activity, social wellbeing and environmental health.

What does success look like?

- Improved self-reported rates of health and wellness in the community.
- A community that is engaged and informed about health and healthy behaviours.
- High rates of immunisation, vaccination and participation in health screening programs.
- Reduction in preventable hospitalisation for people with chronic disease.
- Health outcomes for vulnerable and disadvantaged populations are comparable to the general population.
- Increased levels of physical activity and healthy eating, reduced smoking rates and alcohol use.

Essential metrics

MEASURE	TARGET
School-aged children within a healthy weight range – maintain (%)	≥83
Smoking rates - further reduce (%)	<6.5
Wellbeing - increase proportion of people (16 years and over) who rate their health as either excellent, very good or good (%)	>90
Healthy ageing – increase participation in physical activity and risk reduction programs by (%)	>10
Get Healthy Information and Coaching Service – Get Healthy in Pregnancy Referrals (%)	100
Breastfeeding – increase rates of full breastfeeding for first months (%)	>84
Children fully immunised at one year of age (%)	≥ 95
Domestic Violence Routine Screening – routine screens conducted (%)	≥ 70
NSW Health First 2000 Days Implementation Strategy – Delivery of the 1-4 week health check (%)	≥ 85

Enabling plans

NSW Health

- National Health Reform Agreement - Addendum (2020-2025)
- Aboriginal Health Plan (2013-2023)
- National Agreement on Closing the Gap (2020)
- NSW Aboriginal Mental Health and Wellbeing Strategy (2020-2025)
- Living Well – A Strategic Plan for Mental Health in NSW (2014-2024)
- Living Well in Focus (2020-2024)
- NSW Family Focused Recovery Framework (2020-2025)
- Strategic Framework for Suicide Prevention in NSW (2018-2023)
- NSW Strategic Framework and Workforce Plan for Mental Health (2018-2022)
- First 2000 Days Framework (2019)
- First 2000 Days Implementation Strategy (2020-2025)
- Brighter Beginnings (whole of government)
- Integrated Prevention and Response to Violence, Abuse and Neglect Framework (2019)
- NSW HIV Strategy (2021-2025)
- NSW Women's Health Framework (2019)

NSLHD

- Population Health Promotion Plan (2022-2027)
- Disability Inclusion Action Plan (2018-2022)
- Aboriginal Health Plan (2017-2022)
- Aboriginal Mental Health and Wellbeing Implementation Plan (2021-2025)
- Planetary Health Framework (2021-2023)
- Multicultural Health Plan (2020-2024)

Staff health and wellbeing have never been more important.

STRATEGIC OUTCOME 4

Our staff are engaged and well supported

Staff are engaged and well supported to deliver safe, reliable, person-centred healthcare and equipped to respond to a changing healthcare environment

Why this is important

Our people are our most valuable asset and the health and wellbeing of our workforce is key to ensuring they provide the very best healthcare services to our community. This requires a positive workplace culture where staff feel safe, valued, respected and are encouraged and supported to perform at their best.

During the COVID-19 pandemic our workforce adapted to a changed healthcare environment and continued to provide excellent services and patient care. While this period presented many challenges, it also positively influenced our ways of working through greater multidisciplinary collaboration across teams, and the introduction of new technologies and roles. It is important to learn the lessons from this period and also leverage the changes to prepare us for the future. Staff health and wellbeing have never been more important.

Our workforce being future ready and able to accommodate rapid advances in scientific and technological innovations ensures that we can meet the challenges of rising demands for healthcare services, an ageing population with increasing complexity, and finite resources. This will require workforce planning and redesign looking at new and expanded roles and different ways of working. Learning and development will be crucial in preparing a digitally enabled workforce.

We also need to increase diversity in our workforce, continue growing our pipeline of future leaders, and empower staff to speak up for patient, carer and staff safety in a culture that promotes the physical and psychological wellbeing of our workforce.

Objectives

4.1 Cultivate a safe, flexible and positive workplace culture where staff feel valued, heard, empowered and are supported to perform at their best

Staff who feel safe and valued, and experience an empowering and inclusive work environment, are better equipped and able to provide person-centred care.

- Support the physical and psychological wellbeing of all staff, including volunteers, students, trainees and graduates, through a safe and supportive work environment, safe work practices, workload and leave management and access to wellness support programs.
- Demonstrate our CORE values and continue to build a culture that promotes collegiality and collaboration across internal and external stakeholders to provide cohesive and connected patient care.
- Support staff to achieve a work life balance through mutually agreed flexible arrangements that are beneficial to all relevant stakeholders and suited to the context of delivering healthcare services.
- Cultivate a work culture where staff are kept informed, have access to information and are encouraged to be involved in developing solutions to improve services and processes.

4.2 Ensure our workforce reflects the diversity in our community and our culture leverages diversity of thinking

Understand the needs and values of our diverse community to improve the patient and carer experience.

- Promote diversity inclusion and belonging in the workplace to attract talented people from diverse backgrounds.
- Ensure diverse representation in our leadership and decision making roles to inform policy development, service design and continuous improvement.
- Provide equitable opportunities to all under-represented groups in the workforce.
- Provide access to culturally appropriate employee assistance and support programs.

4.3 Develop our talent and leadership capability across our workforce

Leadership is demonstrated at all levels of the organisation and across all roles.

- Engage and empower our leaders and staff to role model our values with a focus on continually improving a person-centred and respectful culture of high performance.
- Ensure leadership development strategies are aligned, valued, accessible and deliver measurable outcomes for our workforce and our organisation.
- Develop a pipeline of future clinical and non-clinical leaders to support promotion from within our organisation.
- Equip leaders with the necessary skills and capabilities for their roles.
- Support leaders to guide our workforce to meet current and future demands of the health system through robust performance and development management processes.

4.4 Develop a skilled and capable workforce equipped to provide high-value and person-centred care

Support the development of capability across our workforce ensuring we have the right skills and knowledge to adapt to a rapidly changing environment.

- Provide continuous professional development opportunities essential for the delivery of safe, reliable, quality patient care.
- Support staff to be digitally capable through access to relevant information, communication and technology resources as well as training and ongoing support to maximise impact on patient and carer experience and outcomes, and improve staff work experience.
- Encourage staff to achieve their full potential and be fulfilled at work through providing professional development and other opportunities for growth such as coaching, mentoring, career pathways, clinical supervision, secondments, acting arrangements and rotations.

4.5 Support and foster innovative thinking and practices related to future care

Create a culture where staff feel supported to challenge current ways of working and seek ways to improve the outcomes and experiences for patients.

- Enable and lead change, support and engage staff, and provide opportunities to take an active role in developing and implementing changes.
- Encourage innovations and improvements which positively impact patient experience and outcomes, organisational performance and workforce satisfaction.

4.6 Develop our workforce to have the capabilities and culture to address future demands on the health system

Plan, attract and prepare our workforce to meet the future demands on the health system.

- Embed workforce planning disciplines to build the future workforce profile and capability mix in clinical and non-clinical roles to meet the projected changes in patient demand and acuity.
- Leverage technology to enable our workforce to meet the projected demands on the health system with a focus on the delivery of safe, reliable, quality patient care.
- Implement talent acquisition and employee experience strategies to support recruitment and retention of a high performing workforce as a recognised employer of choice in the health sector.

What does success look like?

- A positive workplace culture where staff feel valued, included and engaged.
- Staff physical and psychological wellbeing is a priority.
- Increased levels of employee engagement.
- Person-centred care is embedded in our culture delivering high quality, personalised care and positive patient and carer experiences.
- Workforce diversity reflects community diversity with staff from all backgrounds feeling welcome, supported, safe, visible and representative in leadership roles.
- High participation in learning and development programs, quality improvement activities and research.
- Staff are digitally literate and are skilled and confident in the use of new technologies and systems.
- Our workforce is future-ready with new and redesigned roles and services to deliver high quality patient care.
- Our leadership teams across all hospitals and services work seamlessly to foster a culture of person-centred care, collaboration, openness, respect and empowerment.
- NSLHD is seen as a great place to work and has the ability to attract and retain staff as an employer of choice in the Australian health sector.

Essential metrics

MEASURE	TARGET
Staff Engagement – People Matter Survey Engagement Index – Variation from previous survey (%)	≥ -1
Staff Performance Reviews - Within the last 12 months (%)	≥ 90
Aboriginal Workforce Participation – Aboriginal Workforce as a proportion of total workforce at all salary levels (bands) and occupations (%)	≥ 3
Compensable Workplace Injuries Claims (% of change over rolling 12 month period)	≥ 5 decrease or maintain 0
Leave Liability (number of employees with annual leave balances greater than 30 days)	0
Average annual staff turnover rate against baseline (%)	15 (+/- 1)

Enabling plans

NSW Health

- Workforce Plan (2022 – 2032)
- NSW Health Good Health – Great Jobs: Aboriginal Workforce Strategic Framework (2016-2020)
- Health Education and Training Institute Allied Health Education and Training Governance Guidelines (2022)

NSLHD

- Health and Wellbeing Plan (2023 -2027)
- Diversity, Inclusion and Belonging Plan (2023-2027)
- Leadership Strategy and Action Plan (2023-2027)
- Talent Acquisition and Employee Experience Plan (2023-2027)
- CORE Values and Behaviours Charter (2017)

STRATEGIC OUTCOME 5

Research, innovation and digital advances inform and improve the delivery of patient care

The care we deliver is digitally enabled and informed by research and data

Why this is important

Research and innovation underpin and improve patient care, carer engagement and community wellbeing. Through our industry and research partnerships, we create exciting new opportunities for prevention, diagnosis and treatment. Developing our research strategy in partnership with consumers is vital.

Our research goal is to build a strong evidence base to ensure we provide the best care possible to improve outcomes that matter to patients. The development of the Health, Research and Education Precinct at St Leonards is a key initiative that will support an innovative environment.

Better value care is driven by quality health data which in turn, empowers patients, carers and consumers to make better healthcare choices, enables clinicians to improve clinical practice, improves the delivery of care, and maximises overall workforce efficiencies.

High quality health data and analytics are essential to ensuring truly integrated healthcare and a coordinated approach to the management and delivery of our health services.

Balanced against the increasing need for health data is a responsibility to ensure that information systems are well designed, intuitive, and integrated to best support staff in the provision of patient care. Equally, ease of access to data that is meaningful to clinicians, as well as data and system support where required, has the potential to promote innovation, service improvement, and the successful translation of research into practice.

Clinicians, patients and carers have an increasing expectation that health technology will be part of everyday care. The appetite for, and confidence in digital health has increased as a result of changing policies, benefits and successes, particularly in the response to COVID-19.

New technologies are being incorporated into the suite of healthcare options available to consumers, enabling virtual care and other digitally enabled models. The technology-led innovations within NSLHD need to be supported with accelerated investment in systems, staff, infrastructure, security and intelligence. As this occurs there will need to be sufficient engagement with both clinicians and consumers to ensure that the benefits of technology-led innovation leave no-one behind.

Objectives

5.1 Advance and translate research and innovation with institutions, industry partners, clinicians, patients and carers

Building on our distinguished reputation for research, we support our workforce to drive innovation and transformational change in how we deliver care for our community.

- Commit to building our research, and strengthening the translation of research into evidence-based policy and clinical practice.
- Continue to develop the St Leonards Health, Research and Education Precinct defining our strengths and our vision to further develop public health services integrated with education and research sectors.
- Support our workforce to better integrate research and innovation into service delivery.
- Ensure partnerships between patients, carers, consumers, research organisations, universities, industry, and NSW Health partner organisations are optimised to support the translation of health and medical research into best quality healthcare and clinical practice.
- Encourage clinicians and patients to become involved in clinical trials to ensure equity of access to the most up-to-date treatments.
- Enhance our reputation as a national leader in advancing patient outcomes through translational research by consolidating our extensive clinical trial expertise to support excellence in trials and ensure we retain the best clinicians and researchers, both nationally and internationally.
- Promote our clinicians and researchers to build community confidence.

5.2 Improve care delivery and operations by harnessing the power of digital technology and data

Optimising our ability to derive meaningful insights from data to guide and support decisions on how to improve care delivery and optimise operations.

- Enable self-management of patient health and wellbeing and if required, support patients and their carers through clinical remote monitoring.
- Give patients and carers access to relevant data and information to help make informed care choices.
- Use digitally enabled predictive tools to identify patients at high risk of deterioration, or for early warning of developing conditions.
- Measure and monitor patient and carer reported experiences and outcomes to understand what initiatives are effective and should be scaled.
- Promote and enable our staff to participate in research and innovation.
- Enhance the connectedness within NSLHD and across the health system through the adoption of the Single Digital Patient Record state-wide program.

5.3 Design and develop the required infrastructure to enable and embed innovations in digital technology and data

Ensuring digital technology and data systems and infrastructure transform the patient and carer experience and deliver a wide range of virtual services.

- Support high quality care and exceptional health outcomes by improving the electronic medical record (eMR) particularly in specialty areas that are not yet covered by a digital solution and ensure integration across services.
- Improve the user experience, management, quality, safety and sustainability of the current eMR by continuing to enhance the platform, integrate systems across services and providers and respond to the needs of clinical operations.
- Support a mobile workforce by providing intuitive and mobile-friendly applications and solutions to improve clinical mobility and support workflow improvements initiatives.
- Progress an investment plan that follows a clear direction for how virtual care services and digital analytics will be developed.
- Invest in appropriate standardised technology including telehealth platforms, videoconferencing technology to support multidisciplinary teams, developing data and quality dashboards, remote monitoring technology.
- Ensure equitable access and availability of technology to protect health data systems from ongoing cyber security risks.

5.4 Engage and support our workforce, patients, carers and partners in an increasingly digital healthcare environment

Supporting all stakeholders along the transformational journey to digital healthcare, and improving data literacy.

- Develop systems that are accessible, easy to use and add value to our workforce through automation, streamlining workflows, providing real-time information to support decisions and supporting user mobility.
- Increase the opportunities for co-design of clinical information systems and data analytical solutions to reduce the burden of data collection and deliver information that is clinically relevant.
- Provide support for all staff to ensure that they are competent in digital healthcare and can capitalise on improved data analytics.
- Co-design virtual care delivery with patients and carers to ensure that it is accessible, safe and provides the outcomes that matter to them.

What does success look like?

- Increased number and breadth of research projects and the number of researchers involved across all disciplines.
- Research and innovation extends to health service delivery and includes models of care, population health, patient and carer experience and enhanced and innovative application of data analytics to improve patient care.
- Information systems are better integrated, more intuitive, and designed in partnership with clinicians so that information is both easier to collect and easier to access.
- There is greater provision and access to data to inform operations and improve patient care.
- Medical record systems are integrated with the Single Digital Patient Record state-wide program that will enhance connectedness.
- Digital health, including telehealth and virtual care, are part of business as usual.
- Significant progress has been made in achieving the vision of the St Leonards Health, Research and Education Precinct.

Essential metrics

MEASURE	TARGET
Virtual Care: Non-admitted services provided through virtual care (%)	Annual increase of 5%
Research Governance Application Authorisations – Site specific within 60 calendar days – Involving greater than low risk to participants (%)	≥ 75
Ethics Applications Approvals – By the Human Research Ethics Committee within 90 calendar days – 0 involving greater than low risk to participants (%)	≥ 75
Clinical Trials: Increase in the number of clinical trials open for recruitment (Number)	Year on year increase
Clinical Trials: Proportion of clinical trials that closed recruitment and recruited to target (%)	≥ 75

Enabling plans

NSW Health

- eHealth Strategy for NSW Health (2016-2026)
- NSW Health and Medical Research Strategic Review (2012)
- NSW Health Genomics Strategy Implementation Plan (2021-2025)
- Population Health Research Strategy (2018-2022)
- NSW Health Precincts Strategy (2022)

NSLHD

- Digital Strategy (2021-2026)
- Research Strategy (2019-2024)
- Kolling Institute Research Strategy (2021-2025)
- St Leonards Health, Research and Education Precinct Plan (2021)

STRATEGIC OUTCOME 6

Our services are sustainable, efficient and committed to planetary health

We use a value-based approach to optimise use of resources with a focus on embedding both planetary health and financially sustainable principles in everything we do

Why this is important

Value-based healthcare strives to deliver care that improves health outcomes that matter to patients and carers, the experiences of receiving care, the experiences of providing care, and the effectiveness and efficiency of care. It is important that all of the services we provide improve health outcomes and avoid unwarranted clinical variation. By understanding and measuring the patient experience through Patient Reported Measures, we are able to focus on delivering care that matters to patients and carers. Improving the experience of providing care and identifying opportunities for new ways of working will provide clinicians with more time for valuable, person-centred care.

Through focusing on value-based care, we can think differently about how we deliver person-centred care, maximise the use of resources, and invest in new and enhanced clinical services.

A truly sustainable organisation is supported by a strong corporate and clinical governance structure that ensures mechanisms are in place to guarantee effective decision making, in line with NSLHD's Strategic Plan and overall vision. It is important to NSLHD that these structures are inclusive of multidiscplinary teams and consumer input, and promote a shared sense of responsibility.

NSLHD has a responsibility to reduce our environmental impact while achieving the highest standards of health, wellbeing and equity for our patients, workforce and community. As healthcare professionals, we are uniquely placed to contribute to significant and sustainable change in the field of planetary health. Changes in patterns of disease due to climate change will begin to impact how NSLHD delivers clinical services, the type of services required and the workforce spectrum. Together with achieving our target of Net Zero carbon emissions by 2035, NSLHD must now progress work on implementing adaption and mitigation measures related to climate risk.

Objectives

6.1 Optimise the use of resources by using an outcomes-focused approach to support efficient and effective care

Optimising the use of resources by identifying efficiency opportunities to maximise value and ensure financial sustainability.

- Align patient outcomes with funding, and develop performance measures that ensure services and models of care are configured to be most effective.
- Achieve effective asset management practices by driving a sustainable whole-of-life approach to asset management and continuously monitor the suitability, condition and performance of our assets.
- Consider efficiency opportunities involving the application of technology including data analytics and virtual care.
- Ensure the procurement of goods and services are fit for purpose, maximise value for money and encourage sustainability, diversity and innovation.

6.2 Deliver services that maximise value from existing resources and reduce waste

Value-based healthcare is a core component of all our services, with a particular focus on reducing inefficiencies and unwarranted clinical variation where possible.

- Align value-based healthcare principles with all clinical decision making to support health outcomes that matter to patients and carers, improve experiences of providing and receiving care, and maximising effectiveness and efficiency of care.
- Identify and implement innovative and locally relevant solutions to effectively manage and utilise resources.

6.3 Develop collaborative partnerships with external service providers to support our strategic objectives and deliver high quality health outcomes

Ensuring successful partnerships and collaborations underpin good governance while leveraging unique opportunities to deliver high quality services within an integrated health system.

- Enhance existing partnerships and strategic investments with a focus on improving patient and carer experience and delivering value.
- Invest in our health precincts, including the St Leonards Health, Research and Education Precinct, creating collaborative spaces of excellence to ensure we attract a diverse range of global industry partners and talent.
- Leverage our partnership with Sydney North Health Network to promote person-centred and integrated care across primary, community, hospital and social care.

6.4 Prioritise initiatives that positively impact planetary health and environmental sustainability

Priortising initiatives to achieve Net Zero emissions by 2035.

- Ensure models of care and infrastructure are consistent with our Net Zero trajectory.
- Promote an environment that considers active transport and healthy place-making to support the physical and mental wellbeing of our patients, carers, staff and community.
- Consider Net Zero principles for minor capital works where possible, and work with Health Infrastructure NSW to embed Net Zero principles in design, construction and operations for major capital works.
- Work with our partners and suppliers to reduce emissions in our supply chains.
- Implement efficiency projects that reduce utilisation of resources including energy and water.
- Integrate effective waste management processes in all hospitals and services to reduce, re-use and recycle waste.
- Build workforce capability to understand and implement sustainability best practice, including carbon literacy, and planning and preparing for physical and transition climate risks.

6.5 Ensure robust corporate and clinical governance standards are embedded in all decision making processes

Embedding appropriate governance, oversight, accountability, and risk management principles in all NSLHD operations.

- Integrate clinical governance with corporate governance, in line with the National Safety and Quality Health Service Standards.
- Ensure systems relating to internal control, ethical conduct, probity, risk management, management of information, and internal audit are regularly assessed and enhanced.

What does success look like?

- The transition to a Net Zero health system is well underway, in line with our target of Net Zero emissions by 2035. Carbon footprint assessments have been completed for all hospitals and services, and staff consider environmental sustainability and planetary health in the development of new models of care.
- Clinicians feel empowered to embed value-based healthcare principles that have the best outcomes for patients. NSLHD has collaborative and integrated partnerships with primary care, non-government organisations, education providers, industry and private service providers that enhance the patient experience of care.
- Our services maximise value from resources and achieve a sustainable and on-budget financial position.
- Clinical and corporate governance practices are embedded into our culture.

Essential metrics

MEASURE	TARGET
Net Cost of Service (NCOS) Matched to Budget – General Fund – Variance (%)	On budget or favourable
Annual Procurement Savings Target Achieved (% of target achieved)	≥ 95
Emissions Reduction against Baseline (%)	≥ 10 from 2024
Purchased Activity Volumes – Variance (%)	
Acute admitted (NWAU)	≤ + / -1.0%
Emergency department (NWAU)	≤ + / -1.0%
Non-admitted patients (NWAU)	≤ + / -1.0%
Sub and non-acute services – Admitted (NWAU)	≤ + / -1.0%
Mental health – Admitted (NWAU)	≤ + / -1.0%
Mental health – Non-admitted (NWAU)	≤ + / -1.0%
Alcohol and other drugs related Non-Admitted (NWAU)	≤ + / -1.0%

Enabling plans

NSW Health

- NSW Health Corporate Governance and Accountability Compendium (2020)
- Service Agreement NSLHD and NSW Health (annual)
- Resource Efficiency Strategy (2016-2023)
- NSW Health Procurement Policy Framework (2022)
- Value-Based Healthcare Framework (2020)

NSLHD

- Clinical Services Plan (2023-2028)
- Planetary Health Framework (2021-2023)
- Corporate Governance Framework and Interim Plan (2021-2022)
- Strategic Asset Management Plan (2021)
- Asset Management Plan (2021)
- NSLHD and Sydney North Health Network Partnership Agreement (2021)
- Clinical Governance Framework (2022-2025)
- Capital Plan (2021)

Clinical and corporate governance practices are embedded into our culture.

Implementation of the Strategic Plan

The development of the NSLHD Strategic Plan 2022-2027 is a critical step in setting our goals, priorities and future direction for the next five years. Equally important is the effective implementation of the Strategic Plan including tracking progress against our objectives, consistent and transparent reporting, and establishing accountability.

Responsibility for ensuring progress against each Strategic Outcome will be aligned to Executive portfolios with defined reporting requirements and accountabilities captured as part of the annual Performance and Talent Agreements review process.

Achievements against the Strategic Outcomes identified in this Strategic Plan will also be reported on a regular basis to the Chief Executive and Board, and will be published on the NSLHD website.

Implementation of the Strategic Plan will be governed by the *NSLHD Strategic Plan 2022-2027 Governance Committee*, chaired by the Chief Executive.

Together, the Governance Committee will be responsible for driving implementation of the Strategic Plan and monitoring progress against the achievement of key action items. The Governance Committee will also monitor progress against Strategic Outcome metrics and ultimately ensure that initiatives and projects are aligned with our goals and support the delivery of critical priorities and system performance.

Planning Framework

The NSLHD Strategic Plan provides an overarching framework for the planning and delivery of services, reflecting our CORE values and key directions for the next five years.

NSW Health

NSW Future Health: Strategic Framework 2022-2032

Annual Service Agreement with NSLHD

Northern Sydney Local Health District

Strategic Plan 2022-2027

Clinical Services Plan 2023-2028

Enabling Plans and Frameworks

- CORE Values and Behaviours Charter
- Corporate Governance Framework
- Clinical Governance Framework
- Quality and Safety Plan
- Partnering with Consumers Framework
- Disability Inclusion Action Plan
- Diversity Inclusion and Belonging Plan
- Talent Acquisition and Employee Experience Plan
- Leadership Strategy and Action Plan
- Health and Wellbeing Plan
- Digital Strategy
- Virtual Care Strategy
- Planetary Health Framework
- Research Strategy
- Kolling Institute Research Strategy
- St Leonards Health Campus Health Education and Research Precinct Plan
- Strategic Asset Management Plan
- Asset Management Plan
- Capital Plan
- Enterprise Risk Management Strategy

Service Specific Plans

- Aboriginal Health Plan
- Multicultural Health Plan
- Carer Strategy
- Population Health Promotion Plan
- First 2000 Days Implementation Strategy
- Mental Health Plan
- Drug and Alcohol Plan
- Primary and Community Health Plan
- Cancer Services Plan
- Renal Services Plan

Operational Plans and Reports

- Clinical Network Work Plans
- Safety and Quality Account and Future Priorities
- Hospital Plans: Royal North Shore, Hornsby Ku-ring-gai, Ryde and Mona Vale Hospitals
- Directorate Plans: Mental Health Drug and Alcohol, Primary and Community Health
- Service and Partnership Agreements: Northern Beaches Hospital, HammondCare, Royal Rehab, Sydney North Health Network

Strategic Planning Process

The NSLHD Strategic Plan 2022-2027 was created through an intensive nine month phased consultation process with a broad range of stakeholders including our staff, patients, carers, consumers, community representatives, clinical leaders, primary care, and key service partners.

1 Commencement of Strategic Plan development

Initial consultation with NSLHD Chief Executive and Board Chair

December 2021

2 Analysis of current state

Comprehensive analysis undertaken of:

- Previous Strategic Plan and progress reports
- NSLHD enabling plans
- Organisational and strategic issues
- Board priorities
- Chief Executive priorities

January – February 2022

3 Understand and capture strategic issues, challenges and priorities across our hospitals, services, and clinical directorates

Three phase approach **April – May 2022**

Consultation Phase 1

Early stage: NSLHD Board, Senior Executive Team, and survey and consultation workshop with NSLHD General Managers, Service Directors and Senior Managers

Consultation Phase 2

Targeted sessions: virtual workshops with Clinical and Quality Council, Aboriginal and Torres Strait Islander Health, and Consumers, Carers, CALD and Youth Health representatives

Consultation Phase 3

Open forum: 12 all-staff virtual consultation sessions co-led by Executive Champions, all-staff survey, and consumer and community survey

4 Refine and prioritise consultation outputs to inform Strategic Outcomes

Structured sessions with Executive Champions **May – June 2022**

5 Document Strategic Outcomes and consultation feedback in the draft Strategic Plan

June 2022

6 Refine essential metrics and targets

June 2022

7 Draft Strategic Plan and survey issued for broad consultation and feedback internal and external to NSLHD

July 2022

8 Incorporate feedback and submit revised Plan to the NSLHD Board for endorsement

August 2022

9 Official launch of the NSLHD Strategic Plan 2022-2027

Late August 2022

10 Implementation and ongoing monitoring and reporting through the NSLHD Board and Strategic Plan 2022-2027 Governance Committee

CORE Values

Our CORE Values

Our values are: Collaboration, Openness, Respect and Empowerment (CORE). Upholding these values, we are working together to focus on the quality of care provided to our patients and consumers. In practice this looks like:

Collaboration

With colleagues, we share our ideas and knowledge, offer assistance and conduct multidisciplinary meetings for clinical handover. With patients, consumers, carers and family members, we take the time to talk with and listen to you. We provide opportunities to communicate with our clinical teams and explain our roles and your care plan to you.

Openness

With colleagues, we communicate transparently and honestly, participate in constructive feedback and take time to listen to each other. With patients, consumers, carers and family members, we introduce ourselves and address you by your preferred name, taking time to discuss your needs and expected care outcomes, and acknowledge and apologise if mistakes occur.

Respect

With colleagues, we are inclusive and treat each other with fairness, resolving issues constructively with each other and ensuring our work environment is safe. With patients, consumers, carers and family members, we keep your information confidential, wash our hands before and after seeing you, and we take your concerns seriously and follow up to ensure you get safe, high quality care.

Empowerment

With colleagues, we acknowledge strengths and complementary skills in others, we support and mentor each other to be our best every day, and we thank others for their efforts and congratulate their achievements. With patients, consumers, carers and family members, we acknowledge that you are the experts of your own life and therefore we enable communication and participation in your healthcare journey ensuring you are involved in making informed decisions.

NSLHD in Numbers

Workforce (2020/2021)

10,691
total workforce (8,792 FTE)

5,023
Nursing including 178 clinical nurse/ midwife consultants

1,404
Allied Health

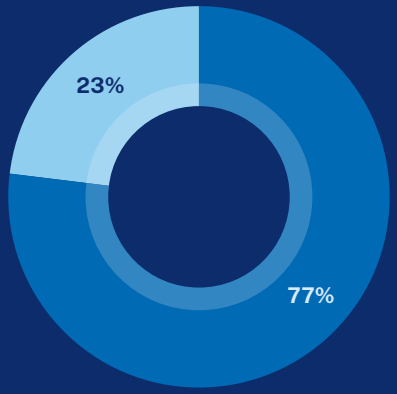
1,488
Medical including 553 staff specialists

673
Visiting Medical Officers

MEDIAN AGE IS
41 years
with 64% of the workforce over 34 years of age

51 people (0.55%)
identify as Aboriginal and/or Torres Strait Islander

Five hold senior leadership positions



77% FEMALE

23% MALE

45%
senior management positions held by women (NSW Health 40.3%, public sector 37%)

28%
speak a language other than English at home

1%
of the workforce identify that they have a disability

LGBTQI+

4.9%
of staff who responded to the 2021 People Matter Employee Survey (PMES) identify as LGBTQI+

Education and Training (2021)

EARLY CAREER

235 GradStart positions
for newly qualified nurses/midwives

301 junior doctors
in pre-vocational training
(including Northern Beaches Hospital)

19 new graduate
allied health staff (designated New Grad roles)

287 doctors
in specialty training

CLINICAL PLACEMENT

587
allied health students

545
medical and dental students

2,609
nursing and midwifery students

CONTINUING LEARNING AND DEVELOPMENT

1,789
employee learning programs
(published in My Health Learning) provided

15,309
total number of participants

Planetary Health

900 tonnes
of carbon emissions saved per year

1 million
Kilowatt Hours (kWh) of power produced per year

5000+
lights replaced with LED panels reducing power consumption for lighting by 65%

220
toilets have been replaced with water saving duel flush toilets

700+
basin taps have water reducing devices installed

17
energy efficient boilers installed

Rooftop solar energy systems installed at Hornsby Ku-ring-gai and Mona Vale Hospitals

Hornsby Ku-ring-gai Hospital is one of the largest hospitals with solar panel installations in Australia

Research

NURSING AND MIDWIFERY (2021)

72
active research studies

24
grant applications submitted

10 grants
awarded totalling over $2 million

14 higher degree
research candidates

76
peer reviewed publications

10
state/national awards and nominations

29
national and international conference presentations

452
participants in Nursing and Midwifery education program

MEDICAL AND OTHER (202)

435
active clinical trials

632
active research staff across NSLHD

1,332
peer reviewed papers

1,395
matters reviewed by research ethics and governance

221
governance applications

49
committee meetings across human, animal and institutional biosafety

Information and Communications Technology

TELECOMMUNICATIONS (2021 / 2022)

5,511
mobile phones

10,507
landlines

10,000+
Skype accounts with 6,400 accounts migrated to Microsoft Teams

1,300+
active users each day

18,800
voice calls each month

5,700
video calls each month

20,400
online meetings each month

CYBER SECURITY STATISTICS FROM MAY 2021 TO MAY 2022:

203
NSLHD cyber security incidents actioned by ICT

9
Security Incidents reported by NSLHD users

67.8% of staff
completed Mandatory Cyber Security Training

Health Promotion (2021)

8,732
NSLHD residents accessed healthy eating and active living programs including the Get Healthy and Go4Fun programs

113
NSLHD healthy built environment recommendations were adopted by councils and urban planning bodies

30
new no smoking entry signage installed across NLSHD facilities

24
health promotion recommendations were adopted for North Sydney liquor license decisions and 9 alcohol advertisements removed from public domain or amended as per health promotion recommendations

97,000
people reached by the "Drink Less, Live More" social media campaign (informed by research conducted with Northern Beaches women aged 35-59 years)

266
falls prevention classes for older adults aged 65+ (18,387 occasions of service); 2,341 participants completed 5 of 7 sessions

34,144
childbirth and early parenting education sessions for expectant parents

2,781
Healthy Lifestyle exercise classes for older adults (293,360 occasions of service)

500
online liquor licences were audited, with key recommendations incorporated into NSW legislation and published in peer reviewed journal Public Health Research and Practice in October 2021

126,360
NSLHD children (153 primary schools and 432 early childhood services) were supported through the Healthy Children Initiative

NSLHD Population Health Network established
to promote the health and wellbeing of our whole Northern Sydney population

107 NSLHD school canteens,
173 early childhood centres and
98 food and drink outlets in NSLHD health facilities were supported to offer healthier menus and vending options

9 NORTHERN SYDNEY SPORTING CLUBS
implemented alcohol and domestic violence policies,
workshops and communication strategies for players, club representatives and their fans

Northern Sydney
Local Health District

Produced by: Northern Sydney Local Health District

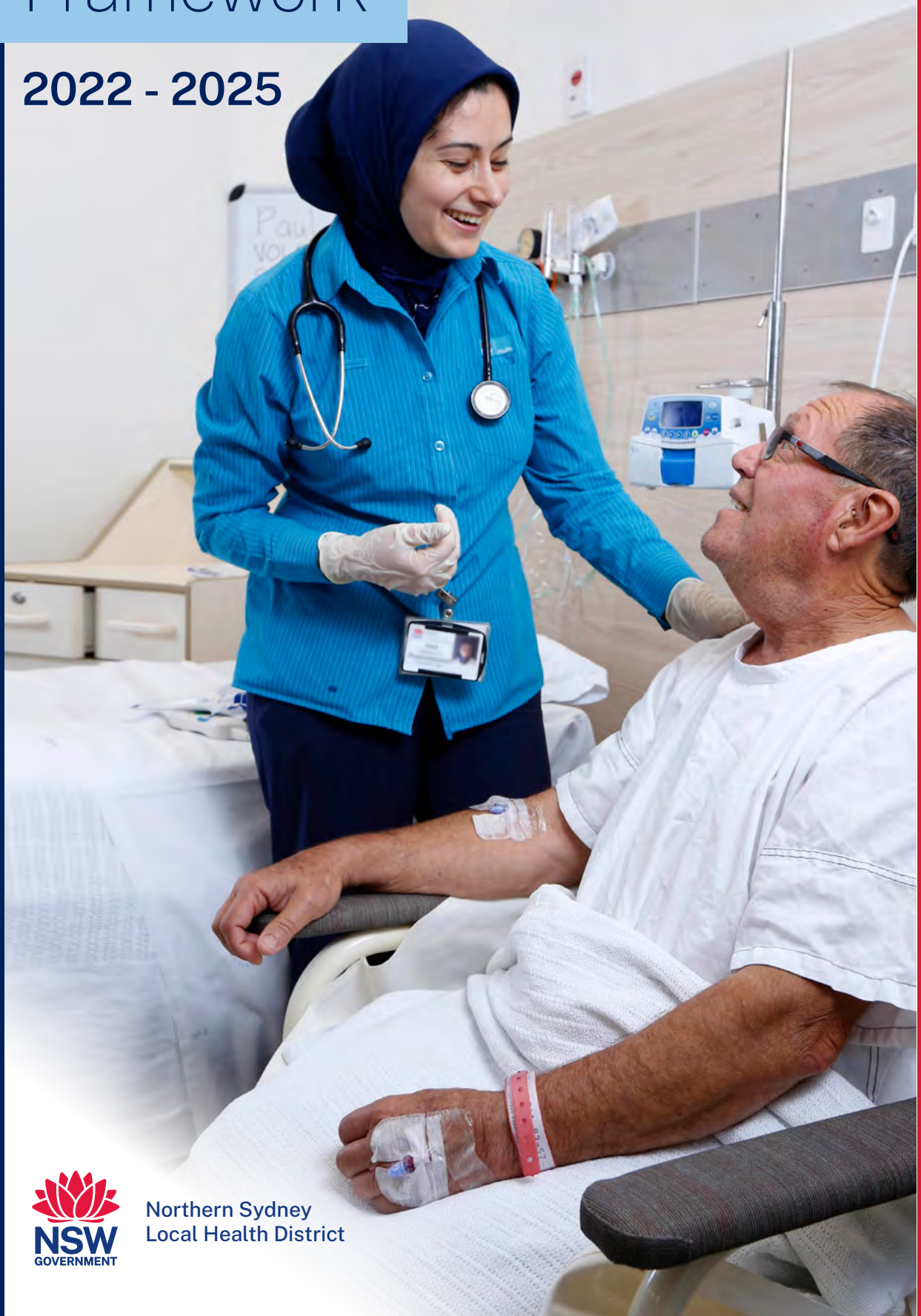
September 2022

nslhd.health.nsw.gov.au

NORTHERN SYDNEY LOCAL HEALTH DISTRICT

Clinical Governance Framework

2022 - 2025



NSW GOVERNMENT

Northern Sydney
Local Health District

ACKNOWLEDGEMENT OF COUNTRY

Northern Sydney Local Health District (NSLHD) would like to acknowledge the traditional custodians of the Northern Sydney region, the Darug and Guringai peoples. Their spirit can be found across the region and we honour the memory of their ancestors and Elders past and present.

As we endeavour to serve the health needs within the community, we recognise the importance of the land and the waterways, as an integral part of people's health and wellbeing.

FOREWORD

The Northern Sydney Local Health District (NSLHD) Clinical Governance Framework 2022 – 2025 (the Framework) provides organisational guidance to ensure that the safety and quality of care continues to be embedded in the way we do business and remains our highest strategic priority.

The Framework adopts the components outlined in the Australian Commission on Safety and Quality in Health Care's National Model Clinical Governance Framework, as well as incorporating other National and State legislative, policy and contemporary clinical governance elements. The Framework promotes an organisational structure that supports optimal safety and care through evidence-based practice, systematisation and standardisation of care processes, continuous practice improvement as well as greater involvement of consumers in their own care to the extent that they choose, care design, delivery and measurement and evaluation of systems and services.

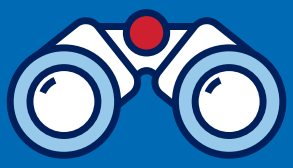
The scope of the Framework covers all hospitals and services within NSLHD. The Framework assigns accountability for patient safety and high-quality care to all staff at all levels of the organisation. It outlines how clinical governance is an integrated component within our corporate governance structure and clearly links the Framework to achieving the National Safety and Quality Health Service Standards, thereby ensuring better, safer care for NSLHD patients, their families and the community.

Northern Sydney Local Health District strives to be recognised as a leader in patient safety, patient experience and in the delivery of high-quality care and clinical outcomes. It is expected that this Clinical Governance Framework will be an important element in achieving the District's vision to be *leaders in healthcare, partners in wellbeing*. Achievement of this objective will require engagement of staff, consumers and carers, as equal partners, and will drive a culture of innovation and excellence and create a more compassionate health service aligned to the needs of consumers and the broader community.

Trevor Danos AM FTSE
Board Chair

Deb Willcox
Chief Executive

MISSION, VISION AND VALUES



Our Vision

Leaders in healthcare, partners in wellbeing

Our Mission

Embracing discovery and learning, building partnerships and engaging our community, to deliver excellent health and wellbeing

Our (CORE) Values

Our values are: Collaboration, Openness, Respect and Empowerment (CORE). Upholding these values, we are working together to focus on the quality of care provided to our patients and consumers. In practice this looks like:

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ABOUT NORTHERN SYDNEY LOCAL HEALTH DISTRICT

NSLHD covers an area of around 900 square kilometres, covering nine local government areas and almost one million people, which represents 11.7 percent of the NSW population. Our district has a slightly higher proportion of older residents than the NSW State average, and health outcomes are generally better than the NSW average.

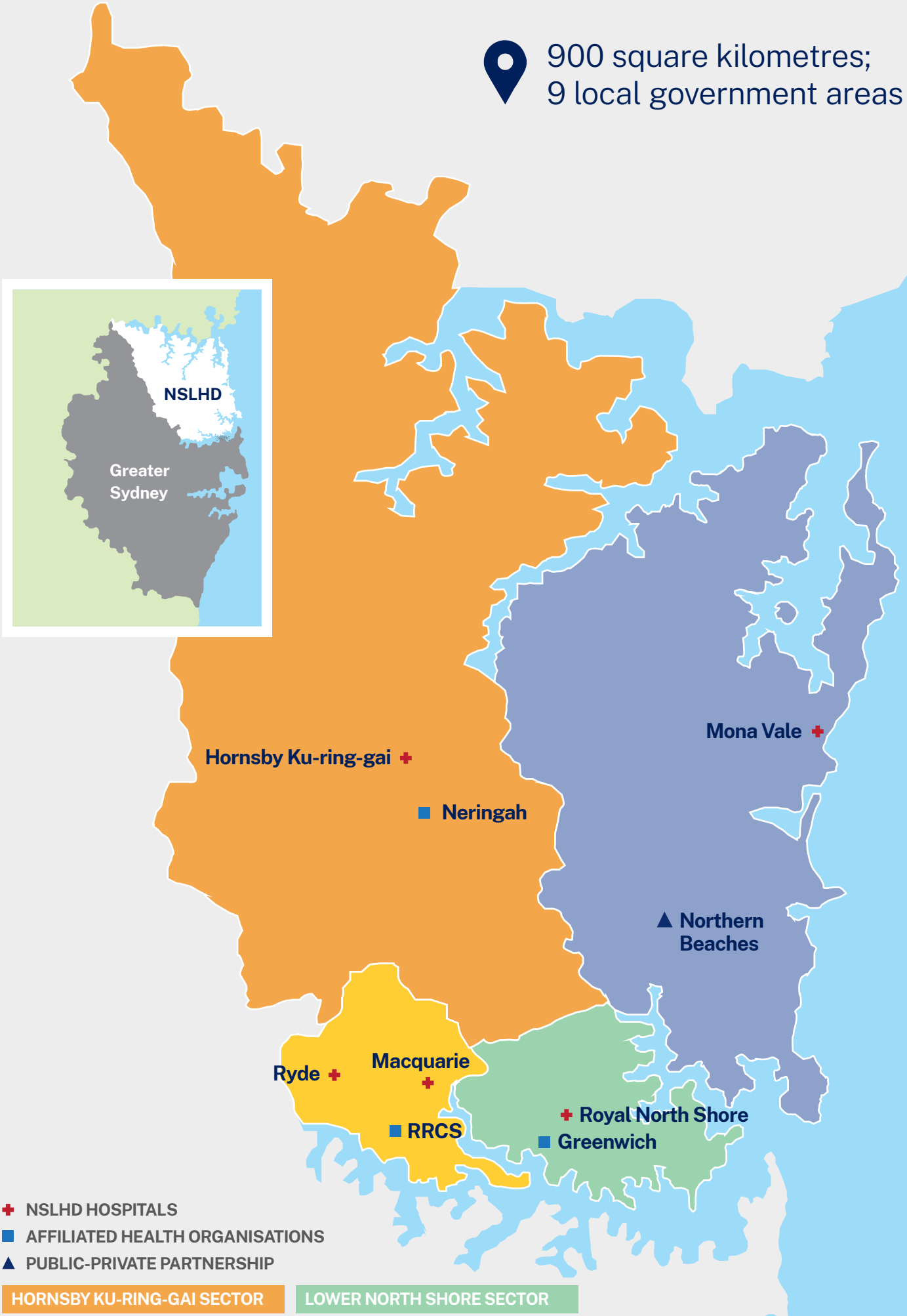
NSLHD residents have the nation's highest average life expectancy and lowest premature mortality, and the best infant and maternal health scores. The NSLHD population also scores better than the NSW average in terms of many health risk factors, including overweight, smoking, physical activity and fruit and vegetable intake, with obesity being only half as prevalent in NSLHD as in NSW as a whole. However, Aboriginal and Torres Strait Islander people generally experience poorer health outcomes as do some Culturally and Linguistically Diverse (CALD) groups who are disadvantaged for example either socioeconomically and/ or suffer from mental illness.

Within an expense budget of approximately $1.8 billion in the financial year 2020/21 the District performed more than 28,000 operations, saw 155,328 Emergency Department presentations, delivered nearly 4,000 babies and provided 568,996 occasions of service to nearly 120,000 patients in outpatient clinics, both in person and via telehealth.

NSLHD is part of a larger health and social care landscape encompassing primary care, private health, aged care, non-government organisations, and local state and federal government alongside the population and public health, health promotion, acute, sub-acute, mental health, drug and alcohol, and primary and community health services provided by NSLHD. As an organisation committed to research and education, NSLHD also has strong collaborations with the royal colleges, tertiary education and research institutions including the Kolling Institute, the University of Sydney, University of Technology Sydney and Macquarie University.

Clinical Services are organised across:

- Four acute hospitals including Hornsby, Northern Beaches, Royal North Shore (RNS) and Ryde Hospital, and one sub-acute hospital at Mona Vale.
- Two clinical directorates – Mental Health Drug and Alcohol, including Macquarie Hospital, and Primary and Community Health which delivers services from a network of community health centres and in people's homes.
- Clinical and other support services, including Aboriginal and Torres Strait Islander Health and Carers Support. Pathology services are provided by NSW Pathology North.
- Two affiliated health organisations providing sub-acute care including HammondCare (Greenwich and Neringah Hospitals) and Royal Rehabilitation Centre Sydney (RRCS).
- NSLHD Clinical Networks which advise on the strategic development, profile and configuration of services across the hospitals and directorates, including:
  - Maternal, Neonatal and Women's Health
  - Child, Youth and Family Health
  - Acute and Critical Care Medicine
  - Chronic and Complex Medicine
  - Surgery and Anaesthesia
  - Cardiothoracic and Vascular Health
  - Musculoskeletal Health, Plastics/Burns, Spinal and Trauma
  - Neurosciences
  - Cancer Services
  - Palliative and Supportive Care
  - Rehabilitation and Aged Care


900 square kilometres;
9 local government areas
NSLHD
Greater Sydney
Hornsby Ku-ring-gai
Neringah
Mona Vale
Northern Beaches
Ryde
Macquarie
RRCS
Royal North Shore
Greenwich
NSLHD HOSPITALS
AFFILIATED HEALTH ORGANISATIONS
PUBLIC-PRIVATE PARTNERSHIP
HORNSBY KU-RING-GAI SECTOR
LOWER NORTH SHORE SECTOR
NORTHERN BEACHES SECTOR
RYDE - HUNTERS HILL SECTOR

INTRODUCTION

The Northern Sydney Local Health District (NSLHD) recognises the importance of partnering with consumers, good governance, leadership, culture, patient safety systems, clinical performance and a positive care environment in delivering safe, high-quality care that meets the needs of our patients and consumers.

The NSLHD Clinical Governance Framework (the Framework) acknowledges Clinical Governance as an integrated component of organisational governance[1] and relates to the NSLHD Strategic Plan and NSLHD Clinical Services Plan and expresses the necessary elements that assist the health service to achieve its vision to be Leaders in healthcare, Partners in wellbeing through building partnerships and engaging the community to deliver safe, high-quality care.

The Framework promotes an organisational culture that supports openness, transparency and continuous improvement. It reflects our vision and mission and promotes a common understanding in relation to clinical safety and quality standards that helps to drive behaviours, both individual and organisational, that lead to better patient care.

The Framework promotes an organisational culture that supports openness, transparency and continuous improvement.

1 ACSQHC User guide for governing bodies.

The NSLHD Clinical Governance Framework's objectives are based on interrelated clinical governance components outlined in Australian Commission on Safety and Quality in Healthcare's National Model Clinical Governance Framework and our patients' and consumers' expectations of the health service:

COMPONENTS OF THE CLINICAL GOVERNANCE FRAMEWORK

2 Reproduced with permission from National Safety and Quality Health Service Standards User Guide for Aboriginal and Torres Strait Islander Health publication, developed by the Australian Commission on Safety and Quality in Health Care (ACSQHC). ACSQHC: Sydney 2017.

Principles

The Framework is underpinned by principles that provide transparency and guide the focus and behaviours of staff, their interactions and engagement with consumers, and the direction of the organisation's safety and quality strategy.

Just Culture and accountability

Organisational culture is based on the NSW Health CORE values and organisational and individual accountability is defined and understood and fostered within a culture of trust and mutual respect.

Openness and transparency

Errors, risks and incidents are reported, investigated and managed without fear of blame. Incidents are fully disclosed to patients and families.

Emphasis on safety and learning

A learning culture that is constantly improving and oriented toward patient safety, innovation and transformation and learning from excellence and experience. Insights and lessons learnt are linked to action and continuous improvement. Research is routinely translated into evidence-based care.

Empowering consumers and partnering with them

Consumers are supported to engage in their own care and in the design and operation of the health service.

Sustainable Organisation

Organisation-wide sustainable development, that includes targeting net zero carbon emissions by 2035, is facilitated by governance structures, measurable performance indicators and effective partnerships.

Strong clinical engagement and leadership

Clinicians are involved in decision making at all levels. Capable leaders support staff to attain and maintain their knowledge and skills and they communicate and model desired behaviours, demonstrate what is organisationally important and drive a safety focused culture.

Data and information guide decisions and action

Good quality data and information is integrated, accessible and utilised at all levels to guide evidence-based care, support decision making and drive quality improvement.

Empowered staff

Staff are trained and supported to speak up for safety and to challenge the status quo, utilising data and evidence within a psychologically and culturally safe environment.

Continuous monitoring and improvement of care

Performance, safety and quality data is rigorously monitored, analysed and acted upon and linked to continuous improvement systems.

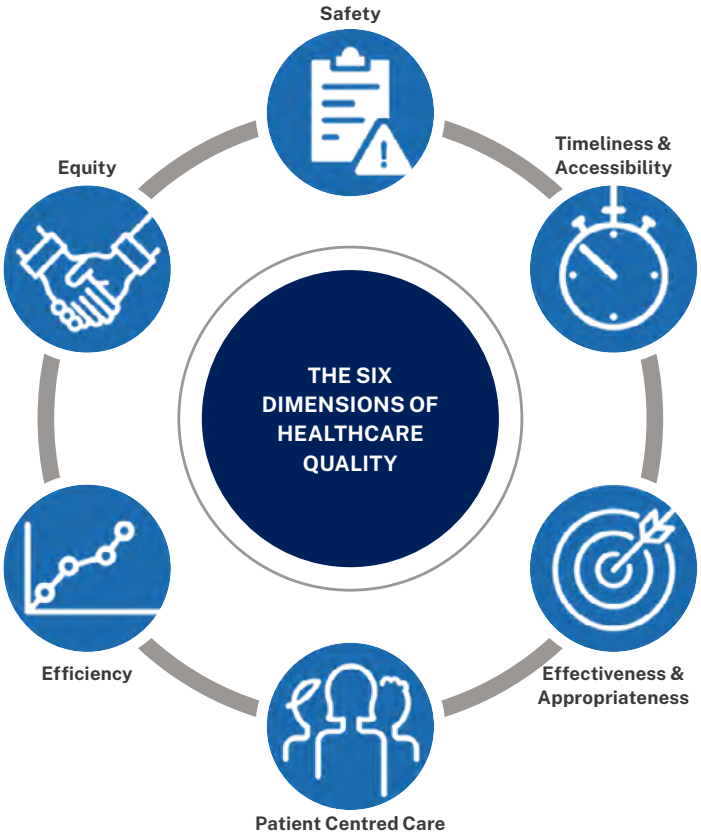
Adapted from Safer Care Victoria. (2017). Delivering high-quality healthcare, Victorian Clinical Governance Framework. Melbourne: Victorian Government.

WHAT PATIENTS, CONSUMERS AND CARERS EXPECT

The reasonable expectations of care received by our patients, consumers and their carers are reflected through the dimensions of quality and guide NSLHD's comprehensive engagement of consumers.

Our patients, consumers and carers expect that they are:

- Treated with dignity, respect and compassion.
- Cared for in an environment that they feel safe.
- Able to access high quality health care that meets their needs and personal preference.



They expect robust clinical governance arrangements to integrate safety systems and processes; clinical risks are identified and mitigated; incidents and complaints are systematically managed, and lessons adopted to make care better and safer. Patients, consumers, and carers expect that things will rarely go wrong, but if they do, they receive an open and honest apology.

Consumers and carers expect that all staff have the right qualifications and skills to undertake their role, they practice within their defined scope, and clinicians comply with relevant guidelines and are accountable for their practice. That robust processes are in place to ensure that performance concerns are identified early, managed sensitively and fairly, while ensuring that patient safety is not compromised.

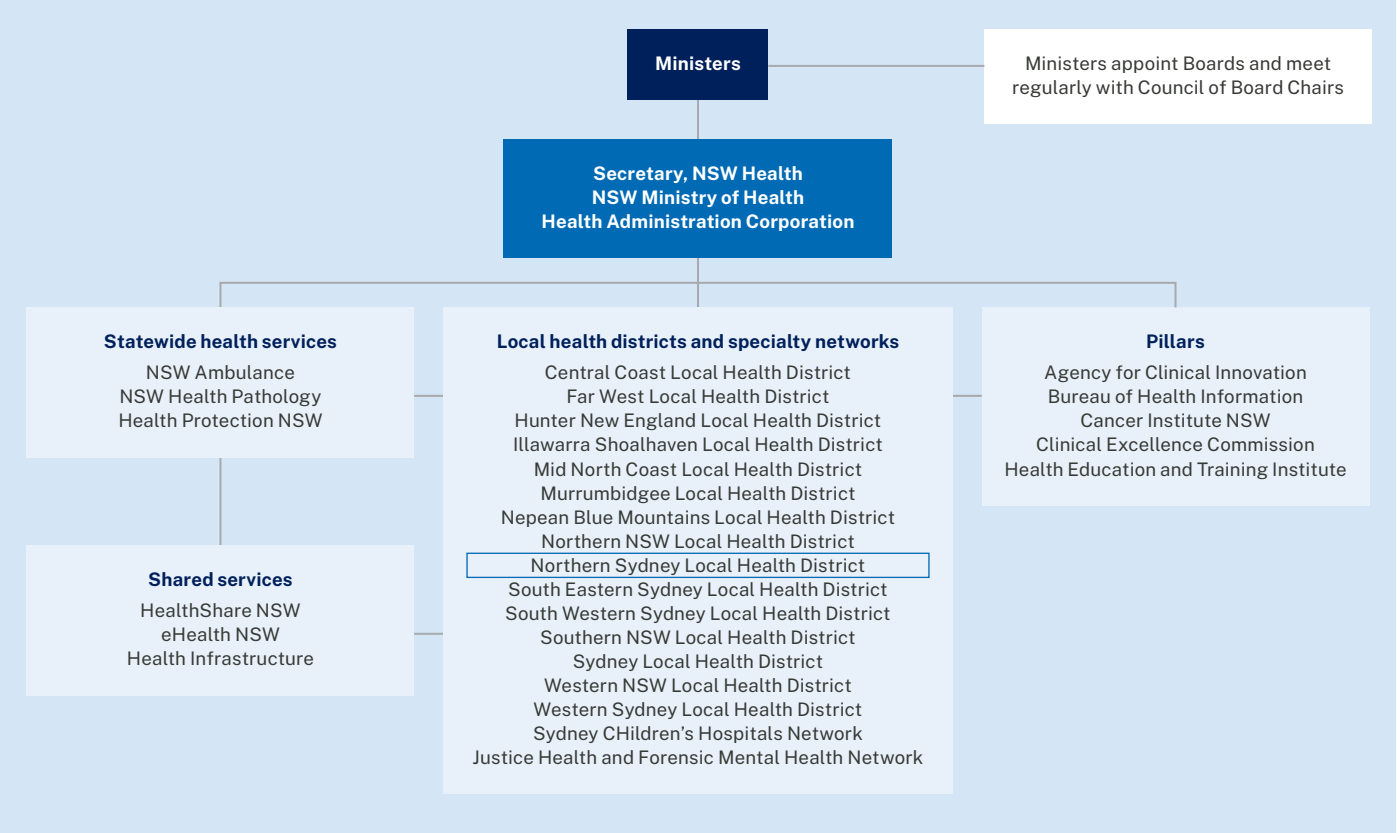
EXPECTED OUTCOMES

Organisational adoption of the framework should support a range of positive outcomes including:

- An effective Clinical Governance Framework is endorsed by the Board and supports integration of corporate and clinical governance systems at all levels.
- Evidence-based care pathways and guidelines are utilised and unwarranted clinical variation is systematically identified and addressed.
- Staff and clinicians understand their roles and responsibilities for safety, quality and consumer engagement.
- High standards of professional conduct and performance are maintained and complaints or concerns about clinicians are managed skillfully, fairly and sensitively.
- Enhanced individual and organisational focus on person-centred care, collaboration and partnering with patients and consumers.
- Workforce orientation and training programs include clear goals and expectations for the delivery of safe, high-quality care.
- Patients, consumers and staff are treated with respect, kindness and compassion in a non-discriminatory way and report a positive culture and a culturally safe and inviting environment.
- Corporate services governance (at all levels) ensures comprehensive oversight of all critical systems and processes to assure patient safety and high-quality care.
- Consumer feedback is used for quality improvement and service planning.
- The healthcare environment is safe, welcoming and considerate of a culturally diverse patient and staff population.
- Effective organisational quality improvement, risk, incident, feedback and complaint management systems embedded, actively monitored and drive improvement.
- Aboriginal and Torres Strait Islander Cultural Engagement Survey (at all levels) is conducted routinely and the results are used to improve culturally appropriate care.
- Clinical safety and quality performance data is used to inform strategic decisions and to drive operational performance and promote practice improvement.
- Robust Information, Communication and Technology governance ensures comprehensive oversight of new and emerging technologies and associated models-of-care.
- Staff feel supported to achieve their full potential and positively report about their work experience.
- Staff Patient Safety Culture Surveys (at all levels) are conducted regularly and the results are used to monitor and improve teamwork, communication, patient safety systems and patient care.

GOVERNANCE LEADERSHIP AND CULTURE

NSW Health organisation chart



Clinical Governance, Integrated component of Corporate Governance

NSLHD has in place frameworks and systems for measuring and routinely reporting on the safety and quality of care provided. NSLHD's clinical governance arrangements are influenced by legislation and policy at federal and state levels and are guided by safety and quality priorities emerging from the broader system as well as by the needs of the community.

Under section 28 of the Health Services Act 1997, NSLHD, as a public health organisation, is required to establish clinical governance frameworks that support high quality patient care and services and ensure consumer views guide health service delivery.

Clinical Governance is acknowledged as an integrated component of corporate governance. This Framework builds on NSLHD's overall Corporate Governance structure that ensures there are clear lines of responsibility and accountability for both clinical care and development of strong and effective partnerships between clinicians and managers.

A comprehensive Clinical Governance committee structure is in place at the District-level to support patient safety and clinical quality. The hospitals and services ensure local safety and quality committees are linked to, and report into the District's peak safety and quality committees. See appendix 1.

Safety and quality are everyone's responsibility

There is a shared responsibility for the provision of high-quality, safe, person centred care embedded at all levels of the organisation.

The NSLHD Board, Chief Executive, Executive Leadership Team, Hospital and Service Management and all NSLHD staff have a responsibility to collaborate and partner with consumers, and commit to regularly identify areas for improvement by evaluating their performance. Every member of our health service (clinical and non-clinical) have specific responsibilities related to achieving and maintaining high quality and safe care. Consumers and carers play an important role in advocating for safe, high quality care.

Consumers

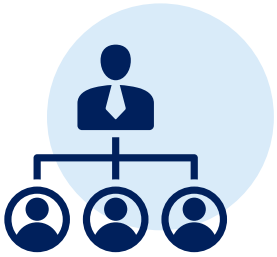
So that we get the best care and have a say in what care looks like, we:

- participate and collaborate in care to the extent that we choose
- work in partnership with healthcare providers
- provide feedback on the care provided and, where possible, suggest improvements
- participate and co-design health services, buildings, models-of-care, systems and processes
- advocate for consumer safety to support the best possible outcomes for ourselves and others

Board

Because we are responsible for assuring a safe health service that delivers quality care we:

- ensure effective systems are in place that support patient safety and continuous improvement
- promote a culture of accountability and openness and that drives behaviours that support the highest quality care
- ensures there is a sound clinical governance system in place
- are accountable for performance and outcomes of the health service



Executive

We are entrusted to put resources, systems and processes in place to deliver safe, quality care, mitigate risks and create a patient safety culture therefore we:

- ensure systems and processes are in place and sufficient resources are allocated for an effective clinical governance system
- model desired behaviours that promote safe, high-quality care
- take a leadership role in organisational governance processes
- develop the knowledge and skills of our staff and ourselves in relation to safety and quality care
- partner with the community, consumers and carers that have, will or currently draw upon on health services to effectively co-design systems of care, facilities and learning

Managers and Senior Clinicians

To lead and drive safe, high-quality care we:

- ensure staff utilise the systems and processes established to provide safety and quality assurance, and appropriately escalate risks, problems or issues
- empower staff to speak up for safety and complete relevant education and training
- promote an organisational safety culture by modelling desired behaviours and attitudes

All Clinical staff

To deliver safe, high-quality care we:

- take responsibility for our clinical practice, working within the limits of our skills and training and in accordance with legislative and policy requirements
- maintain our clinical skills and knowledge
- utilise the systems and networks provided, practice evidence-based care and continuously review and improve our practice
- partner with consumers and carers, and the healthcare team and communicate clearly

Non-clinical staff

To support the delivery of high-quality safe care we:

- work within the provisions of relevant policies, procedures and legislation to support safe high-quality care
- maintain and manage administrative and corporate systems to ensure the hospitals and healthcare environment is maintained to appropriate standards
- support and partner with consumers, carers and clinical staff to ensure they are safe and have a good care experience

Leadership

Capable leaders and managers support staff to attain and maintain the necessary knowledge and skills to do their work in the safest and most effective way possible. Strong board, executive and clinician leadership, communicating and modelling desired behaviours, demonstrate what is organisationally important and drives a positive safety culture.

Engaging clinical leaders is achieved through effective communication and by building trust and respect and is facilitated through the involvement of clinicians in the operations and governance of the health service. Clinical networks and key committees, such as the clinical and medical staff councils, are mechanisms that involve clinicians in the strategic and operational functions of the health service.

Clinical leadership development is promoted through frameworks such as CEC Clinical Leadership and Engagement, NSW Health Medical Leadership Group Charter and NSLHD Leadership Strategy and Action Plan 2020-2022 and provide guidance to connect clinicians and management. These cover performance appraisals, clinical leadership development and guidance on strategies to engage clinicians in development programs.

Patient Safety Culture

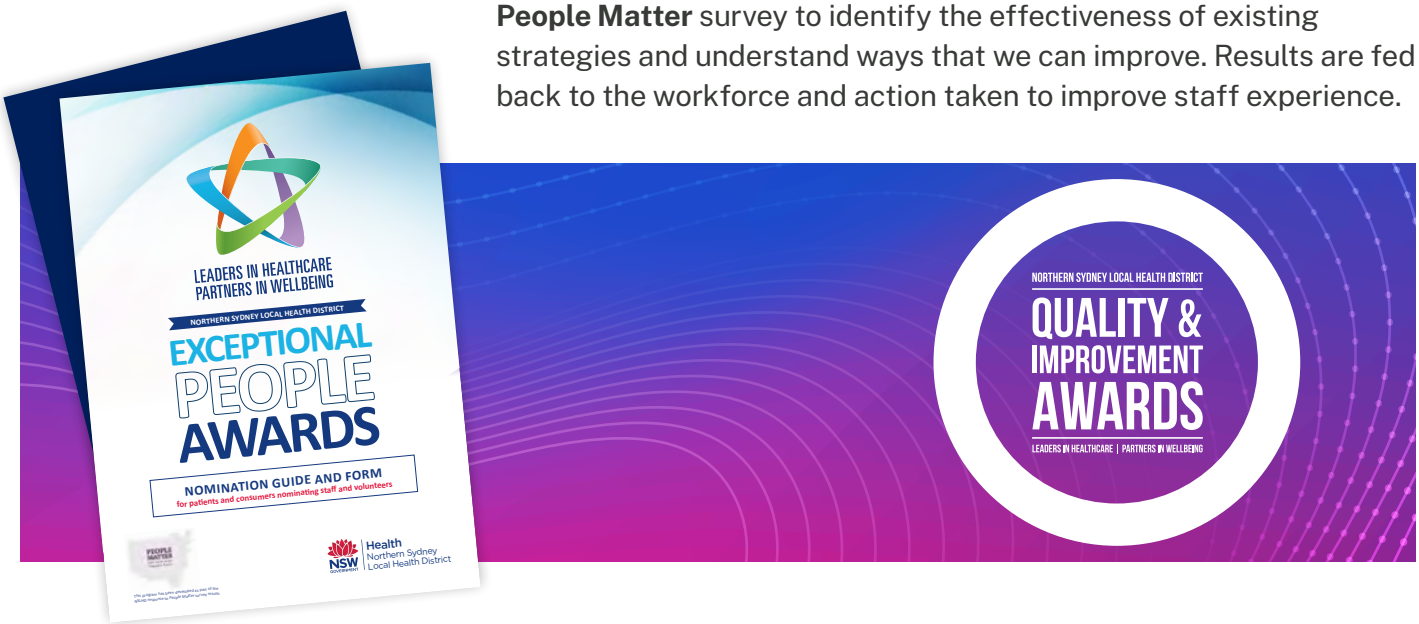
WHY THIS IS IMPORTANT

A positive safety culture underpins robust reporting of incidents, honest practice review and drives innovation and continuous improvement. High performing health services empower staff to raise safety issues or question an action that compromises safety, regardless of position or level in the organisation, creating a responsibility-centred safety culture for the entire workplace. Everyone in the organisation has an obligation to ensure safety first[4].

NSLHD fosters a safety and learning culture, based on the CORE values (collaboration, openness, respect and empowerment) that drives staff safety behaviours to achieve the best clinical practice and outcomes. Positive safety culture is promoted as a key organisational priority and underpinned by empowering staff to recognise and respond to adverse events and resist indiscriminate blaming of individuals for errors.

The NSLHD ***Speaking Up for Safety*** program, introduced in partnership with the Cognitive Institute, develops staff to recognise safety risks and to react proactively to prevent harm or mitigate risk. The program embeds the use of the Safety C.O.D.E. (Checks/ Options/ Demands/Elevates). The Safety CODE refers to health workers effectively communicating concerns to colleagues that unintended harm to patients or consumers may be about to occur. NSLHD trains staff in open disclosure, as a means to develop communication skills, candor and openness in circumstances where error has occurred. Through our Exceptional People Awards and Quality and Improvement Awards, we recognise and acknowledge outstanding staff, consumers and teams that demonstrate excellence, particularly in areas that promote patient safety and clinical quality.

NSLHD also regularly assesses its safety culture by conducting the Staff **Patient Safety Culture Survey** every two years and the annual **People Matter** survey to identify the effectiveness of existing strategies and understand ways that we can improve. Results are fed back to the workforce and action taken to improve staff experience.



4 Baker GR, MacIntosh-Murray A, Porcellato C, Dionne L, Stelmacovich K, Born K. (2008). High performing healthcare systems: delivering quality by design. Longwoods Publishing.

Patient Safety Culture Survey

NSLHD measured Patient Safety Culture in June 2021. The survey captured the attitudes and perceptions of workplace culture that contribute to patient safety, at all levels of the organisation. All staff were invited to participate, including NSLHD, NSW Health Pathology and HealthShare NSW. The survey achieved a good (37 per cent) response rate from NSLHD staff.

PSCS

Our Strengths

- Strong sense of purpose and personal accountability
- Teamwork
- Communication, openness and comfort to speak up
- Support from managers and supervisors
- Strong safety focus (with supporting procedures and systems)

Our improvement opportunities

- Inter-departmental handover and collaboration
- Constructive handling of errors
- Enhanced focus on learning and proactive risk management
- Sufficiency of resources

WHAT WE HEARD

72%

of NSLHD staff rate patient safety as 'very good' or 'excellent'

90%

of NSLHD staff would recommend friends or family to be treated by our health service

> The service is very focused on patient care and motivated to provide the best possible care.
>
> Proactive approach with an open culture that encourages continuous improvement and safety awareness.
>
> My ward works amazingly well as a team, and staff members are always eager to assist everyone to care for patients.
>
> **NSLHD staff feedback**

The information from the survey has been fed back to all areas of the organisation to review improvement opportunities to continue to strengthen our commitment to providing the very best care to our patients and the community. NSLHD plans to repeat the survey in future at regular intervals.

CLINICAL GOVERNANCE STANDARD

ABORIGINAL & TORRES STRAIT ISLANDER HEALTH

WHY THIS IS IMPORTANT

The continuing impacts on health and wellbeing are evident in the unacceptable gaps between Aboriginal and Torres Strait Islander people, including infant and child mortality, disease burden, and life expectancy. Significant barriers to accessing effective and safe health care contribute to these gaps. Therefore, it is important that Aboriginal and Torres Strait Islander people experience safe and high-quality health care based on need. It is the responsibility of all health service organisations to consider and action their part in closing the gap in health disparities experienced by Aboriginal and Torres Strait Islander people[6].

The safety and quality of care for Aboriginal and Torres Strait Islander people can only be improved when everyone who works at NSLHD recognise that they are responsible for providing equitable, safe and high-quality care.

To support engagement with Aboriginal and Torres Strait Islander people, and support better health outcomes, in 2020, NSLHD implemented NSW Health's Aboriginal and Torres Strait Islander Cultural Engagement Survey at every level of the organisation and action was taken to improve cultural appropriateness for Aboriginal and Torres Strait Islander people. Action taken also aim to support improved access to health services that meet their needs, increase feelings of safety and engagement with the health service and equality for Aboriginal and Torres Strait Islander people. The survey was designed to measure progress against the six Aboriginal and Torres Strait Islander actions within the National Safety and Quality Health Service Standards. NSLHD continues to monitor the progress and will regularly repeat the survey.

Implementation of the requirements within the six actions will assist in decreasing the health disparities presented between Aboriginal and Torres Strait Islander and non-indigenous Australians in our community.

In 2020, Northern Sydney LHD used the Ministry of Health's Aboriginal and Torres Strait Islander cultural engagement self-assessment tool to **MEASURE CULTURAL SAFETY** across the district

Waraba Wandabaa (Turtle Spirit)

The Turtle (Waraba) design has been used in this account to highlight Aboriginal and Torres Strait Islander related initiatives. This artwork was painted by Peter Shine (NSLHD Director of Aboriginal Health Service) and reproduced with his permission.

5 Reproduced with permission from National Safety and Quality Health Service Standards User Guide for Aboriginal and Torres Strait Islander Health publication, developed by the Australian Commission on Safety and Quality in Health Care (ACSQHC). ACSQHC: Sydney 2017.

6 Ibid.

NSLHD has implemented the six Aboriginal and Torres Strait Islander actions within the National Safety and Quality Health Service Standards. Specifically, NSLHD:

1. Addresses the specific health needs of Aboriginal and Torres Strait Islander Communities to meet their healthcare needs

2. Implements and monitors strategies to meet the organisation's safety and quality priorities for Aboriginal and Torres Strait Islander people

3. Has strategies to improve cultural awareness and cultural competencies of the workforce to meet the needs of Aboriginal and Torres Strait Islander people

4. Demonstrates a welcoming environment that recognises the importance of cultural beliefs and practices of Aboriginal and Torres Strait Islander people

5. Works in partnership with Aboriginal and Torres Strait Islander communities to meet their healthcare needs

6. Has processes to routinely ask consumers if they identify as being of Aboriginal and/or Torres Strait Islander origin, and to record this information in administrative and clinical information systems

SUPPORTING GOVERNANCE, LEADERSHIP, CULTURE AND ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH:

Plans and Frameworks
- NSLHD Strategic Plan
- NSLHD Clinical Services Plan
- NSLHD Planetary Health Framework 2021-23
- NSLHD Aboriginal and Torres Strait Islander Health Services Plan 2017 – 2022
- National Safety and Quality Health Service (NSQHS) Standards
- NSLHD Core Values and Behaviour Charter 2017-2021
- CEC Clinical Leadership and Engagement
- NSW Health Medical Leadership Group Charter
- NSLHD Leadership Strategy, Charter and Framework
- The NSW Health Leadership And Management Framework
- Respecting the Difference: An Aboriginal Cultural Training Framework for NSW Health

Policies, procedures and guidelines
- PD2005_608 Patient Safety and Clinical Quality Program

Strategies and activities
- Exceptional People Awards
- Quality and Improvement Awards
- Staff Patient Safety Culture Survey
- People Matter survey
- Aboriginal and Torres Strait Islander Cultural Engagement Survey
- Speaking up for Safety

PARTNERING WITH CONSUMERS

Patients and Consumers have a fundamental right to participate in health care delivery and when they are involved in their own care, and in the design and governance of the health service, healthcare is more effective, costs often decrease, and healthcare provider satisfaction and patient care experience improve[7]. To support this involvement, NSLHD has adopted the Australian Commission on Safety and Quality in Health Care's Australian Charter of Healthcare Rights (the Charter) that specifies the intrinsic rights of patients and consumers when seeking or receiving healthcare.

To support the delivery of health care that is respectful and responsive to the preferences, needs and values of consumers and patients, all NSLHD health services meet, and are accredited against, the National Safety and Quality Health Service (NSQHS) Standards that emphasise and promote consumer engagement. The NSLHD Partnering with Consumers Framework: 2021-2026 was developed in collaboration with consumers to promote consumer engagement and better patient experiences. It encourages a multi-dimensional consumer engagement approach that supports participation in health service planning, delivery, monitoring and evaluation and to promote highly effective partnerships.

Cultural Awareness, Equality, Diversity and Inclusion

A person's culture influences their values, behaviour and beliefs which affects how they see themselves and others[8]. The NSLHD community comprises many cultures and diverse backgrounds. Irrespective of a person's background, all people should be treated with kindness and compassion and receive care according to their individual needs and preferences.

To increase cultural sensitivity amongst staff the health service has established a *Diversity, Inclusion and Belonging Council and Strategy* that offers targeted information and training to increase cultural knowledge. NSLHD has implemented statewide policies and procedures to guide recruitment, training and promotion practices that encourage diversity and are non-discriminatory in relation to age, disability, gender, race, sexual orientation, and religious beliefs.

NSLHD aims to improve safety and deliver a positive person-centered care experience for those who are vulnerable and at higher risk of harm and has introduced polices, such as ***Supporting and caring for people with a disability in NSLHD*** and ***NSLHD Disability Inclusion Action Plan***, to help integrate the needs of vulnerable communities into service delivery plans and patient safety systems.

7 Vahdat, S. Hamzehgardeshi, L. Hessam, S. and Hamzehgardeshi, Z. (2014). Patient Involvement in Health Care Decision Making: A Review. Iran Red Crescent Med J. 2014 Jan; 16(1): e12454.

8 Steven, A. (2018). Cultural Sensitivity and Awareness Training (2018). Diversity Australia.

My healthcare rights

This is the second edition of the **Australian Charter of Healthcare Rights.**

These rights apply to all people in all places where health care is provided in Australia.

The Charter describes what you, or someone you care for, can expect when receiving health care.

I have a right to:

Access

- Healthcare services and treatment that meets my needs

Safety

- Receive safe and high quality health care that meets national standards
- Be cared for in an environment that is safe and makes me feel safe

Respect

- Be treated as an individual, and with dignity and respect
- Have my culture, identity, beliefs and choices recognised and respected

Partnership

- Ask questions and be involved in open and honest communication
- Make decisions with my healthcare provider, to the extent that I choose and am able to
- Include the people that I want in planning and decision-making

Information

- Clear information about my condition, the possible benefits and risks of different tests and treatments, so I can give my informed consent
- Receive information about services, waiting times and costs
- Be given assistance, when I need it, to help me to understand and use health information
- Access my health information
- Be told if something has gone wrong during my health care, how it happened, how it may affect me and what is being done to make care safe

Privacy

- Have my personal privacy respected
- Have information about me and my health kept secure and confidential

Give feedback

- Provide feedback or make a complaint without it affecting the way that I am treated
- Have my concerns addressed in a transparent and timely way
- Share my experience and participate to improve the quality of care and health services

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

For more information ask a member of staff or visit safetyandquality.gov.au/your-rights

Health literacy

WHY THIS IS IMPORTANT

To fully participate in their own care, including shared decision-making, patients and families must interpret information and understand the questions they're asked to make informed decisions. The average health literacy level is generally lower than that required to read and understand material produced by healthcare organisations.

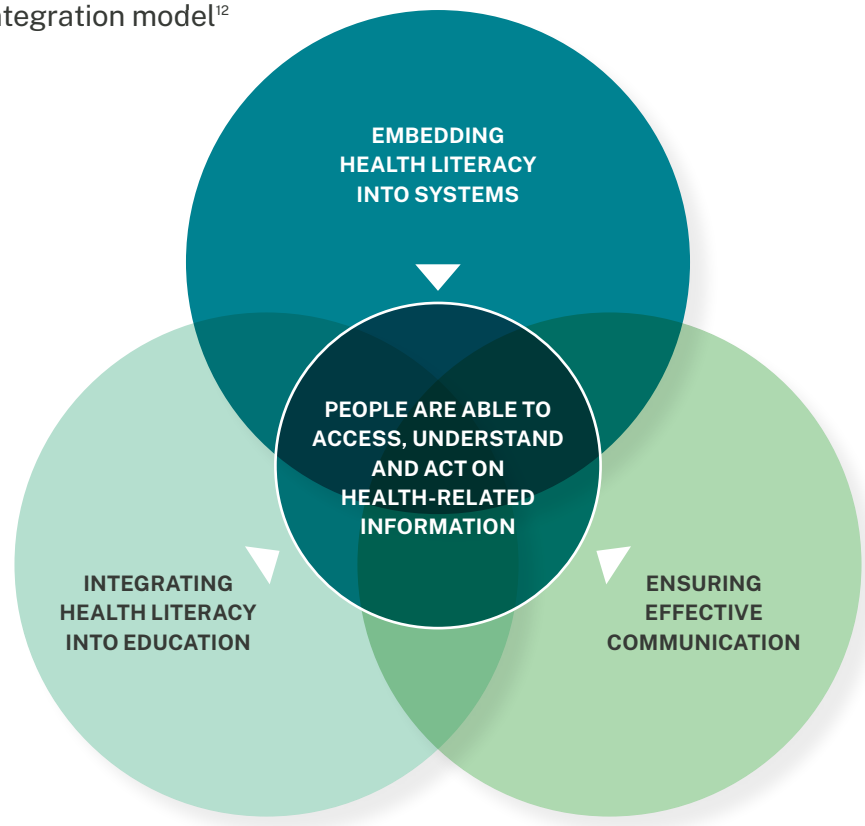
People with low health literacy are disproportionately elderly, from non-English speaking or Aboriginal Torres Strait Islander backgrounds, less educated and chronically ill; contributing to a death rate that is twice that of people with adequate health literacy. They are also more likely to have worse health outcomes, adverse health events, lower engagement with health services and limited ability to self-manage their care[9].

NSLHD is committed to supporting patients, carers and families that require health literacy support to ensure they receive health information that is clear, culturally appropriate and carefully assessed for its suitability to a broad range of people. The *NSLHD Health Literacy Framework* (based on the Australian Commission on Safety and Quality in Health Care's Health Literacy Integration Model[10], and the *NSW Health Literacy Framework – A guide to action 2019 – 2024*[11]) adopts strategies to support consumers by embedding health literacy considerations into NSLHD's organisational systems, policies and procedures.

Through the development of staff communication skills and integrating health literacy into staff and consumer education, patients can be empowered to partner in their own care see figure 1. As an example, NSLHD has developed a consumer information review process (the Consumer Tick) that ensures patient information is reviewed and adapted for people with lower health literacy.

FIGURE 1

ACSQHC Health Literacy Integration model[12]



9 Australian Commission on Safety and Quality in Health Care. (2014). Health literacy: Taking action to improve safety and quality. Sydney: ACSQHC.

10 Ibid.

11 Clinical Excellence Commission, (2019). NSW Health Literacy Framework. 2019-2024, Sydney: Clinical Excellence Commission.

12 Ibid.

CODESIGNED WITH CONSUMERS AND CARERS

Patient Feedback, Experience and Outcomes

Seeking feedback, measuring and improving the patient experience and care outcomes is useful for identifying performance issues, incidents, risks and monitoring the standard-of-care. It also assists in determining whether the care meets the needs and preferences of the patient[13]. NSLHD collects patient experience and care outcome data from different sources and uses this to improve patient experience and outcomes (see figure 2).

FIGURE 2

Sources of patient feedback

COMPLAINTS, COMPLIMENTS AND PATIENT STORIES

Complaints, compliments and patient stories help to resolve concerns, as examples of excellence and for learning.

CONSUMER SURVEYS

Identify themes for action and provide performance comparisons e.g. Real time Patient Experience survey, Bureau of Health Information surveys.

PATIENT REPORTED OUTCOME (PROMS) & EXPERIENCE (PREMS) MEASURES

Supporting the provision of value-based health care, centred on what matters most to patients, PROMs and PREMs are known to improve communication and shared decision-making between consumers and healthcare providers.

13 LaVela SL, Gallan AS. Evaluation and measurement of patient experience. Patient Experience Journal. 2014; 1(1):28-36.

SUPPORTING ENGAGING WITH CONSUMERS:

Plans, Frameworks and Strategies

- ACSQHC, 2014, National Statement on Health Literacy, Taking Action to Improve Safety and Quality)
- NSW Health Literacy Framework – A guide to action 2019 – 2024
- New Australian Charter of Healthcare Rights
- NSLHD Partnering with Consumers Framework: 2021-2026
- Elevating the Human Experience
- NSLHD Diversity, Inclusion & Belonging strategy
- NSLHD Disability Inclusion Action Plan 2018 – 2022

Policies, procedures and guidelines

- *NSLHD Open Disclosure – Guidelines for Clinician Disclosure and Formal Open Disclosure*
- *NSLHD Corporate Orientation Handbook*
- *NSLHD Partnering with our Community Partners policy*
- *NSLHD Disability: Policy for supporting and caring for people with a disability*
- NSW Health Consent to Medical and Healthcare Treatment Manual 2020 ensures clinicians comply with informed consent legislation and best practice and supports clinicians to partner with patients or substitute decision-makers in relation to healthcare.

PATIENT SAFETY AND QUALITY SYSTEMS

Patient Safety and Quality Management System

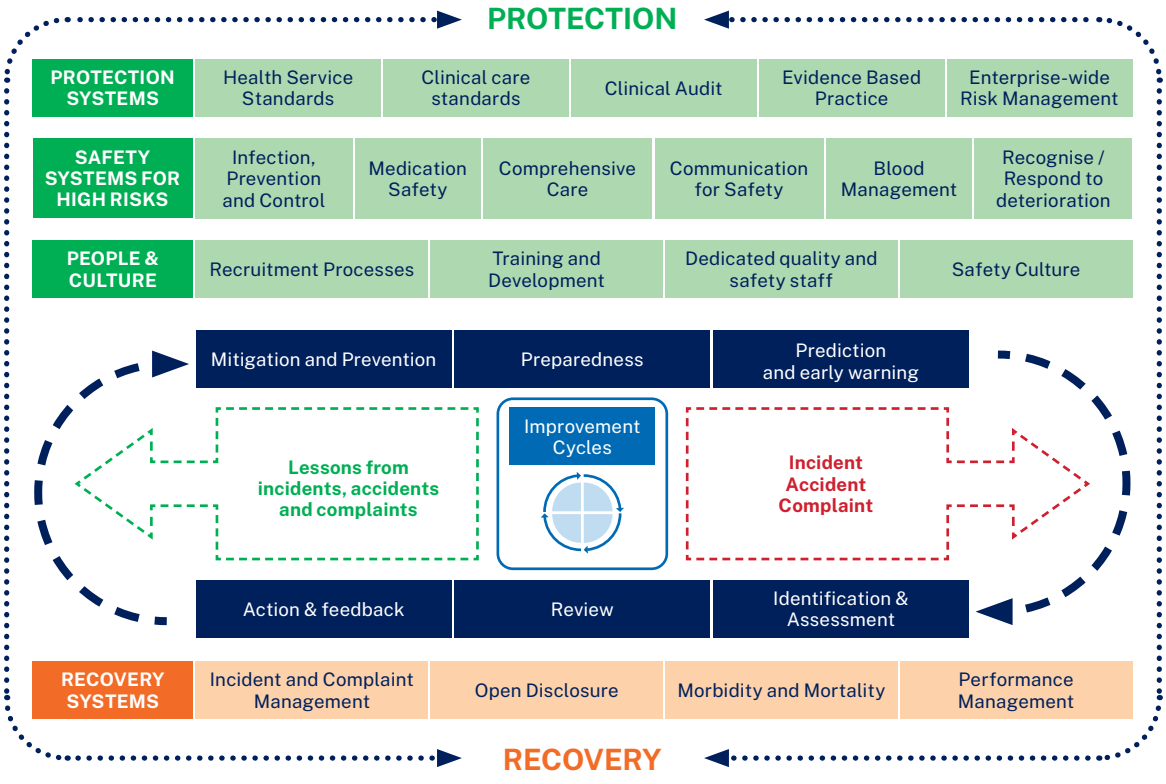
The *NSW Patient Safety and Clinical Quality Program*[14] set the groundwork for clinical quality and patient safety in NSW and, by building on this framework, and guided by the NSW Health Incident Management policy and framework and the Complaint Management Guidelines, NSLHD has established comprehensive incident and complaint management systems supported by dedicated clinical governance staff and underpinned by a robust safety reporting culture. Lessons learned from adverse events inform the health service's quality improvement processes and are guided by the ***NSLHD Clinical Quality Improvement Framework 2016 – 2022***.

Consistent with guidance provided by the NSW Health Enterprise-Wide Risk Management Policy and Framework, the ***NSLHD Enterprise-Wide Risk Management (EWRM) Framework*** ensures an integrated approach to identifying and managing risk to help avoid harm before it occurs.

The combined and interactive effect of these systems, aligns risk and incident management, with other protective and recovery systems and strategies, to comprehensively manage incidents, accidents and complaints and prevent recurrences by taking appropriate action, learning and sharing lessons and feeding these into proactive safety, risk management and continuous improvement mechanisms (see figure 3).

FIGURE 3

Protective and recovery systems for patient safety



14 NSW Patient Safety and Clinical Quality Program (NSW Health, 2005).

Communicating for Safety

WHY THIS IS IMPORTANT

Patients and families respond positively to honesty, active listening (e.g., repeating back what the patient has said), kindness and professionalism and easy-to-understand explanations, followed-up with appropriate action[15]. Conversely, communication failures are identified in the majority of healthcare incidents, most of which are considered preventable, and seventy percent of patient complaints involved absent or poor communication with patients and families as a key contributing factor.

To promote clear, effective communication NSLHD has identified a communication framework that is founded on **communication principles** that underpin all communication with patients and families throughout the healthcare journey; from the point of entry into the health service to the point where they are back in their home, or transferred to another service.

The communication framework also identifies **fundamental communication processes** that promote good communication and **critical transition points** in the patient's healthcare journey where reliable communication is essential to assure the safety and quality of care (see figure 4). NSLHD is utilising this communication framework to improve communication between patients, families and healthcare professionals, as well as between healthcare teams.

FIGURE 4

NSLHD Communication Framework

15 Australian Commission on Safety and Quality in Healthcare. (2022). Communicating for Safety resource portal.

Communication and Teamwork

Clear communication is essential for effective teamwork; which is recognised as the best defence against error and system failures, and is explicitly encouraged and fostered within a culture of trust and mutual respect[16]. Evidence suggests that teams that work together make fewer mistakes and promote characteristics such as flexibility, adaptability, resistance to stress, cohesion, retention and morale[17] and can result in improved health outcomes.

Communication and teamwork are core clinical skills that can be developed and improved with practice, experience, continuous learning, mentorship and support[18]. To build communication skill and capability, NSLHD utilises a range of strategies that promote and support clear, effective communication and teamwork such as the CEC's Safety Fundamentals for Teams.

Communication

- Leadership Walk Arounds
- Morbidity & Mortality meetings
- Speaking Up for Safety
- Intentional Rounding

Teamwork

- Safety Huddles
- Team Safety Culture
- Quality Learning Boards
- Multidisciplinary Team Rounds at the Bedside

16 NSW Patient Safety and Clinical Quality Program (NSWH, 2005).

17 David Clements, Mylène Dault and Alicia Priest (2007). Effective Teamwork in Canadian Healthcare: Research and Reality.

18 Australian Commission on Safety and Quality in Health Care. National Safety and Quality Health Service Standards. 2nd ed. – version 2. Sydney: ACSQHC; 2021.

Open Disclosure

WHY THIS IS IMPORTANT

Health care is complex, highly technical and has inherent risks. Despite the presence of highly trained staff, cutting edge equipment and robust systems and processes, adverse events do occasionally occur and patients can be harmed, sometimes seriously.

Open Disclosure is the way clinicians and managers communicate with, and support, patients (and their family and carers) who have experienced harm whilst receiving care. Open Disclosure can assist health services to manage adverse events sensitively and compassionately and provides broader benefits through improved communication[19].

Open disclosure is a special interaction, utilised when an error occurs, that supports clear, sensitive communication with patients and families. NSLHD adopted the National Open Disclosure Framework[20] and associated NSW Health Open Disclosure Policy to support skillful open disclosure and conducts open disclosure training for staff to raise awareness and build capability, so that clinicians can confidently conduct or participate in open disclosure should it be necessary.

19 Australian Commission on Safety and Quality in Health Care (2013), Australian Open Disclosure Framework. ACSQHC, Sydney.

20 Ibid.

SUPPORTING PATIENT SAFETY AND QUALITY SYSTEMS:

Plans, Frameworks and Strategies

- NSLHD Clinical Quality Improvement Framework 2016 – 2022
- NSLHD Clinical Audit Framework
- PD2015_043 Risk Management - Enterprise-Wide Risk Management Policy and Framework - NSW Health
- National Open Disclosure Framework

Policies, procedures and guidelines

- PD2020_013, Complaints management
- NSLHD Complaints – Management of Patient/Carer Complaints
- PD2020-047 Incident Management Policy
- PD2007_075 Lookback Policy
- PD2013_009 Safety Alert Broadcast System
- PD2017_032 Clinical Procedure Safety
- NSLHD Risk Management (ERM) Procedure
- PD2020_018 Recognition and Management of Patients who are Clinically Deteriorating
- PD2019_057 Prevention of Venous Thromboembolism
- PD2017_013 Infection Prevention and Control Policy
- PD2013_043 Medication Handling in NSW Public Health Facilities
- PD 2020_045 High-Risk Medicines Management
- PD2018_042 Blood Management
- PD2014_007 Pressure Injury Prevention and Management

CLINICAL PERFORMANCE AND EFFECTIVENESS

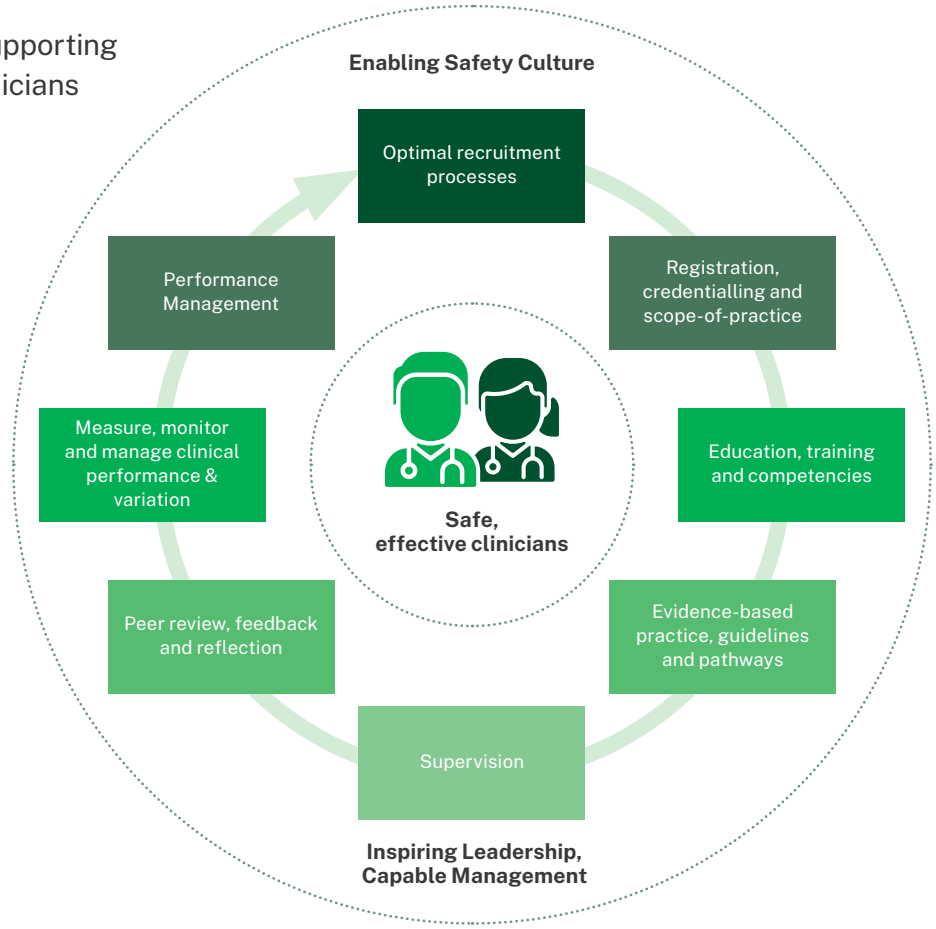
Capable staff to deliver and improve safe, high-quality care

Highly skilled, capable and caring clinical staff are fundamental to the delivery of safe, quality care and a great patient experience. NSLHD has established systems and processes that ensure the employment and development of clinicians who are appropriately qualified and skilled to do their job to the highest standard and practice within the bounds of their training and competency. This includes registration and credentialling processes, that are guided by the relevant NSW Health directive, and committee oversight and monitoring of these processes.

Education and training, such as incident and complaints management, recognising and responding to clinical deterioration (Sepsis, Between the Flags and REACH programs), clinical leadership development and improvement science, support the development of clinicians in critical areas relating to patient safety and the delivery of patient centered care. Policies guiding clinician performance, such as: Managing for Performance and ***NSLHD Performance Review for Improvement & Development of Employees***, also support optimal clinician performance. See Figure 5.

FIGURE 5

NSLHD model supporting and enabling clinicians



Continuous Practice Improvement

WHY THIS IS IMPORTANT

Continuous practice improvement underpins a culture of creativity, innovation and excellence providing an opportunity to learn from mistakes and take action to improve care. The experience of high performing health care organisations demonstrates the value of a clear vision and goals for improvement, leadership, organisational stability, and the use of an explicit improvement methodology to drive continuous improvement[21].

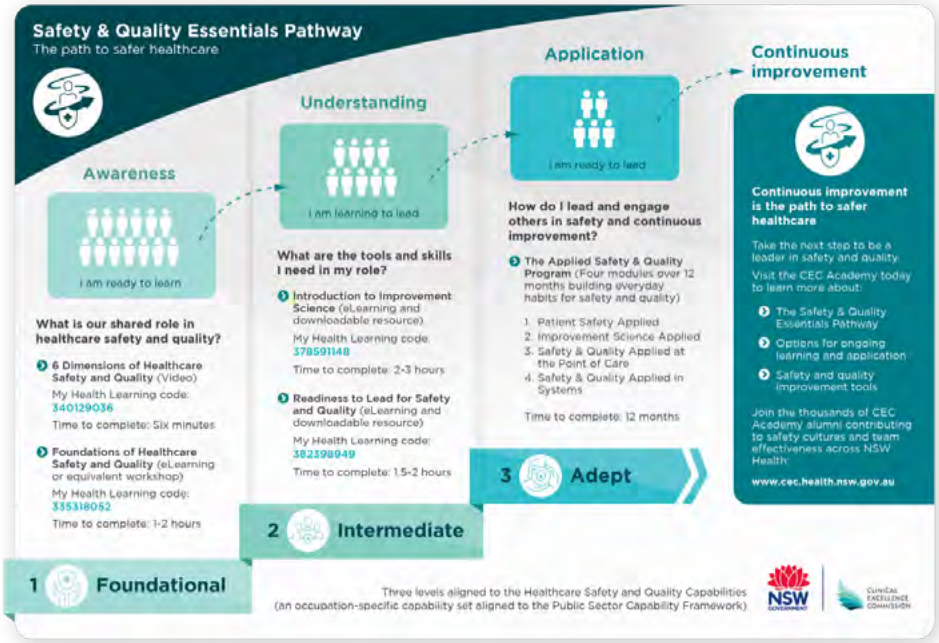
It is the responsibility of all staff, within their designated role, to continuously evaluate their performance and identify areas for improvement. The **NSLHD Clinical Quality Improvement Framework 2016 - 2022** supports organisational capability and capacity building for improvement. NSLHD trains and educates staff in improvement science methodology as well as supporting them to conduct improvement activities aligned to organisational strategic goals. In conjunction with the Clinical Excellence Commission (CEC), NSLHD has introduced the Safety and Quality Essentials Pathway (see figure 6) that aims to build capability and capacity for improvement.

Other strategies that underpin continuous improvement include the establishment of quality dashboards, articulation of safety and quality responsibilities for staff and the systematic prioritising, designing and resourcing of improvement projects that are aligned to strategic priorities.

The utilisation of statewide quality improvement tools and data analytics, such as the CEC's Quality Audit Reporting System (QARs) and Quality Improvement Data System (QIDS) platforms, provide access to state-of-the-art systems that enable the utilisation of high-quality health and integrated clinical data sets alongside powerful improvement tools to facilitate improvement.

FIGURE 6

Safety and Quality Essentials Pathway



21 Ham, C (2014). Reforming the NHS from within: Beyond hierarchy, inspection and markets. The Kings Fund.

Reliable, Evidence-Based Care

NSLHD encourages the adoption of evidence-based pathways, care bundles and other peer-reviewed guidelines as a means to deliver care that is science-based, safe and effective. Aimed at optimising care and reducing unwarranted clinical variation, clinical staff are supported to systematically audit and review their practice, participate in peer review processes and engage in identifying outcome variances that can inform improvement opportunities. Systematic review processes include:

- Morbidity and Mortality meetings conducted according to standardised best-practice guidelines
- Incident review and feedback to staff for all instances where an adverse event has occurred
- Systematic review of all inpatient deaths
- Clinical Incident Review Committees (CIRC) at all hospitals with senior clinician membership
- External benchmarking, where comparable performance to peer hospitals identifies significant variation, action is taken.

The role of Clinical Networks

The NSLHD Clinical Networks are established to provide senior clinician advice to the Chief Executive, share expertise, drive informed decisions about where and how clinical services should be delivered across the District and promote collaboration between clinicians and management. The networks also have a lead role in establishing and overseeing standards of care, education and research, service development, resource allocation, workforce requirements and the implementation of the NSLHD Clinical Services Plan.

Audit of clinical processes and practice

NSLHD acknowledges the importance of systematically measuring and monitoring healthcare processes and practices to identify, and when necessary, remedy unwarranted clinical variation. NSLHD has developed and implemented a comprehensive Clinical Audit Framework addressing key elements of the National Safety and Quality Healthcare Standards as well as critical elements of care delivery systems and processes and locally identified risks (such as those identified through incidents, complaints, death reviews and systematic risk identification).

All NSW public health organisations must maintain an effective, independent audit framework and corporate governance practice, that is consistent with the “best practice” attributes for the NSW public sector. NSLHD Internal audit team systematically audits corporate and clinical systems and processes (based on risk) to identify variance and opportunities for improvement.

SUPPORTING CLINICAL PERFORMANCE AND EFFECTIVENESS:

Plans, Frameworks and Strategies

- CEC, 2017 NSW Health Medical Leadership Group Charter
- CEC Clinical Leadership and Engagement
- NSLHD participates in benchmarking programs such as:
  - ANZICS intensive care dataset
  - Women’s Hospitals of Australia collection
  - Children’s Hospitals of Australia database
  - NSQIP (American College of Surgeons) database
  - Health Roundtable
  - Cardiothoracic Society of Australia benchmarking program
- Australian Council of Healthcare Standards Clinical Indicator program

Policies, procedures and guidelines

- PD2016_048 Mandatory Training –Criteria for Approval as a NSW Health Requirement
- PD2016_040 Managing for Performance
- NSLHD Credentialing and Defining Scope of Practice
- PD2019_056 Credentialing & Delineating Clinical Privileges for Senior Medical Practitioners & Senior Dentists
- Managing Complaints and Concerns about Clinicians
- PD2007_025 Stillbirth - Management and Investigation
- PD2011_076 Deaths - Review and Reporting of Perinatal Deaths
- PD2020_018 Recognition and Management of Patients who are Clinically Deteriorating
- PD2017_013 Infection Prevention and Control Policy
- PD2017_032 Clinical Procedure Safety
- PD2018_042 Blood Management Policy
- PD2014_024 Patient Identification Bands
- PD2019_020 Clinical Handover

SAFE AND WELCOMING ENVIRONMENT

WHY THIS IS IMPORTANT

Differing cultural attitudes, social marginalisation and a lack of services that meet the cultural needs are some factors that limit access to health services by some cultural groups and can lead to poorer health outcomes. Cultural insensitivity can also foster mistrust of healthcare workers and prevent clear communication and collaboration.

NSLHD is committed to creating a healthcare environment that is physically and culturally safe and supportive. This includes seamless physical access (especially for people with a disability, elderly and frail) and a welcoming environment for all people including those from culturally different backgrounds and for Aboriginal and Torres Strait Islander people. Signage and directions provided throughout our hospitals and services (and on digital platforms) are tested by patients and consumers to ensure they are sensible, clear and enable consumers to access services easily and safely. Flexible visiting hours facilitate access for family, friends and carers to loved ones during illness, when they are most vulnerable. With specific reference to Aboriginal and Torres Strait Islander peoples, this commitment is demonstrated in the NSLHD Aboriginal and Torres Strait Islander Health Services Plan 2017 – 2022, and includes cultural awareness training for all staff (e.g. Respecting the Difference: an Aboriginal Cultural training Framework for NSW Health).

Ensuring our care, and the environment, respects diversity and is safe for high-risk groups, NSLHD has strategies, action plans, policies and processes that consider the diversity of patients, and those who at higher risk of harm, and integrate their needs into service delivery plans and patient safety systems, mitigating these risks and improving their safety and care.

CREATING WELCOMING ENVIRONMENTS

The installation of **Yarning Circles** across the district creates an environment where Aboriginal and Torres Strait Islander people feel welcomed and safe, and help foster collaboration between NSLHD and the local Aboriginal and Torres Strait Islander communities.

The Bungee Bidgel Health Clinic at Hornsby Ku-ring-gai Hospital provides a culturally safe and respectful primary healthcare service to the NSLHD Aboriginal and Torres Strait Islander community. NSLHD Drug and Alcohol Service have recently joined with Bungee Bidgel to provide clients with culturally appropriate and timely access to drug and alcohol services. The aim is to increase drug and alcohol services trust and uptake by Aboriginal and Torres Strait Islander people.

Corporate systems supporting clinical safety and quality

Safe, reliable care also depends on the physical healthcare environment being designed for safety, and systems rigorously monitored and maintained ensuring all buildings, plant and equipment are fit for purpose, safe, clean and in good working order at all times. Critical systems include those physical facilities, supply chains, information technologies and communication networks that must work reliably to ensure healthcare services can be delivered safely, at all times.

NSLHD works within a conceptual framework (see figure 7) that aims to assure a safe healthcare environment that also integrates the needs and opinions of its consumers into its design and formation. This includes the establishment of systems, policies, processes, safe work practices, committees and staffing at all levels to manage and monitor critical corporate services ensuring they are functioning optimally to support care. These arrangements include the design of the environment and buildings, oversight of equipment availability and safe operation, and maintenance and infrastructure support is available to maximise safety and quality of patient care.

Due to the complexity and range of systems and services, NSLHD works with statewide partners, such as Health Infrastructure, eHealth and *HealthShare*, to access expertise and support. A comprehensive committee structure oversees critical corporate systems and provides a high level of assurance to management and consumers that the healthcare environment is fit to provide safe care.

FIGURE 7

Interaction of systems, processes and a consumer focus to create a safe, welcoming environment

Safety Governance for evolving technology

WHY THIS IS IMPORTANT

Emerging technology provides an opportunity to improve health outcomes, patient experience and provide safer healthcare in many ways, such as improving operational performance, reducing clinical error and improving clinical monitoring. The rapid emergence and adoption of new technologies such as "virtual healthcare" and telehealth[22] also present governance challenges and risks as these models of care evolve.

NSLHD has invested in major clinical systems, such as electronic medical records, and health information services, to optimise integration and communication capability and enable better care co-ordination, patient safety and quality of care.

As technology plays an increasingly important role in healthcare, there's a need to refocus and strengthen governance systems, ensure staff have the appropriate information technology skills, and that the health service collaborates with specialist partners, such as eHealth. NSLHD has established committee oversight (e.g., Information, Communication and Technology Committee) and policies and procedures (e.g., Introduction of New Technologies), to safely guide this evolution, assuring high safety standards, effectiveness, affordability and good value.

22 NSLHD Strategic Plan (2017-2022)

SUPPORTING A SAFE AND WELCOMING HEALTHCARE ENVIRONMENT:

Plans, Frameworks and Strategies

- NSLHD Security Risk Management Framework
- NSLHD Diversity, Inclusion & Belonging strategy
- Asset Refurbishment and Replacement Program (ARRP)
- NSLHD Disability Inclusion Action Plan 2018 – 2022
- Emergency/ Disaster Management Plans

Policies, procedures and guidelines

- PD2020_022 Cleaning of the Healthcare Environment
- NSLHD Clinical Product Evaluation or Equipment Evaluation
- NSLHD Planned Preventative Maintenance
- NSLHD Policy, Procedure and Guideline (PPG) Development, Approval and Review Process
- NSLHD Equipment Management Policy
- NSLHD Planned Preventative Maintenance
- NSLHD Management of Health Care Records

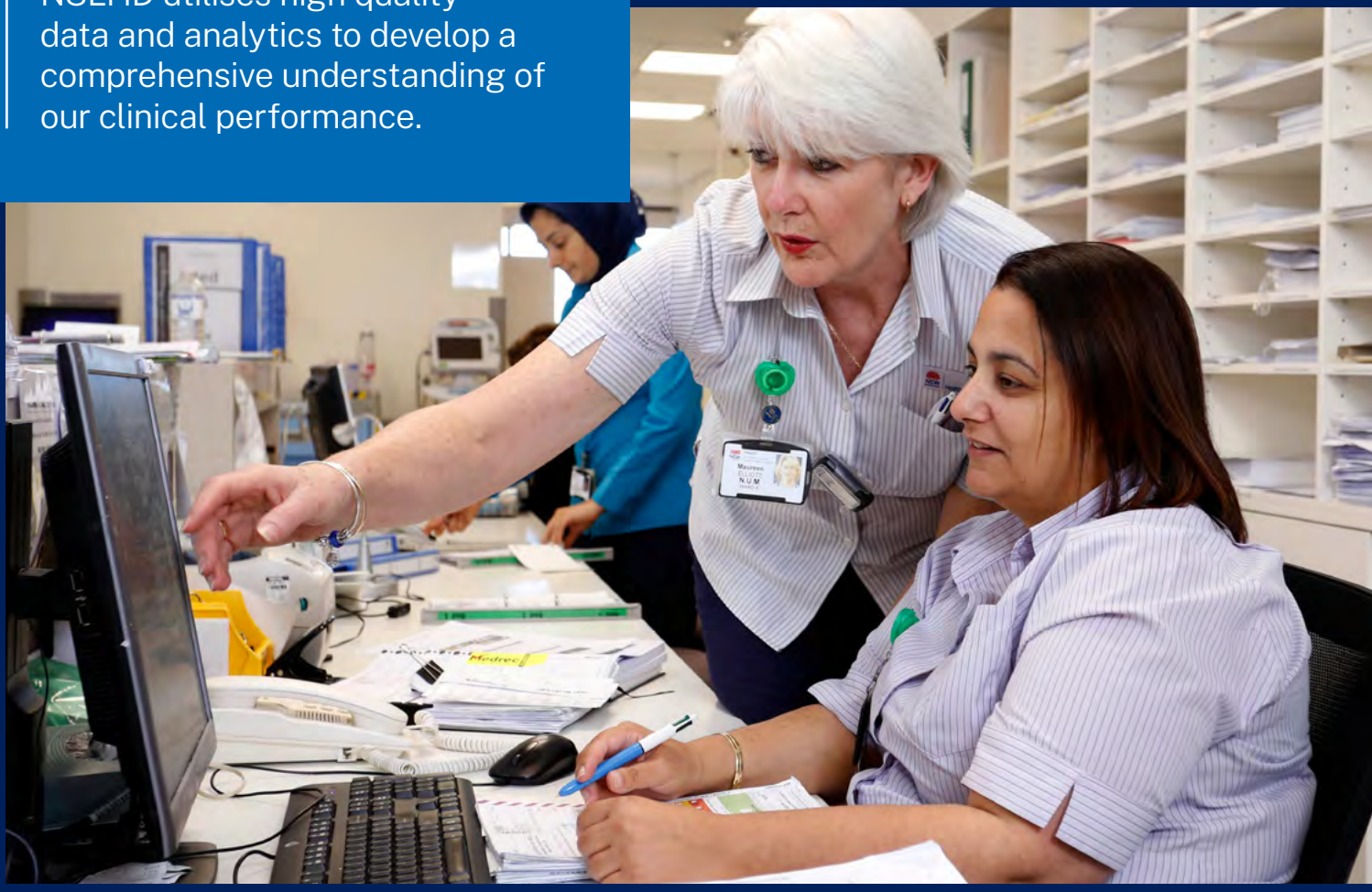
MEASURING WHAT MATTERS

NSLHD utilises high quality data and analytics to develop a comprehensive understanding of our clinical performance and to inform opportunities for continuous system, process and practice improvement. The utilisation of statewide quality improvement tools and data analytics, such as the CEC's QARs and QIDS platforms, provide access to state-of-the-art systems that enable the utilisation of high-quality health and integrated clinical data sets alongside powerful improvement tools to facilitate improvement.

Performance is compared and monitored against clinical indicators and targets through all levels of the organisation, ensuring achievement of relevant quality and safety targets and health benchmarks. As an example, the NSW Health Performance Framework[23] incorporates national clinical indicator requirements and provides an integrated process for performance review and assessment. It sets clinical indicators that are identified within the NSLHD service agreement, and include targeted safety and quality requirements such as Hospital Acquired Complications (HACs) and programs such as Sepsis Kills, Between the Flags (BTF), REACH (patient and family clinical escalation program) and hand hygiene. This ensures the monitoring of safety and quality is built into routine business operations.

Reporting these indicators and other measures of patient safety and quality extends to and from the clinical governance committee structure, clinical review teams, as well as appropriate forums at all levels of the organisation.

> NSLHD utilises high quality data and analytics to develop a comprehensive understanding of our clinical performance.



23 NSW Health Performance Framework (June 2017). NSW Ministry of Health

STRATEGY AND PRIORITIES

The NSLHD Clinical Governance Framework provides a structure to guide the setting of organisational priorities and actions to assure and improve safety and quality.

Priorities and Partner Agencies

NSLHD is responsible for operating within the broader National and State health policy frameworks, requiring alignment with national and state clinical governance priorities. Priority setting relies on both consideration of local needs, risks and trends, but also integrates priorities that arise from key partners such as the Australian Commission on Safety and Quality in Healthcare (ACSQHC), the Clinical Excellence Commission (CEC), the Agency for Clinical Innovation (ACI) and the NSW Ministry of Health (MoH). The health service routinely collaborates with its partner agencies, and these collaborations provide specialist expertise and support and reflect the organisation's commitment to the principles of collaboration, teamwork and partnership.

Safety and Quality Account (annual)

The MoH System Purchasing and Performance Division established a Safety and Quality Framework intended to assist with the design, purchasing, performance monitoring and continuous improvement of health services to deliver safe, high quality and high value care for patients. The MoH Framework mandates the annual production of a Safety and Quality account, a summation of the year's performance and achievements in relation to safety and quality, articulating safety and quality priorities for the following year. Our Consumers are invited to participate in the development of this Account.

Safety and Quality Strategy (three year)

In addition to this Framework, a safety and quality strategy will be developed and updated every three years to drive further improvements in safety and quality. The NSLHD Safety and Quality Strategy, will be developed in conjunction with consumers, clinicians, managers and will adopt relevant partner agency priorities to ensure the strategy reflects the needs and priorities, of our consumers, staff and community.

IMPLEMENTATION

Collaboration and commitment by staff at all levels to implement the Framework's elements and principles will support and enable safety and improvement to ensure care is accessible, easily understood and navigated within an environment that provides safe and culturally appropriate care for patients.

The Framework sets out the NSLHD policy on clinical governance and is endorsed and adopted by the District's Board. It has a cascading application from the District level to the hospitals and services, and to all staff, promoting structures and behaviours that ensure safety and quality is embedded across the organisation.

The District, hospitals and services should demonstrate an understanding and implement relevant Framework elements throughout the governance structures, including peak committees, facility, service, department and unit-based committees and meetings and within individual roles and responsibilities.

Individually all NSLHD Board members, executives, managers, clinical and non-clinical staff, visiting health practitioners and contracted staff are expected to:

- understand the principles and key elements of the Framework,
- understand individual accountabilities and align behaviours in accordance with legislative, regulatory and policy requirements, and
- demonstrate personal accountability and commitment to the delivery of safe, high quality, patient-centred care.

REVIEW

NSLHD will formally review and evaluate this Framework every three years, or more frequently as required. Continuous ongoing monitoring of safety and quality occurs throughout NSLHD. Evaluation includes review of committee structures, staff safety culture survey findings, staff and consumer feedback and assessment of expected outcomes outlined under the six clinical governance components: Governance, Leadership and Culture; Aboriginal and Torres Strait Islander Health; Partnering with Consumers; Patient Safety and Quality Systems; Clinical Performance and Effectiveness; and Safe and Welcoming environment for the delivery of care.

If you would like to make a suggestion of provide feedback, please contact

NSLHD-ClinicalGovernanceDirectorate@health.nsw.gov.au

DEFINITIONS

Clinical Governance	Clinical Governance is an integrated component of corporate governance of health service organisations. It ensures that everyone – from frontline clinicians to managers and members of governing bodies, such as boards – is accountable to patients and the community for assuring the delivery of safe, effective and high-quality services. Clinical governance systems provide confidence to the community and the healthcare organisation that systems are in place to deliver safe and high-quality health care[24].
Unwarranted Clinical Variation	If clinical variation does not reflect a difference in patients' clinical needs or preferences, it is unwarranted and may present an opportunity for the system to improve[25].
Consumer	A person who has used, or may potentially use, health services, or is a carer for a patient using health services.
Culture	The values, beliefs and assumptions shared by occupational groups. These shared ways of thinking are then translated into common and repeated patterns of behaviour that are maintained and reinforced by the rituals, ceremonies and rewards of everyday organisational life.
Evidence-Based Practice (EBP)	The conscientious and judicious use of current best evidence, in conjunction with clinical expertise and patient values, to guide health care decisions[26].
Hospital-Acquired Complication (HAC)	A hospital-acquired complication (HAC) refers to a complication for which clinical risk mitigation strategies may reduce (but not necessarily eliminate) the risk of that complication occurring.
Patient	A person who is receiving care in a health service organisation.
Quality Improvement	The combined efforts of the workforce and others – including consumers, patients and their families, researchers, planners and educators – to make changes that will lead to better patient outcomes (health), better system performance (care) and better professional development. Quality improvement activities may be undertaken in sequence, intermittently or on a continual basis.
Safety Culture	A commitment to safety that permeates all levels of an organisation, from the clinical workforce to executive management. Features commonly include acknowledgement of the high risk, error-prone nature of an organisation's activities; a blame-free environment in which individuals are able to report errors or near misses without fear of reprimand or punishment.

24 National Model Clinical Governance Framework, Australian Commission on Safety and Quality in Healthcare.

25 National Safety and Quality Health Service Standards: User guide for the review of clinical variation in health care (updated August 2021). Sydney: ACSQHC; 2021.

26 Sackett. D, Rosenberg. W, Gray. J, Haynes. R and Richardson. W (1996). Evidence based medicine: what it is and what it isn't. BMJ 1996;312:71.

APPENDICES

Appendix 1. Key Committees supporting quality and safety

Committee	Levels	Functions
Consumer Committees	Board Hospital Service	The Board Consumer Committee ensures there's a diverse consumer and community input to organisational decision-making, strategy and service design and delivery. It links to similar committees at each hospital and service. Consumer representatives also participate on various other committees at the district, facility and service levels.
Aboriginal Health Advisory Committee	District Level	For Aboriginal and Torres Strait Islander people: » Advocate for their health and wellbeing » Develop and oversee the strategy to meet their comprehensive care needs » Support the co-design of person-centred models of delivery of care
Healthcare Quality Committees	Board Hospital Service	The Health Care Quality Committee (HCQC) analyses, reviews and oversights patient outcomes and clinical risks and assures the delivering safe, high-quality care. The HCQC links to similar quality committees at each hospital and service.
Clinical Councils	District Hospital Service	Clinical Councils, established under the NSLHD By-Laws, facilitate collaboration with clinicians ensuring effective patient care and quality issues and clinical priorities are addressed.
Audit and Risk Committee	Board District Hospital Service	The Board Audit and Risk Committee (BARC) oversees and monitors the governance, risk and control framework, including external accountability requirements. The Finance Risk and Performance (FRAP) Committee monitors and advises on financial performance, asset management, major contracts, risk and procurement. Monitoring and oversight of risk occurs at all levels by the Executive Risk Committee and hospital and service Risk Committees.
Medical and Dental governance and advice	District Hospital Service	Medical and Dental Appointments Advisory Committee (MDAAC) provides advice and recommendations regarding the appointment of senior doctors or dentists. The Medical Staff, and Staff Executive, Councils provide forums for medical leadership, representation, information sharing and advocacy.
Accreditation and specific standards committees	District Hospital Service	The National Safety and Quality Standards Committee and other specific committees including: Drug and Therapeutics (Medication Management), Infection Prevention and Control (Preventing and Controlling Infections) and Patient Blood Management (Blood Management) provide oversight for accreditation to the National Standards.
Research Advisory Committee	District Level	The NSLHD Research Advisory Committee provides oversight for the implementation of the NSLHD Research Strategy, 2019-2024. The committee also provides strategic research advice aligned to organisational needs to the Chief Executive as required.

nthsydhealth
RoyalNorthShore
MonaValeHospitalNSW
HornsbyHospital
RydeHospital
NSLHD.MHDA

Northern Sydney Local Health District

NthSydHealth

nthsydhealth

NSW GOVERNMENT

Northern Sydney
Local Health District

Health
Northern Sydney
Local Health District

CLINICAL SERVICES PLAN

2019-2022

Acknowledgement of Country

Northern Sydney Local Health District acknowledges the Traditional Custodians of the lands on which our health services have been built, the Gaimariagal, Guringai and Dharug peoples, and we honour and pay our respects to their ancestors.

We acknowledge and pay our respects to all Aboriginal and Torres Strait Islander peoples and to Elders past, present and emerging.

We acknowledge that past, current and future Aboriginal and Torres Strait Islander peoples are the continuing custodians of this country upon which we live, work and meet and that it is from their blood, courage, pride and dignity that we are able to continue to live, work and meet on this ancient and sacred country.

CONTENTS

Northern Sydney Local Health District
PO Box 4007, Royal North Shore LPO, St Leonards, NSW 2065

NSLHD Clinical Services Plan 2019-2022 | September 2019

This document can be downloaded from the Northern Sydney Local Health District website: http://www.nslhd.health.nsw.gov.au/AboutUs/publications

This document is available in alternative formats on request.

FOREWORD

We are pleased to present the revised *Northern Sydney Local Health District Clinical Services Plan 2019-2022* which reflects the significant changes the district has undergone and the wealth of opportunities presented for our patients, our staff and the community.

The opening of the Northern Beaches Hospital in October 2018 heralded a new era of health care delivery for the residents of the Northern Beaches. With the hospital's opening came the closure of Manly Hospital and a revision of services delivered at Mona Vale Hospital, which is now a sub-acute, urgent care and community health facility. At the same time, the redevelopment of Hornsby Ku-ring-gai Hospital continues and will transform the clinical care provided to the local community.

In this context it was timely to review the former Clinical Services Plan (CSP) and ensure it reflected the changes to service delivery and continued to meet the health care needs of the community.

This revised plan identifies six strategic directions for the development of clinical services over the next three years:

- Proactively manage the increasing demand for emergency care
- Improve the health and care of older people
- Invest in non-admitted care
- Optimise the distribution of health services
- Realise the benefits of capital investments
- Develop a platform for innovation and knowledge.

These strategic directions will underpin the CSP, which identifies a number of clear challenges for the local health district and suggests specific tasks for our clinical networks, individual hospitals, clinical directorates and services as well as the NSLHD Clinical Council and the district executive.

This plan has been developed with input from a wide range of stakeholders, including clinicians, service directors, hospital managers, consumers, carers, service partners and organisational leaders. The plan is also informed by and will support NSLHD's commitment to the training and education of our workforce and our research endeavours.

The CSP is forward-looking and lays the foundations for future proofing health care while meeting the growing demand for health services. It will be reviewed again in 2022, by which time new services will be opened at Hornsby Ku-ring-gai Hospital, the reconfiguration of Mona Vale Hospital to include palliative and aged care and planning for the redevelopment of Ryde Hospital will have progressed.

We commend this plan to all staff and to the Northern Sydney community as we continue to improve the quality of care into the future.

Deborah Willcox
Chief Executive

Stephen Nolan
Chair, NSLHD Clinical Council

1 EXECUTIVE SUMMARY

1.1 Introduction

This Clinical Services Plan (CSP) 2019-2022 outlines the major challenges and details the priorities, strategic directions and recommendations for clinical services across NSLHD, individual hospitals and directorates, and clinical networks.

The *NSLHD Clinical Services Plan 2015-2022* was published in March 2015. In light of the significant changes occurring in NSLHD, in 2018 the Chief Executive requested a mid-term review of the current CSP. As consultation progressed it became clear that clinical networks were keen to develop new recommendations to take account of achievements and developments that had occurred since 2015. Hence the mid-term review resulted in a refreshed CSP, still covering the period to 2022 but with recognition of ongoing changes.

The scope of the CSP encompasses clinical services, based around the current clinical networks, hospital and community health services and clinical support services including medical imaging, pharmacy, allied health, Aboriginal health and carers support. Health promotion and public health were not included in the scope.

Preparation for the transition of services from Manly and Mona Vale Hospitals to the new Northern Beaches Hospital occurred in parallel to the planning for the new CSP under separate governance processes; specific directions and recommendations have not been included for the Northern Beaches Hospital although where appropriate clinical networks have highlighted selected areas where close collaboration and inclusion in the integrated network of NSLHD hospitals will enhance service delivery.

The focus of the CSP, as previously, is on strategic directions to guide service development. It does not focus on operational matters or include details on implementation. Directions and recommendations will be prioritised and scheduled over the life of the plan and detailed plans and associated resources will be identified to support implementation.

The CSP is set out in distinct sections:

- Chapters 1-5 provide context for the planning and provision of clinical services over the coming three years; specifically it includes chapters that:
  - Detail the geographic, demographic and health status profiles of NSLHD.
  - Describe trends in health service utilisation including ED, acute and sub-acute admitted, and non-admitted health care.
  - Explore the drivers and factors that influence how health services are provided and developed.
  - Summarise progress and the achievements of clinical networks since the last CSP was launched in 2015.
- Chapter 6 sets out the strategic directions for the development of NSLHD clinical services under six themes:
  - Proactively manage the increasing demand for emergency care.
  - Improve the health and care of older people.
  - Invest in non-admitted care.
  - Optimise the distribution of health services.
  - Realise the benefits of capital investments.
  - Develop a platform for innovation and knowledge.

- Chapters 7-30 describe the services encompassed by the ten clinical networks along with issues, challenges and opportunities for the design, development and delivery of care over the next three years. Strategic directions are set out in the form of recommendations for each clinical network.
- Chapters 31-56 describe the hospitals and health services, their issues, challenges and opportunities, and the priorities that they will need to focus on over the next three years.
- Appendices provide high level information and data on role delineation, current and future bed and resource profiles for hospitals, and acute admitted activity as well as a glossary of terms and abbreviations, an index of figures and tables, a bibliography, and a copy of the Aboriginal Health Impact Statement.

This executive summary provides a brief outline of the key issues, information, directions and recommendations from each of the distinct sections and chapters of the CSP along with some additional information on how it was developed and how it will be implemented.

1.2 Planning Context

Local health districts have a responsibility to effectively plan services over the short and long-term to enable service delivery that is responsive to the health needs of its defined population. For a number of clinical services in NSLHD the catchment population extends beyond the geographic borders.

Generally, local health districts are responsible for ensuring that relevant government health policy goals are achieved through the planning and funding of the range of health services which best meet the needs of their communities (whether those services are provided locally, by other local health districts, specialty networks or other service providers). Under the *Health Services Act 1997* and the *NSW Health Corporate Governance and Accountability Compendium*, Boards have the function of ensuring that strategic plans are developed to guide the delivery of services. Boards must ensure that the views of providers and consumers of health services, and other members of the public served by the LHD, are sought in relation to the organisation's policies and plans. NSLHD and its Board have responsibility for developing the following organisational plans:

- Strategic Plan
- Clinical Services Plan
- Corporate Governance Plan
- Asset Strategic Plan
- Aboriginal Health Action Plan

Linked to the Strategic Plan are plans for safety and quality, information management and technology, research and teaching, and workforce plans. Other plans may be required from time-to-time, and include local clinical service or operational/business plans, quality improvement plans, financial plans and plans for particular population groups, health needs or issues. Enabling and support service plans provide the organisational foundation for clinical services planning.

This CSP incorporates the priorities set out in the *NSLHD Strategic Plan (2017-2022)* and other priorities established by the Board including an enhanced focus on value-based care, commitments to continuous improvement in health care quality, consumer engagement, research, teaching, training and education. The LHD is also committed to the delivery of health services that are environmentally sustainable, that is delivering high quality care and improvements in health status of residents without exhausting natural resources or causing ecological damage. All further plans within the LHD for clinical networks and specific clinical and community health services must be consistent with the CSP.

This CSP is also consistent with the directions of the *NSW State Health Plan: Towards 2021, NSW: Making it Happen*, the *NSW Health Strategic Priorities 2019/20* and the 14 new NSW Premier's Priorities. Together, these strategies and priorities provide direction for the annual NSLHD Performance Agreement with the NSW Ministry of Health.

NSLHD Strategic Plan 2017-2022

The *NSLHD Strategic Plan 2017-2022* was launched in July 2017 and outlines enterprise-wide strategic directions based around five themes:

- Healthy communities
- Connected person-centred care
- Evidence-based decision making
- Responsive and adaptable organisation
- Engaged and empowered workforce

The Strategic Plan provides an overarching strategy to guide clinical service and other plans in areas such as workforce and culture, education and training and capital development. The development of this Clinical Services Plan took into account the key directions in the Strategic Plan, with many of the clinical recommendations falling into the themes of connected person-centred care and healthy communities.

NSW Health Strategic Priorities

The *NSW State Health Plan: Towards 2021 - Making it Happen*, and the *NSW Health Strategic Priorities 2019/20* focus on keeping people healthy, providing world class clinical care where patient safety is first, and integrating systems to deliver truly connected care. Other priorities focus on developing the workforce, harnessing research and innovation, enabling information and data analytics, delivering infrastructure, and building financial sustainability. A number of priorities have been selected for more intensive oversight (the Secretary's Priorities), including:

- Patient safety and experience
- Value-based health care
- Systems integration
- Digital health and analytics
- Strengthening governance and accountability

Specifically LHDs are required to focus on:

- Value-based health care and its direct link with patient experience - Central to the move from 'volume' to 'value', is how as a health system we will sustainably deliver the outcomes that matter to patients by improving how we organise and provide care. The strategies linked to value-based health care will ensure the system responds to current and future challenges such as new technologies, and the changing needs and expectations of patients, carers, clinicians and communities.
- Systems integration, particularly health care in the community - Delivering health services, including specialist care and post-acute care, in the community is central to the health system of the future. Integrating systems and delivering more care in community settings will be supported by different models of capital investment, partnerships with other health care sectors including the Sydney North Primary Health Network and private providers, working with patients and consumers to co-design new models of care, investing in health technologies, research and evaluation, and building capability in data and analytics.

Premier's Priorities

Fourteen new *NSW Premier's Priorities* were released in June 2019. These new social priorities tackle tough community challenges, aiming to lift the quality of life for all citizens and put people at the heart of everything the NSW Government does. Specific priorities for the health system include:

- Improving service levels in hospitals – focusing on the achievement of higher treatment time targets for the most critical triage categories (100 per cent of triage 1, 95 per cent of triage 2 and 85 per cent of triage 3 patients commencing treatment on time in ED by 2023).
- Improving outpatient and community care – reducing preventable hospital visits by 5 per cent by 2023 by caring for people in the community. This may include people attending ED with potentially preventable hospitalisations, or people who could have their treatment managed in a primary care setting.
- Towards zero suicides – reducing the rate of suicide deaths by 20 per cent by 2023.

NSLHD Service Agreement

The *NSLHD Annual Service Agreement 2019-2020* with the Secretary of NSW Health, in the context of legislative requirements and the *National Agreement on Hospital Funding and Health Reform* under the Council of Australian Governments (COAG). The service agreement outlines networking arrangements with other LHDs, budget allocations and volumes of service to be purchased, along with key performance indicators in a range of clinical and quality areas. Value-based health care, under the *Leading Better Value Care* program is highlighted as a strategic deliverable in the 2019/20 service agreement.

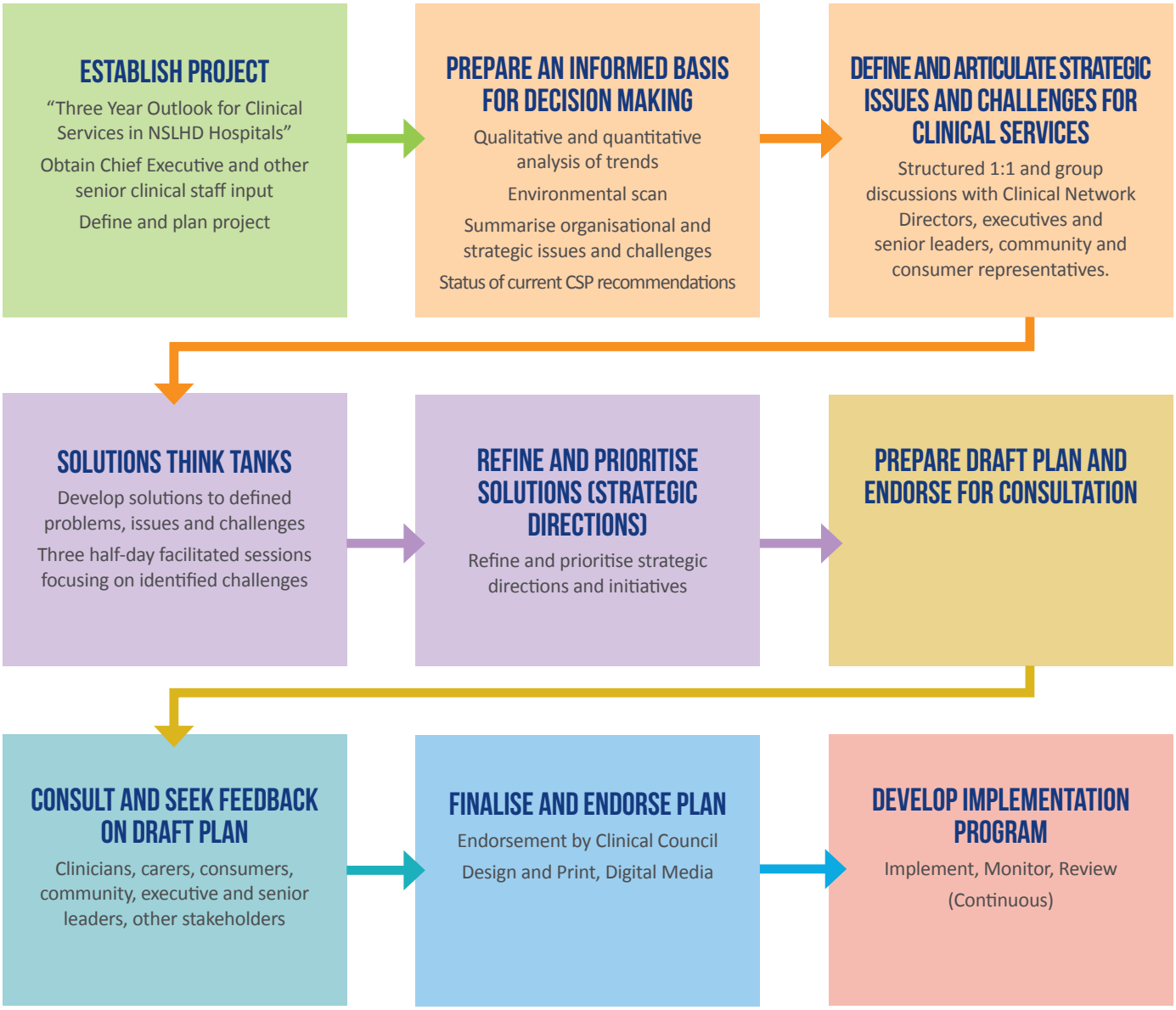
Planning was undertaken in the context of a number of major developments in NSLHD. These included, among others:

- The opening of the Northern Beaches Hospital on 31 October 2018, along with the closure of Manly Hospital and transfer of acute services from Mona Vale Hospital.
- Redevelopment of community health centres for the Northern Beaches and reconfiguration of the Mona Vale Hospital campus.
- Planning for the stage 2 redevelopment of Hornsby Hospital.
- Plans for a private medical centre on the RNS Hospital campus.

1.3 How the plan was developed

The CSP was developed by the Health Services Planning Unit with the support of the NSLHD Executive and Clinical Council. Planning commenced in early 2018 and was completed in mid-2019. Its development was informed by extensive consultation with our patients and community representatives, our senior clinical staff and service managers, our primary care partners, and our neighbouring health services. Staging of the development process is shown in Figure 1.

Figure 1: Staged development of the NSLHD Clinical Services Plan



Stages included the following:

- A project management plan was prepared at the outset and endorsed by the NSLHD Executive and Clinical Council. All-staff newsletters and CE memos raised awareness of the project and encouraged staff to participate in the process through the clinical networks and hospital and service executive teams. An intranet web page was developed to facilitate regular communications with staff and to make available background papers and early drafts of the plan for review and feedback.

- Background papers were prepared on demography, historical and projected activity, facility profiles, the impact of the Northern Beaches Hospital, role delineation, progress on the current CSP recommendations and service drivers. These papers were made available through the CSP intranet web page with the opportunity for comment.
- Structured one-on-one meetings and group discussions were held with Clinical Network Directors and the executive teams of each of the NSLHD hospitals and directorates. Consultation with consumers and patient representatives occurred through the District Consumer Advisory Council.
- Think Tank sessions were held to consider three major themes that emerged from earlier discussions and background papers: unplanned (emergency) care; the care of older people; and non-admitted care. These think tanks involved clinicians, consumers and service managers as well as key service delivery partners from affiliated health organisations and the Sydney North Primary Health Network. A report on each Think Tank was provided to participants and made available to all staff through the CSP intranet web page.
- Consultations with clinical networks were undertaken to review progress on recommendations and to identify revised recommendations through to 2022. These consultations were extensive and frequently involved discussions with individual departments and services at each hospital and associated services. Similarly senior executives were consulted to review key directions and to identify particular recommendations at hospital and directorate level. Consultation meetings also occurred with the NSLHD Clinical Council and the District Consumer Advisory Council, along with individual executive and LHD-wide governance bodies.
- A draft CSP was prepared and provided to the NSLHD Executive and Board, hospital and directorate executive teams and Clinical Network Directors for comment and endorsement before being prepared for printing.

An Aboriginal Health Impact Statement was submitted to and approved by the NSLHD Aboriginal Health Unit to indicate that the process and document fairly took into account issues relating to Aboriginal and Torres Strait Islander residents and service users.

Planning Principles

Planning principles were endorsed as part of clinical services planning in 2015 and were used again in the development of clinical network recommendations for this CSP. The intention of the principles is to provide a valid reference point for reviewing planning decisions or service provision options. The following principles are principles of planning, not of care provision:

- Health care resources will be used to maximise the health and wellbeing of the community and to reduce inequities in health and health outcomes, particularly for vulnerable or underserved populations.
- Planning decisions will be based on evidence of need, effectiveness and value for money, and will be consistent with government policies, directions and agreed clinical standards.
- Services will be organised around the needs of the patient and delivered in the most appropriate setting (acute, sub-acute, community, home-based) and by the most appropriate provider while maintaining the highest quality of care.
- Given finite financial and staff resources, services will be organised across the LHD to maximise quality of care and local access, that is high quality secondary level services, where appropriate, will be provided in local hospitals and RNS Hospital will be supported to further develop and deliver tertiary and complex services.
- Integration and partnerships between providers will be encouraged and supported where this contributes to improved patient care and outcomes.
- Our communities and clinicians will be informed and involved in the development, delivery and evaluation of services.

1.4 How the plan will be implemented

This CSP has been developed over an extended period of time, recognising the challenges of planning services in a large and complex organisation. It is the result of the collective and considerable efforts of many clinicians, consumers, managers and others who acknowledge the need for services to evolve and improve over time.

The plan identifies the priorities and strategic directions in response to the identified issues, challenges and opportunities for individual clinical services and for NSLHD as a whole. Many of the directions and recommendations deal with "wicked problems" that cross boundaries between NSLHD hospitals/directorates and providers in primary and community settings, and have implications for key stakeholders in addition to teaching and research.

The challenges of implementing the strategic directions of this plan cannot be underestimated. In a number of instances there have been previous efforts to effect change with limited success; however, it is worthwhile tackling these issues again where it will improve the safety and quality of services, enhance patient outcomes and experiences of care, or where it could provide opportunities for better training and education experiences or high impact research. The CSP sets out an ambitious set of directions and recommendations. While much can be achieved in the plan's timeframe to 2022 it is likely that some things will take longer to resolve and embed as standard practice.

The CSP sets out the general direction of desirable changes, particularly in the organisation and distribution of health care across the integrated network of NSLHD hospitals and services. It does not, however, provide a detailed recipe to achieve or deliver these major changes. First steps in implementation will include:

- Detailed examination of the problem and identification of all relevant stakeholders and perspectives.
- Evaluation of a range of options for resolution through various lenses including patient experience, patient outcome, clinical outcome, safety, quality, value, impact on teaching, training, education and research, etc.
- Prioritisation of activities, recognising that not everything can be tackled simultaneously, that some things will necessarily precede others, or that some things might benefit from being delayed for a period of time.
- Development of implementation plans that fully scope the project, identify resources and supports required, confirm dependencies and barriers, determine how success will be measured and reported, and anticipated timeframes.

Many of the directions and recommendations of the CSP seek to address the increasing demand for health care in NSLHD. However, the planning and delivery of services over the coming years will occur in the context of a constrained NSW state budget associated with reduced revenue from, among other things, falling stamp duties and GST receipts. Consequently NSLHD will need to allocate and spend its financial resources wisely. This will necessarily include examining service developments as well as investment and disinvestment decisions not just in terms of patient outcomes and experiences but also in terms of its contribution to medium to long-term financial sustainability.

It is noted that there are already a number of efforts in train to further consider opportunities for improving surgical services, reviewing outpatient services at RNS Hospital, and the redevelopment of Ryde Hospital. There is also considerable and ongoing activity in numerous other directions and recommendations but in many instances this activity is not necessarily well coordinated around a common strategic outcome; local solutions sometimes result in non-standard care, variations in access and equity between sectors, duplication or gaps in services, and limitations on scalability of solutions. Considerable benefits could accrue through a more coordinated approach across NSLHD.

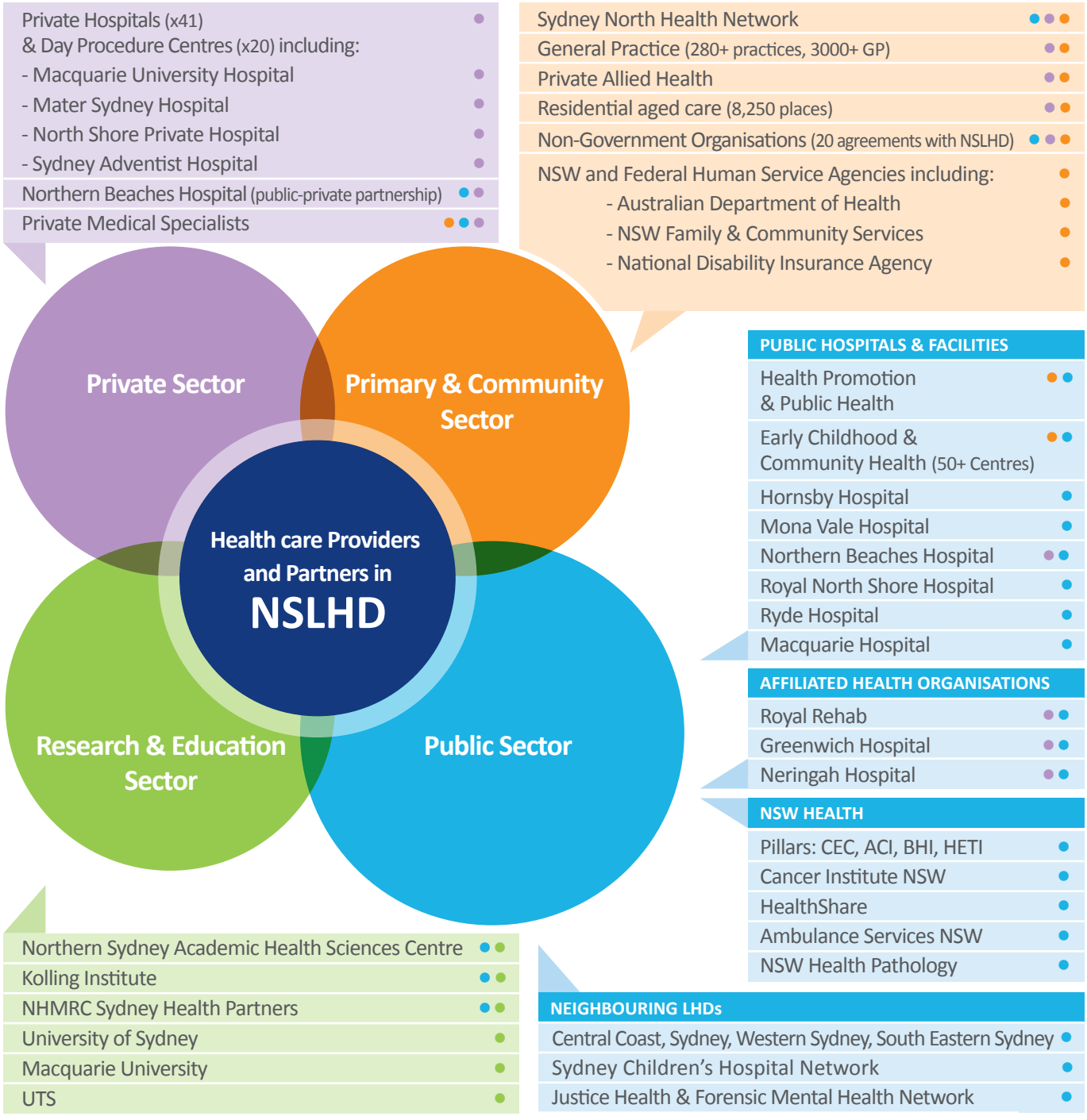
Implementation will occur within the context of existing organisational and governance structures, including the local and NSLHD clinical councils and the executive teams of each hospital and directorate, along with the ten clinical networks. Further consideration will need to be given to arrangements that will support and coordinate developments across multiple hospitals or services simultaneously. Consideration will also need to be given to the monitoring and reporting of progress (and celebrating milestones and achievements) so that we remain on track to deliver the improvements that are required for sustainable health services into the future.

1.5 Clinical Organisation and Structure

NSLHD does not provide health care in isolation; it is part of a larger health and social care landscape that encompasses primary care, private health, aged care, non-government organisations, and local state and federal government alongside the population and public health, health promotion, and acute, sub-acute, mental health, and primary and community health services provided by NSLHD (Figure 2).

As an organisation committed to research and education, NSLHD also has strong collaborations with the royal colleges, tertiary education and research institutions including the Kolling Institute of Medical Research and the University of Sydney, UTS and Macquarie University.

Figure 2: Health Care Providers in NSLHD



Key: coloured dots next to hospital/service names indicates where it operates across more than one sector; for example private medical specialists primarily operate in the private sector (purple) but also operate in the primary and community sector (orange) and the public sector (blue); the Kolling Institute, primarily operating in the Research and Education sector (green), operates in a collaborative arrangement with the public sector (blue).

Clinical service organisation

Services are organised across:

- Four acute hospitals including Hornsby, Northern Beaches, RNS and Ryde Hospital, and one sub-acute hospital at Mona Vale.
- Two clinical directorates - Mental Health Drug and Alcohol, including Macquarie Hospital, and Primary and Community Health which delivers services from a network of community health centres and in people's homes.
- Clinical and other support services, including Medical Imaging, Pharmacy and Allied Health, Aboriginal Health and Carers Support. Pathology services are provided by NSW Pathology North.
- Two affiliated health organisations providing sub-acute care including HammondCare (Greenwich and Neringah Hosptials) and Royal Rehab.
- Clinical Networks which advise on the strategic development of services and the profile and configuration of services across the hospitals and directorates. The NSLHD Clinical Networks include:
  - Maternal, Neonatal and Women's Health
  - Child, Youth and Family Health
  - Acute and Critical Care Medicine
  - Chronic and Complex Medicine
  - Surgery and Anaesthesia
  - Cardiothoracic and Vascular Health
  - Musculoskeletal Health, Plastics/Burns, Spinal and Trauma
  - Neurosciences
  - Cancer and Palliative Care
  - Rehabilitation and Aged Care

NSLHD also works with non-government organisations (NGO) delivering important community-based services that support the health and wellbeing of the public, in particular vulnerable or hard to reach populations. Services range from client advocacy through to practical support and service delivery. Selected services are provided through specific agreements for health promotion, mental health, drug and alcohol, dental, women's health, health related transport and aged and disability support. Many other NGOs also operate in the NSLHD catchment. Recognising the importance of appropriate housing and its influence on health status, it will be important for NSLHD to engage with not-for-profit community housing and other established and emerging providers in NSLHD.

Research and innovation

High impact research is conducted across NSLHD, both within the Kolling Institute of Medical Research and in NSLHD hospitals and community health centres, with input from clinicians and others across all professions, including medical, nursing and midwifery, allied health, health systems and population health. There are professorial appointments in most clinical specialty fields as well as in nursing and allied health.

Research at NSLHD is conducted in collaboration with a number of important partners, including the University of Sydney, UTS, Macquarie University, the Ministry of Health, Sydney Health Partners, the Northern Sydney Academic Health Sciences Centre, the Sydney North Primary Health Network, industry groups and various other collaborations including the new Northern Beaches Hospital.

NSLHD CONDUCTS RESEARCH IN COLLABORATION WITH THE UNIVERSITY OF SYDNEY, UTS, MACQUARIE UNIVERSITY, SYDNEY HEALTH PARTNERS, HEALTHSCOPE, THE MINISTRY OF HEALTH, AND VARIOUS INDUSTRY GROUPS.

NSLHD's flagship research institute, the Kolling Institute of Medical Research, is a joint venture between NSLHD and the University of Sydney. The Kolling Institute's vision is to become a world leading translational and innovative research centre, informing clinical care to improve patient outcomes. It aims to achieve this vision by building on its existing strengths, growing the volume and range of research undertaken and strengthening its outward and international focus. A new director has recently been appointed and the Institute is developing its own research strategy to complement the NSLHD research strategy.

1.6 Geographic and Demographic Profile

Geographic profile

NSLHD is one of 15 geographic local health districts in NSW. It covers an area of approximately 900 square kilometres. The LHD can be viewed in terms of four distinct sectors, which relate to nominal hospital catchments for each of the four NSLHD acute hospitals and their associated community health services. These are:

- Hornsby Ku-ring-gai sector: Hornsby Hospital; Hornsby and Ku-ring-gai LGAs.
- Northern Beaches sector: Northern Beaches Hospital; Northern Beaches LGA.
- Lower North Shore sector: RNS Hospital; Lane Cove, Mosman, North Sydney and Willoughby LGAs.
- Ryde Hunters Hill sector: Ryde Hospital; Ryde and Hunters Hill LGAs.

Population profile

In 2019 there were an estimated 943,908 residents in NSLHD, representing 11.7 per cent of the NSW population. The population continues to grow, driven largely by overseas migration, and by 2026 the total population will have passed one million (an annual growth rate of 1.0 per cent). Compared with NSW, NSLHD has a slightly lower proportion of children (21.9 per cent compared with 22.5 per cent) and a slightly higher proportion of elderly residents (4.8 per cent compared with 4.5 per cent). Across all of NSLHD sectors Hornsby Ku-ring-gai has both the highest proportion of children (23.7 per cent) and elderly residents (5.3 per cent). Between 2019 and 2026 Ryde Hunters Hill (13.8 per cent) is expected to be the fastest growing NSLHD sector, with growth nearly twice the rate for the rest of NSLHD (7.6 per cent) and faster than the NSW average (9.5 per cent). Growth will be particularly strong in children aged 0-17 years.

Health needs and vulnerable populations

NSLHD residents generally experience good health with outcomes that are higher than the NSW average. Residents have the nation's highest average life expectancy and lowest premature mortality, and the highest infant and maternal health scores. NSLHD residents:

- Score better than NSW in most risk factors, such as over-weight, smoking, physical activity, and fruit and vegetable intake, with obesity being only half as prevalent in NSLHD as in NSW as a whole (although the proportion who were overweight is similar to NSW). Residents are close to the State average for risky drinking (over two standard drinks per day when consuming alcohol).
- Score well on immunisation, equalling NSW rates for children aged one year but falling below the State rate for children aged five years. Immunisation rates for Aboriginal residents were superior to those for the population as a whole.
- Were below the national participation rate for breast and bowel screening in 2014/15 and 2015/16, but above the national average participation in the cervical screening program.

NSLHD population groups that potentially have greater health care needs, that are less advantaged or more vulnerable include:

- Aboriginal and Torres Strait Islanders: this population accounted for 0.4 per cent of the population in 2016, compared with 2.8 per cent for the rest of NSW. The Aboriginal and Torres Strait Islander population grew by 962 people or 39.1 per cent between the 2011 and 2016 census to a total of 3,331. The Northern Beaches had the greatest number of Aboriginal people. The age profile of Aboriginal and Torres Strait Islander residents, when compared with the overall NSLHD population is younger (32.0 per cent are 0-17 years of age compared with 21.9 per cent) with a significantly smaller proportion aged over 65 years (6.4 per cent compared with 16.4 per cent).

- Culturally and linguistically diverse communities: 327,643 people (37.0 per cent of the population) were born overseas, compared with 34.4 per cent in 2011. Just over a quarter of the population (227,445, 25.8 per cent) were born in non-English speaking countries, compared with 22.2 per cent in 2011. Within Ryde-Hunters Hill 39.3 per cent of residents were born in non-English speaking countries. The most common non-English speaking countries of birth were China, India, Korea and Hong Kong. 28.0 per cent of NSLHD residents speak a language other than English at home, with this figure rising to 45.0 per cent for Ryde Hunters Hill residents. While 4.3 per cent of the population in 2016 spoke English not well or not at all, this figure was 8.0 per cent in Ryde Hunters Hill.
- Refugees: An estimated 763 NSLHD residents arrived under the Refugee and Humanitarian program between 2013 and 2017. The largest group by language were Tibetan speakers, with 409 out of 411 settling in the Northern Beaches.
- People with disabilities: 32,824 people (3.7 per cent) reported as requiring assistance in one or more of the three core activity areas of self-care, mobility and communication. 3.9 per cent of the NSLHD population reported a profound or severe disability. For both these groups, residents of Ryde Hunters Hill recorded the greatest proportion across NSLHD.
- Public housing residents: Ryde Hunters Hill has the greatest number and proportion of residents in public housing (1,622 or 3.5 per cent).

The Ryde Hunters Hill sector stands out as the area with highest overall population growth, greatest housing change, a high proportion of older residents, the greatest proportion of residents from non-English speaking backgrounds, a lower socioeconomic profile than the rest of NSLHD, more public housing and greatest support needs in terms of people requiring assistance and people with disability. Ryde Hunters Hill can also look forward to continued population growth at faster than the rate for the rest of NSLHD for most age groups but particularly for 0-17 year olds. While the health status of NSLHD residents is high, areas for attention include immunisation for children aged five years and cancer screening.

1.7 Trends in Activity and Service Impact

- NSLHD Emergency Departments treated 218,267 patients in 2017/18; RNS Hospital treated nearly 41 per cent of all presentations and, with 89,365 presentations, was the busiest ED in NSW. Presentations have increased by 13.4 per cent (25,734 presentations) over the five years since 2013/14. At RNS Hospital presentations increased by almost 25 per cent (17,696 presentations), more than double the growth experienced at any other NSLHD hospital.
- There appears to be a shift away from local hospitals towards RNS Hospital for emergency care. The increase in presentations to RNS Hospital comprised patients from all parts of NSLHD and beyond. There were over 3,300 additional Ryde Hunters Hill resident presentations at RNS Hospital (45 per cent growth) compared to 455 at Ryde Hospital (3 per cent growth); a similar trend is observed for Hornsby Ku-ring-gai residents (28 per cent increase at RNS Hospital, 10 per cent increase at Hornsby) and to a lesser extent for Northern Beaches residents (23 per cent vs 5 per cent).
- NSLHD hospitals provided 116,704 acute hospital episodes using 398,639 bed days in 2017/18. Acute episodes grew by nearly 16 per cent over the five years to 2017/18, while bed days increased by only 7.8 per cent. RNS and Hornsby Hospitals showed the greatest proportional increase in both episodes and bed days, while Manly/Mona Vale and Ryde Hospitals showed a decrease in total bed days.
- The increase in overnight bed day utilisation across NSLHD was the equivalent to 68 extra overnight acute beds over five years at 85 per cent occupancy. This comprised 79 extra beds at RNS Hospital and 17 extra beds at Hornsby Hospital, balanced by a reduction of 17 beds at Ryde Hospital and 12 fewer overnight beds at Manly/Mona Vale Hospitals. A significant proportion of NSLHD residents access hospital care in the private sector (57.0 per cent of all acute hospital episodes and 38.9 per cent of acute overnight episodes in 2017/18).
- Standardised hospitalisation rates for nearly all chronic medical conditions is lower for NSLHD residents than for any other LHD in NSW, usually by a significant amount; this reflects the relative affluence of NSLHD residents and underlying better overall health status compared to other LHDs.

- Inpatient rehabilitation episodes in public hospitals have reduced by 28 per cent over the past five years reflecting strong growth in private rehabilitation services. Inpatient palliative care activity at Greenwich and Neringah Hospitals has remained stable, possibly related to available capacity, while activity at Hornsby and Ryde Hospitals appears to have grown, reflecting the practice of type changing selected acute patients who are palliative. Maintenance care decreased at RNS Hospital but increased at Ryde and Hornsby Hospitals with an average length of stay of 10-13 days.
- There was an average of 28 acute beds occupied by sub-acute (rehabilitation, palliative, and maintenance) patients at RNS Hospital in 2017/18 despite it having no dedicated sub-acute unit. There were the equivalent of seven beds at RNS Hospital occupied by spinal cord injured patients who had been type changed to rehabilitation in 2017/18, a 79 per cent increase in bed days since 2013/14. This may indicate periodic difficulties in discharge of these patients from RNS Hospital to the specialist spinal cord injury rehabilitation service at Royal Rehab.
- In 2017/18 there were 1.1 million non-admitted service events, with 48 per cent reported through RNS Hospital; this is equivalent to over 3,000 service events per day. These service events include procedures (peritoneal and home haemodialysis, radiation oncology, chemotherapy and some endoscopies), medical consultations, diagnostic services and allied health and nursing interventions. Allied health and nursing clinics or services accounted for 59 per cent of all service events. Not all services are reported through the non-admitted data system and services vary enormously in volume and frequency: In 2017/18 there were 732 clinics reporting between one and 33,563 service events. Half of all service events were accounted for by 49 clinics while 202 clinics reported fewer than 100 service events.

Using observed trends over the past five years, the following observations can be made:

- At the current rate of growth of 3.2 per cent per annum (which is more than twice the underlying rate of population growth), by 2022 emergency department activity across NSLHD will have increased by the equivalent of another Ryde Hospital emergency department and RNS Hospital will have exceeded 100,000 presentations per annum.
- On current trends by 2022, there is likely to be more than 16,000 additional acute medical and surgical admissions requiring approximately 55 beds. The district as a whole will have just enough built capacity to accommodate this growth. However, the current distribution of workload across hospitals would result in RNS Hospital's existing congestion becoming critical. The need to both address the rate of growth in activity and the distribution of workload across facilities is a high priority.
- With a total of 45 operating theatres, 10 endoscopy rooms and 96 intensive care beds there is sufficient built capacity across NSLHD to accommodate anticipated growth in demand for several years to come with commensurate step-change increases in resources and redistribution of appropriate acute services from RNS Hospital to Hornsby, Northern Beaches and Ryde Hospitals.
- Beyond 2022, additional built inpatient capacity will be required and Ryde Hospital redevelopment represents the next major opportunity. Over the longer term additional capacity will also be required at RNS Hospital but this can only be assessed intelligently once changes in service distribution and implementation of new models of care to reduce inpatient demand or provide alternatives to inpatient care have been successfully implemented.
- NSLHD is subject to the health of the private health care market with any changes potentially resulting in rapid shifts of activity into the public system and placing pressure on both infrastructure and costs. Services most likely to be affected by significant changes in the private health care market include elective surgery, maternity, renal dialysis, rehabilitation and mental health.
- The future rate of growth in inpatient sub-acute activity is likely to be influenced as much by supply in the private health care market for rehabilitation as by changes to existing models of care.
- New inpatient palliative care capacity at Mona Vale Hospital is likely to result in palliative care growth for the district, as palliative care activity has been constrained within its current capacity for a number of years.
- There is likely to be an excess of built capacity in sub-acute beds across the district in the short to medium term. This may present an opportunity to use this spare capacity to address existing patient flow issues in the acute setting where it is reported that there are many patients no longer requiring acute care but whose progress is delayed waiting for suitable care elsewhere.

1.8 Service Drivers

Over the last decade there have been multiple external and internal service drivers affecting the provision of health services in NSLHD and the health system more broadly.

- The population of NSLHD is growing and ageing; at the same time the population is increasingly diverse with a notable growth in residents born in non-English speaking countries. This growth and change is most notable in the Ryde sector. Many people will require more health care and support as they age, and care will need to be culturally appropriate.
- While NSLHD residents have the highest average life expectancy and good health outcomes there are vulnerable communities that need special attention and tailored approaches if they are to achieve similar or equitable health outcomes. An increasing number of older people are experiencing chronic health conditions, comorbidities and frailty; at the other end of the age spectrum, a focus on care for the younger population will have lasting impacts on demand for health care later in life.
- The health workforce is also ageing; new capabilities will need to be developed to meet the needs of the growing population, respond to changes in service delivery and match future service demands.
- As the acute hospitals across NSLHD continue to be rebuilt, the challenge is to fully realise the benefits of this investment to ensure that all infrastructure is utilised to support an integrated hospital network.
- Advances in technology in areas such as robotics, imaging, genomics and "virtual care" require a well-developed strategy that strikes a balance between wise investment and innovation.
- There are increasing opportunities for collaboration with general practice through the Sydney North Primary Health Network. Benefits of collaborations include easier navigation between primary and specialist care for patients, better support for primary care providers, and potential for better management of demand for ED and hospital services.
- NSLHD residents have a very high level of private health insurance and the highest concentration of private hospital beds in NSW. This brings great benefits to patients with greater choice in health care provider. NSLHD is mindful that changes in the private health care market could potentially result in rapid shifts of activity into the public system placing additional pressure on both infrastructure and costs.
- NSLHD's focus on translational research, innovation and new ways of working will bring more evidence-based practice to the bedside through partnerships with universities, industry and other collaborators.
- NSLHD is also concerned with improving the environmental sustainability of its services, not only through addressing waste and water management, and energy use; local efforts that focus on the design and delivery of frontline clinical services have the potential to reduce NSLHD's environmental footprint and subsequent impact on climate change.

Major drivers for revisiting and refreshing this CSP included the sustained growth in ED presentations, continued growth in demand for hospital-based care and challenges in meeting the expectations of patients and our community with timely access to care. Much of the growth is associated with population increases and access to other care providers rather than any change in standardised hospitalisation rates. The impact of the growth in demand has been keenly experienced by RNS Hospital which regularly operates at peak capacity; currently all roads seem to lead to RNS Hospital through ED or outpatients while there is capacity and potential capabilities at other NSLHD hospitals.

SUSTAINED GROWTH IN ED PRESENTATIONS AND THE FOLLOW-ON DEMAND FOR ADMITTED HOSPITAL CARE REQUIRES INNOVATIVE MODELS OF CARE AND COLLABORATION WITH GENERAL PRACTITIONERS AND OTHER PRIMARY CARE SERVICES.

The changing social and policy environment recognises that care needs to reflect each person's choice about what services they access and how those services are provided. NSW Health is focusing on value-based health care where patients' outcomes and experiences are monitored and used to improve the service response to each patient's particular needs.

- The Leading Better Value Care Program seeks to identify and implement opportunities for delivering value-based care. NSLHD is working with the Ministry of Health to develop and implement initiatives to improve the diagnosis and treatment of specific conditions and introducing new or improved models of care for patients with common chronic diseases.
- Patient Reported Measures (PRMs) are a critical component in supporting Leading Better Value Care. Patient reported measures capture what matters to patients in their life. Patient reported measures can be broken into two groups: Patient Reported Outcome Measures (PROMs) and Patient Reported Experience Measures (PREMs). These measures will enable patients to provide direct timely feedback to their health professionals about outcomes and experiences that are important to them. It will also enable a consistent and structured method to capture and use patient reported measures in real time, and will support services to identify opportunities to improve outcomes over time.

The future sustainability of the health care system is one of the most significant challenges for both clinicians and consumers. The demand on the health system cannot be met without significant change in how services are delivered. Together these programs will help patients, carers, the community and clinicians identify initiatives that will create better value health care, optimise the use of health resources and improve the quality and safety of patient care. The strategic directions and recommendations identified by clinical networks, hospitals and services respond directly and indirectly to these challenges and changes.

1.9 Priorities, Strategic Directions and Recommendations

NSLHD's primary purpose is to deliver high quality health care that is responsive to the needs of the population. The *NSLHD Clinical Quality Improvement Framework 2016-2022* sets out a strategy to reliably deliver the best possible clinical care that is person centred, safe, effective, appropriate, efficient, timely and equitable. Based on comments and community feedback through the NSW Patient Survey and local community forums, our patients define quality health care as one that provides "compassionate and respectful person-centred care in a clean environment and in partnership with them as an informed and contributing team member". Clinicians' vision for high quality care often focuses on delivering care sustainably and with good outcomes for every patient, every time, while organisationally, high quality care is often described as "the right care, at the right time, delivered by the right people, in the right place".

Clinicians and patients further define elements of good care:

- Participative– patients are at the centre of care, are active contributors as well as receivers of care, co-design care with their treating team, and co-design care systems.
- Joined up– care is delivered by a team of clinicians than can span multiple clinical disciplines and services provided by NSLHD or affiliated health organisations, and extends to providers in primary and community settings; good clinical outcomes and patient outcomes and experiences are dependent on excellent communications between services, and, where possible or appropriate, the integration of services.
- As close to home as possible – development of high quality care and services at local hospitals will give patients confidence to access care locally rather than having to travel some distance to access routine care at RNS Hospital.

- Informed by evidence – including through the translation of research into practice, the application of best practice guidelines, and continuous evaluation of services with insights from data analytics and a deep understanding of health needs and options for service delivery.
- Evaluated and improved in partnership with consumers – with a particular emphasis on developing better understanding of patients' perspectives on outcomes that are important to them and their experience of care.

Strategic directions and recommendations for services have been developed with reference to these constructs of high quality care.

Strategic Directions for NSLHD

During consultations with consumers, clinical networks and NSLHD and hospital/service executive teams a number of major themes emerged, three of which led to the Think Tanks for emergency (unplanned) care, the health of older people and non-admitted care. These themes have resulted in the identification of six priority areas that will underpin many of the Clinical Network recommendations and the strategic directions for hospitals and services:

Proactively manage the increasing demand for emergency care:

1. Reducing preventable ED presentations and hospital admissions.
2. Distributing unplanned workload across the NSLHD hospital network.
3. Developing alternatives to ED presentation or hospital admission.
4. Improving the flow of patients who present to emergency departments.

Improve the health and care of older people:

1. Improving the care of older people who require hospital-type care.
2. Supporting residential aged care facilities to meet the health needs of residents.
3. Early identification and coordinated support for patients living at home, when needed.
4. Improved integration and patient focus of care systems for older people.

Invest in non-admitted care:

1. Designing a contemporary non-admitted care system.
2. Developing non-admitted services that can reduce the need for ED presentations.
3. Developing non-admitted services as a substitute for hospital admission.

Optimise the distribution of services:

1. Reducing the non-tertiary activity load at RNS Hospital that could be appropriately provided at Hornsby, Northern Beaches and Ryde Hospitals.
2. Considering the development of appropriate non-admitted services that will support the redistribution, informed by the district-wide review of non-admitted care.

Realise the benefits of capital investments:

1. Making better use of the new capacity and capabilities of the stage 1 and 2 redevelopment of Hornsby Hospital.
2. Supporting the new Northern Beaches Hospital to progressively scale up clinical services and maximise the benefits of the new major hospital for the local population.
3. Developing new palliative care and geriatric evaluation and management services, and scaling urgent care and rehabilitation services to meet demand at Mona Vale Hospital.
4. Planning for the redevelopment of Ryde Hospital with an eye to the future and a clearly defined role in the NSLHD integrated hospital network.
5. Planning for the redevelopment of community health centres in Hornsby and Ryde Hunters Hill.
6. Preparing and positioning for the future expansion of tertiary and supra-LHD services at RNS Hospital.

Develop a platform for innovation and knowledge:

1. Building on the Network-led operating model to develop services and effect desirable improvements and changes across NSLHD hospitals and services.
2. Improving service integration and partnerships focusing efforts on improving support for residential aged care facilities and specialist support in primary care. Priority enablers to support these approaches include the development of a comprehensive, searchable and readily updated service directory and an electronic referral tool to facilitate and streamline access to NSLHD services.
3. Defining an approach to the adoption of clinical informatics and telehealth platforms.
   - Data analytics and informatics will combine operational and clinical data to create true clinical and business intelligence systems that will provide a sound basis for evidence-based decision making and the improvement of clinical care.
   - NSLHD will take an enterprise approach to accelerate the development of telehealth services setting out a clear strategy and direction, with leadership and systems that will advance the design and delivery and optimisation of our virtual health capabilities.
4. Harness service innovation, research and insights from patient reported outcomes and experience measures.

Strategic Directions for Hospitals and Services

Hornsby Hospital

Hornsby-Ku-ring-gai Hospital is a major metropolitan hospital providing acute, sub-acute, mental health and community health services for the catchment population of the Hornsby and Ku-ring-gai local government areas. The hospital is undergoing a major redevelopment. Stage 1 was completed in 2015 delivering a new building for surgical and some clinical support services. Stage 2 is underway with completion expected in 2021. When completed the hospital will have a new and expanded medical imaging department, a medical assessment unit, intensive care, a coronary care and cardiac investigations unit, a transit unit, new medical wards, a refurbished and expanded emergency department, a helipad, an outpatient centre and new education and retail space. Since the approval of stage 2 additional monies have been made available for [stage 2a] services including renal dialysis, chemotherapy, oral health, allied health, GP Unit and Bungee Bidgel, as well as fit out of sub-acute (rehabilitation) wards and refurbishment of the Psychiatric Emergency Care Centre (PECC).

Hornsby Ku-ring-gai has a large number of dispersed community health centres serving the geographic catchment. Many of these centres are of poor infrastructural quality: the Hillview community health centre in Turramurra has been highlighted for replacement in another location and the Pennant Hills Community Health Centre needs to be reviewed. In addition, there are a number of community services in close proximity to or dispersed across the Hornsby Hospital campus.

To realise the full benefits of the extensive redevelopment of Hornsby Hospital further work is required to refine and develop models of care for medical, surgical and non-admitted services. There are opportunities for Hornsby Hospital to provide a more comprehensive range of high quality admitted and non-admitted acute services for children and adults – residents will have confidence that Hornsby Hospital will be able to meet most of their acute health care needs and fewer patients will need to travel to RNS Hospital to access routine, secondary level care. Patients who need tertiary level care will continue to be referred or transferred to RNS Hospital.

Hornsby Hospital will focus on:

- Realising the benefits of the Hornsby Hospital redevelopment through best use of spare surgical and procedural capacity, and planning models of care for the medical and non-admitted components of the stage 2 and stage 2a redevelopment. This will include collaborating with RNS Hospital to effect the redistribution of secondary level services across NSLHD hospitals improving local access to routine medical and surgical care, with attention to workforce and on-call requirements. This redistribution of activity also offers opportunities for Hornsby Hospital to develop an LHD role in specific clinical services.
- Collaborating with the relevant clinical networks to review clinical service role delineation levels in the context of population demand and the provision of care within an integrated network of hospitals across NSLHD.
- Developing a comprehensive non-admitted strategy to guide existing services and identify and support the development of new or satellite non-admitted services which will both provide alternatives to hospital admission and reduce the need for hospital care, particularly for patients with chronic illness.

- Identifying future infrastructure requirements and models of care for community health centres to improve client access, service quality and service integration, in collaboration with the Primary and Community Health Directorate.
- Identifying future options for the provision of services for older people with mental health needs, including admitted, non-admitted and home-based services.

Mona Vale Hospital

Mona Vale Hospital is a sub-acute hospital providing rehabilitation and community palliative care. It also has an urgent care centre and a large community health centre. The nominal catchment for Mona Vale Hospital is the Northern Beaches (previously Manly, Pittwater and Warringah) local government area. While the majority of people accessing services live within that catchment, residents of other areas may also use the urgent care centre and specialist rehabilitation services.

The role of the Mona Vale Hospital campus has changed significantly with the transfer of acute services to the Northern Beaches Hospital and the appointment of a general manager for the sub-acute hospital and community health services that remain. Reconfiguration and further development of the Mona Vale Hospital site includes a new building to provide admitted palliative care and geriatric evaluation and management (GEM) services. There has also been significant investment in new and upgraded community health facilities at Mona Vale, Brookvale and Seaforth.

The nature of the hospital campus may change over time with opportunities for other organisations to provide complementary health services on site. Key challenges include the strengthening of relationships and clinical referral pathways from the new acute hospital especially in relation to rehabilitation, palliative care, post-acute care and community health services.

Mona Vale Hospital will focus on:

- Consolidating its new role as a sub-acute hospital and provider of specialist rehabilitation and palliative care as well as urgent care and community health services.
- Strengthening referral pathways with the Northern Beaches Hospital, especially in relation to rehabilitation, palliative care, post-acute care and community health services.
- Reviewing patient experience and trends in demand for the urgent care centre to refine the service delivery model as required.
- Working collaboratively with the Rehabilitation and Aged Care Clinical Network to define and develop the Geriatric Evaluation and Management (GEM) model of care.
- Working collaboratively with the Cancer and Palliative Care Clinical Network to develop the new admitted palliative care service at Mona Vale Hospital as part of an integrated three-hub service model for NSLHD.

Northern Beaches Hospital

The Northern Beaches Hospital is a new major metropolitan hospital contracted by NSW Health to provide public acute health services including emergency, acute admitted and non-admitted services in maternity, paediatrics, intensive care, a broad range of medical and surgical sub-specialties, renal dialysis, and mental health services. Most services are provided at a higher role delineation level than was previously provided at Manly or Mona Vale Hospitals. Many Northern Beaches residents who were previously admitted to RNS Hospital as their closest hospital are likely to attend the new hospital. Patients with complex or tertiary needs such as major trauma, neurosurgery and cardiothoracic surgery continue to be treated at RNS Hospital.

The new hospital opened at the end of October 2018. Initial challenges of commissioning a large hospital are being progressively resolved and patients are reporting satisfaction with services received. NSLHD will continue to work collaboratively with the Northern Beaches Hospital to progressively scale up services and maximise the benefits of the new major hospital for the local population.

Annual contract negotiations offer opportunities for both Northern Beaches Hospital and NSLHD to refine and develop services to meet the health care needs of the population, based on initial modelling and trends in activity and performance in the preceding period.

NSLHD will focus on:

- Including the Northern Beaches Hospital in the integrated network of hospitals across NSLHD.
- Reducing the need for Northern Beaches residents to travel to RNS Hospital for services that are now provided locally.

- Refining service linkages to provide seamless care between the Northern Beaches Hospital and sub-acute and community health services provided by NSLHD at Mona Vale, Brookvale and Seaforth.
- Engaging Northern Beaches Hospital staff and clinical teams in the NSLHD clinical networks.
- Refining a standardised, efficient and effective model of care for specialist geriatric outreach services for older people living in the community and in residential care in order to respond to growth in demand.

Royal North Shore Hospital

RNS Hospital is the principal referral hospital for NSLHD providing a comprehensive range of secondary, tertiary and supra-LHD services. The nominal catchment of RNS Hospital includes the local government areas of Lane Cove, Mosman, North Sydney and Willoughby, collectively referred to as Lower North Shore (LNS). As a tertiary referral hospital, RNS Hospital also provides services to patients from other local government areas in NSLHD and across the Sydney metropolitan area and NSW.

RNS Hospital has experienced sustained growth in ED presentations and acute hospital admissions for both secondary and tertiary services in recent years and regularly operates at peak capacity. The high demand is influenced by the wide range of services offered which means that RNS Hospital is "never the wrong hospital to go to" and is compounded by: models of care, particularly for unplanned medical and tertiary care (for example highly specialised investigation, treatment or hyper-acute care) which do not always identify clear pathways back to the patient's local hospital to complete their care; the use of up to 30 acute beds for patients who have been classified as requiring rehabilitation, maintenance care or palliative care; and the absence of non-admitted consultation clinics at other NSLHD hospitals which means that patients have limited opportunities to access non-urgent care other than at RNS Hospital.

This high demand on RNS Hospital services, despite considerable and continued improvement efforts over recent years, has had several impacts including: variation in waiting times for ED and to access some non-urgent elective care and other non-admitted services, reduced capacity to respond to seasonal or unanticipated fluctuations in demand, limitations on the ability to grow and expand key supra-LHD and tertiary services, and cost and budget pressures related to the higher than anticipated activity.

The sustainability of clinical services at RNS Hospital requires that significant changes are made to the types of care delivered and how and where it is delivered in the integrated network of NSLHD hospitals.

RNS Hospital will focus on:

- Supporting NSLHD hospitals as they develop high quality secondary level services for their catchment population. This will include a review of the ambulance matrix and a service by service review to identify opportunities for the re-distribution of some acute activity. It will also consider the development of innovative models of care that include step-down or repatriation pathways for patients referred for tertiary care but no longer requiring it following intervention, and a review of the comparatively large volume of sub-acute care at RNS Hospital to fully understand the profile and needs of this cohort. Consideration of the development and location of appropriate non-admitted health services to support the redistribution of admitted care informed by the district-wide review of non-admitted care.
- Increasing the proportion of activity that is focused on delivering tertiary or specialist care not routinely delivered in other NSLHD hospitals, to ensure that the NSLHD residents continue to have access to highly specialised, low-volume, or high-cost services when they need them. This will include considering how tertiary and supra-LHD services should expand and develop to make best use of the capacity released through the redirection or reconfiguration of secondary level services. Specifically, RNS Hospital will focus on the continued development of pancreatic cancer, transplantation, interventional radiology, interventional and surgical cardiac and interventional neuroradiology services.
- Exploring opportunities for private sector collaboration in relation to clinical support services such as medical imaging.

Ryde Hospital

Ryde Hospital is a district general hospital providing acute and general and specialist rehabilitation services. While operating theatres, some medical wards and intensive care have been refurbished and the purpose-built Graythwaite rehabilitation unit opened in 2013, Ryde Hospital is the last of NSLHD acute facilities to receive significant capital investment and its redevelopment is the top priority on the NSLHD Asset Strategic Plan. The recent government commitment of $479 million for redevelopment presents an opportunity to deliver a "hospital of the future", which, rather than being confined by concepts of bricks and mortar, will connect care across the integrated network of NSLHD hospitals and services and externally with GPs, primary care and other providers and service delivery partners, leveraging the benefits of the electronic medical record and other digital platforms.

Ryde Hospital must play a key role in managing secondary level activity redistributed from RNS Hospital. The upgrade of the high dependency unit to a level 4 intensive care unit will better support existing services and the development of other acute services in the future. With the planned hospital redevelopment there will be opportunity to consider further role delineation level changes commensurate with service demand and capabilities.

Ryde Hospital's nominal catchment area includes the local government areas of Ryde and Hunters Hill (RHH) which are the fastest growing local government areas within NSLHD. There has been significant urban development across the catchment with further development underway or anticipated particularly around the Macquarie Park area. The population is expected to grow by 21.7 per cent to 163,550 by 2026 with marked growth in the oldest and youngest age groups.

Ryde Hospital will focus on:

- Building on current strengths in emergency medicine, general and orthopaedic surgery, general acute medicine including stroke, rehabilitation and non-admitted care and community health, including mental health.
- Reviewing the need for paediatric services to meet the needs of the growing population, and developing and strengthening intensive care, geriatric medicine, women's health, and stroke care, along with associated clinical support services.
- Strengthening linkages with Hornsby and RNS Hospitals and improving the ability to obtain medical consultation advice including through the use of telehealth strategies.
- Establishing a more significant role for Ryde Hospital within NSLHD including undertaking non-tertiary work currently provided at RNS Hospital.
- Developing a clinical services profile for the medium to long-term and a staged infrastructure plan to support the major redevelopment of the hospital site incorporating acute and sub-acute admitted services, as well as options to bring together non-admitted and community health services from across the campus and surrounding area into a single purpose-built location as part of the approach to keep people well and out of hospital whenever possible.

Mental Health Drug and Alcohol Services

Mental Health acute and community services, including specialist service streams in Child and Youth Mental Health and Older People's Mental Health, are provided at Macquarie, Hornsby, Northern Beaches, RNS and Ryde Hospitals and in community health centres across NSLHD. Services include:

- Psychiatric Emergency Care Centres (PECC) operate in three hospitals: Hornsby, RNS and Northern Beaches Hospitals. Consultation liaison psychiatry services are provided within the general hospital setting at Hornsby and RNS hospitals.
- Adult acute mental health admitted services for people aged 18 to 64 are provided at Macquarie Hospital Parkview Unit, Hornsby Hospital (including MH Intensive Care), RNS Hospital and Northern Beaches Hospital.
- Adult non-acute and very long stay admitted services (extended care and rehabilitation) are provided at Macquarie Hospital. As part of the Pathways to Community Living Initiative, planning is underway for transitioning people with very long stays into suitable community-based options.
- Specialist Acute Mental Health Services for Older People (aged 65+) currently operate at Macquarie Hospital, Greenwich Hospital and the Northern Beaches Hospital.

- Child and Youth Mental Health Services (CYMHS) services for consumers aged up to 18 years are provided at Hornsby Hospital's acute inpatient Brolga Unit and through residential and day programs at the Coral Tree Family Service. Both are supra-LHD services. The CYMHS service is transitioning from caring for children aged 0-18 years to one that manages children and young people aged 0-24 years.
- Community-based mental health services are provided by multidisciplinary teams based at Hornsby, Pennant Hills and Wahroonga in Hornsby Ku-ring-gai, Brookvale and Mona Vale in the Northern Beaches, at St Leonards in the Lower North Shore and from Ryde Community Mental Health Centre and Top Ryde Community Health Centre in Ryde Hunters Hill. Services include: acute care, crisis intervention, brief intervention, early psychosis intervention, assertive outreach for clients with enduring mental illness, assessment and management of behavioural and psychological symptoms of dementia, outreach/follow-up support for children with acute or complex mental illness, perinatal and infant mental health care, and mental health rehabilitation, along with peer worker advocacy, support and recovery services, and family and carer support.

The Drug and Alcohol service provides treatment for consumers with drug and/or alcohol use issues through multiple service offerings that also address medical and mental health related problems. The core business of the service is to support people to cease and/or better manage their substance use issues. Services span the continuum from primary prevention and education through non-admitted management, to admitted detoxification and rehabilitation, and ongoing management in the community setting. Services include:

- Consultation Liaison services in acute hospitals and their EDs.
- Admitted detoxification: The Herbert Street Clinic at RNS Hospital provides 11 detoxification beds. Under the *NSW Drug and Alcohol Treatment Act 2007* the Clinic also offers four beds as part of the Involuntary Drug and Alcohol Treatment (IDAT) Program. There is regularly a waiting list to access this admitted program.
- Opioid Treatment Program (OTP) is provided predominately from the Herbert Street Clinic at RNS Hospital and at Brookvale Community Health Centre. The service works closely with community pharmacists and local GPs to support consumers in the community.
- Other services include: the Magistrates Early Referral Into Treatment (MERIT) program, community counselling/psychosocial interventions (including gambling), and youth drug and alcohol counselling.

Since the development of the *NSLHD Mental Health Drug and Alcohol Service Plans*, a new *National Mental Health and Suicide Prevention Plan 2018-2022* (the Fifth Plan) has been released along with the *NSW Health Strategic Framework and Workforce Plan for Mental Health Services 2018-2022*. These plans require the development and public release of joint regional mental health and suicide prevention plans. This work has already been initiated by the Sydney North Primary Health Network in collaboration with NSLHD. The joint regional plan aims to improve the outcomes and experiences for consumers and carers, will focus on prevention and early intervention, and will connect health services with areas such as disability, housing, education and employment.

The *NSLHD Mental Health Service Plan 2017-2026* notes that Macquarie Hospital is identified in the master planning for all NSW stand-alone mental health services as part of the Pathways to Community Living Initiative (PCLI) which will transition consumers with long and very long stays into the community. Following the implementation of the PCLI where appropriate, there will be an opportunity to re-align the existing capacity and to redevelop and upgrade the Macquarie Hospital site to meet future mental health service delivery needs across NSLHD.

The *NSLHD Asset Strategic Plan* identified the need for 15 dedicated older persons' mental health beds as a priority for development at Hornsby Hospital and acknowledged that the physical space and fabric of the Herbert Street Clinic is not fit for purpose for future service delivery and is unable to support contemporary models of care for drug and alcohol clients. Options are currently being considered for the Herbert Street Clinic and its redevelopment/relocation remains a priority.

Mental Health Drug and Alcohol Services will focus on:

- Addressing current and future population needs by focusing on prevention, early intervention and community-based care, responding to increased prevalence of complex clinical presentations, ensuring that the physical health needs of both mental health and drug and alcohol service consumers are effectively met, and understanding and addressing the needs of special consumer groups.
- Enhancing service capacity and capability by maintaining a contemporary and evidence-based service, optimising workforce skills and configuration to support flexible responses to service needs, aligning resources to current and future service needs, and pursuing service delivery investment opportunities as they arise.
- Developing and implementing a comprehensive partnership management framework.
- Managing transformational change effectively during a period of significant change with a number of hospital and community health centre developments, changes in the model of care for selected services, the integration of the National Disability Insurance Scheme (NDIS), and transition to activity-based funding for mental health services.
- Fostering innovation and leading practice by further enhancing research and evaluation capabilities, contributing to the international evidence base for mental health services, and leveraging development in information communication technologies across clinical and corporate settings to improve consumer outcomes.

Primary and Community Health Services

Primary and Community Health (PaCH) provides health services in people's homes, early childhood and community health centres and other community locations. Services are provided in partnership with, hospitals, GPs and other primary care providers, residential aged care facilities, independent Aboriginal health services and other providers.

Services are provided from 13 community health centres, 17 early childhood health centres (five of which are collocated with community health centres), three family care centres, and three community mental health centres. A number of community health centres have been re-provided in purpose-built facilities including Chatswood, St Leonards, Mona Vale, Dalwood, and the new centre in Brookvale which opened in 2018.

Services are organised under six broad clinical streams including: Child Youth and Family Health; Aged and Chronic Care; Home Nursing services; Oral Health; BreastScreen; and Population Health encompassing Intellectual Disability, Sexual Health, Needle and Syringe Program, Domestic Violence, and Multicultural Health Services. (Child Youth and Family Health services are detailed in a dedicated section while other services are addressed in the PaCH section of this CSP.)

Place-based approaches to community development have been instituted at a regional level to address entrenched disadvantage with a particular emphasis on out of home care, child protection and domestic violence. PaCH services are working collaboratively with Family and Community Services, Education, Local Government and other stakeholders and communities in Ryde, Dee Why, Collaroy, Hornsby and the Ivanhoe estate in Macquarie Park to improve services and support better outcomes.

PaCH Services will focus on:

- Developing a primary and community health clinical services plan encompassing the range of services provided in NSLHD.
- The Health Contact Centre will focus on incorporating the Child, Youth and Family Service, Safe and Supported At Home Program and Palliative Care Services in 2019/20.
- The Northern Sydney Home Nursing Service will focus on developing and implementing the NSLHD Integrated Chronic and Complex Care Plan, and incorporating telehealth platforms into chronic disease support and wound management services.
- The Aged Care Service will focus on developing integrated community-based models of care for older people, determining its future as a provider of selected Commonwealth-funded services, and responding to the recommendations of the Royal Commission into Aged Care Quality and Safety.

- The Chronic Disease Service will focus on integrating services across the LHD, considering expansion of rehabilitation programs to include patients with other chronic conditions, and translating research into clinical practice.
- The Acute Post-Acute Care/Hospital in the Home (APAC/HITH) Service will focus on developing a comprehensive plan and resource strategy to expand the capacity and capabilities of the service and increasing referrals from hospitals and primary care providers.
- The Multicultural Health Service, in partnership with culturally and linguistically diverse (CALD) communities, local government and community service providers, will focus on implementing the *NSW Health Plan for Healthy Culturally and Linguistically Diverse Communities 2019-2023* and the *NSW Refugee Health Plan 2018-2023* (due for release at the end of 2019), improving health literacy, identifying health needs and building capacity to manage those needs.
- The Sexual Health/HIV Service will focus on increasing service uptake in priority populations, especially young people aged 15 to 29, and streamlining client referral pathways to other relevant services for patients discharged from the sexual health/HIV service.
- The Needle and Syringe Program will focus on increasing face-to-face client contact, and mapping and improving access to wound and vein care and hepatitis C treatment services.
- The Intellectual Disability Assessment Service will focus on developing outreach consultative services to Northern NSW and Mid North Coast LHDs.
- The NSLHD violence and abuse services will focus on redesigning services in line with the NSW Health Integrated Prevention and Response to Violence, Abuse and Neglect Framework.
- BreastScreen will focus on increasing participation rates in target populations, particularly women aged 50-69 years; exploring new technologies to address emerging and current screening issues, for example tomosynthesis; increasing participation in clinical trials and research projects; and reviewing current and projected screening activity, matching target population demand and participation rates with capacity across NSLHD.
- Oral Health will focus on developing strategies to meet the needs of the growing aged population, along with priority population groups such as patients with cancer, Aboriginal and Torres Strait Islanders, refugees and others with special needs, and increasing oral health education and promotion services.

Allied Health Services

Allied health services are provided across a range of service delivery models including: acute admitted and non-admitted care; hospital avoidance programs for acute illness; rehabilitation programs; mental health and drug and alcohol admitted care; community services; and care for consumers with complex and ongoing chronic disease. Allied Health encompasses 22 distinct disciplines the largest of which include physiotherapy, occupational therapy, nutrition and dietetics, speech pathology and social work.

Collectively the allied health disciplines are strategically led and represented on the NSLHD executive leadership team by the Director of Allied Health. Operational management of allied health staff and services is provided through the allied health departments within Hornsby, Mona Vale, RNS and Ryde Hospitals and through multidisciplinary services within the directorates of Mental Health Drug and Alcohol and Primary and Community Health.

Challenges faced by NSLHD allied health services include:

- Providing high quality, effective and responsive services within allocated resources. Many clinical networks and services identified increased demand and gaps in provision or quantum of admitted and non-admitted allied health services, particularly where service models have changed. Associated workforce challenges include leave relief provisions, advanced and expanded roles for professional grades and increases in assistant grades.
- Establishment of an allied health professorial position in collaboration with the University of Sydney in 2018 to support allied health clinicians to engage in clinical research. An allied health research committee has been established to guide strategic research priorities with a particular emphasis on the identified needs of health care consumers and the community.

- An identified area for investment is the establishment of a NSLHD Chief Allied Health Informatics Officer that, together with the Chief Clinical and Nurse Informatics Officers, would provide leadership within the information and communications technology services to drive analytics that inform and improve training, decision support, clinical workflow and clinical outcomes as well as optimising clinical information system user interfaces for allied health and other care providers.

Allied Health Services will focus on:

- Reviewing allied health requirements in ED and advising on distribution and organisation of allied health resources across all settings.
- Developing an allied health research plan in line with the *NSLHD Research Plan* that includes the key strategic areas identified at the research capacity workshop.
- Supporting allied health data governance, reporting and analysis across the district to drive allied health initiatives and build a responsive and adaptable workforce.

Pharmacy Services

Each of the acute hospitals and the mental health service at Macquarie Hospital has an on-site pharmacy providing a range of services depending on the hospital case mix, size and acuity. The pharmacy services operate independently, employing their own staff and managing drug formularies as approved by the individual hospital or health service Drug and Therapeutics Committees. Pharmacy services are also provided at affiliated health organisations (Royal Rehab, Greenwich and Neringah hospitals) but these operate independently and are not within the scope of this document.

Cores services include clinical pharmacy, medication safety and quality use of medicine activities, dispensing, purchasing and inventory management, and policy management through the local Drug and Therapeutic Committee. Specialist services provided by RNS Hospital include aseptic production of cytotoxic medications, extemporaneous preparations and parenteral nutrition (other hospitals purchase these products from private compounding companies), management of clinical trial drugs, and provision of specialist medicines information.

Uptake of technology in medication management is variable with automated dispensing cabinets available in Hornsby and RNS Hospitals and dispensary robots planned as part of the Hornsby Hospital redevelopment. Roll-out of the electronic medication management system is on schedule for completion by the end of 2019.

- The provision of pharmacy services is becoming more complex: poly-pharmacy and complex drug regimens coupled with an ageing population with multiple co-morbidities means that more patients are at risk of medication misadventure.
- The implementation of electronic systems to manage medications should ultimately improve patient safety and staff efficiency, but it is essential that there is appropriate governance over these systems to maximise benefits and minimise risks.
- Other issues and challenges include drug shortages and recalls, legislative and industrial issues related to the classification of the professional pharmaceutical workforce and the development of pharmacy technician roles, and public patient access to the Pharmaceutical Benefits Scheme (PBS) on discharge or as non-admitted patients.

Pharmacy services will focus on:

- Identifying, implementing and evaluating strategies to deliver a standardised and equitable pharmacy service across the LHD and harnessing opportunities to improve service efficiencies, reduce purchasing costs and invest in research and quality improvement.
- Reviewing the transitions of care pathways for patients who are discharged from NSLHD hospitals to the community and streamline discharge processes.
- Developing a workforce plan to support the increase in clinical pharmacy services offered within NSLHD and to make the most effective use of the skill mix within the workforce.

Medical Imaging Services

The Medical Imaging District Services provides diagnostic and interventional services under the specialties of radiology and nuclear medicine to admitted patients in NSLHD acute hospitals and non-admitted patients. Modalities include general x-ray, ultrasound, CT, MRI, fluoroscopy, image intensifier, angiography, mammography and dental imaging.

- Equipment for a number of modalities at RNS Hospital is due for replacement in 2022. The modalities showing the highest growth are CT, MRI and angiography as part of stroke services along with growth in ED demand for CT. Monitoring of demand will be required to ascertain any further requirements.
- Ryde Hospital's medical imaging service is in need of renovation and one x-ray room was replaced in April 2019. Any change to Ryde's service mix will require consideration of the impact on existing capacity and resources.
- Interventional neuroradiology demand is increasing with resultant pressure on radiology resources. To provide a consistent and timely service the Neurosciences Clinical Network is recommending that the endoscopic clot retrieval service for stroke patients service should expand to a 24/7 service.

Medical Imaging services will focus on:

- Collaborating with clinical networks and services to manage demand, improve the appropriate selection of medical imaging required for diagnosis and develop agreed pathways to improve imaging response times, cost effectiveness and sustainability for all clinical stakeholders.
- Developing, implementing and evaluating a model of care for the provision of interventional radiology services across NSLHD that addresses sustainable workforce issues, agreed growth and scope of practice.
- Exploring opportunities for private sector collaboration in relation to a positron emission tomography/magnetic resonance imaging (PET-MRI) machine on the RNS Hospital campus to improve outcomes for patients with prostate, brain and head and neck cancers along with applications in cardiology, neurology and research.
- Identifying opportunities for increased training for radiochemists and medical physicists.

Aboriginal Health Services

The Aboriginal Health Service (AHS) aims to improve the health, social and emotional wellbeing and emotional wellbeing of the Aboriginal and Torres Strait Islander community by promoting culturally safe and respectful services, providing consultative and advisory services to clinicians caring for Aboriginal and Torres Strait Islander people, delivering Respecting the Difference staff education programs, and developing cultural resources. It also focuses on strengthen the Aboriginal and Torres Strait Islander health workforce.

The AHS advocates for and supports individual patients and their families, provides health promotion activities, and supports community initiatives in collaboration with primary health and other care providers. Health services provided by the AHS include:

- Chronic care coordination and a 48-hour Clinical Nurse Consultant follow-up service (self-management and clinical advice, and referrals to other services as required) for patients discharged from NSLHD hospitals.
- Integrated Team Care for patients who have one or more chronic disease, have had frequent hospital admissions and/or ED presentations, and have difficulty accessing and coordinating the right services needed for their care. The program is commissioned by the Sydney North Primary Health Network.
- The Aboriginal Health Clinic (Bungee Bidgel), a collaborative service with the GP Training Unit at Hornsby Ku-ring-gai Hospital, provides a range of clinical, chronic disease management, integrated team care, social and emotional wellbeing, mental health, dental and specialist health services to Aboriginal and Torres Strait Islander people from NSLHD and elsewhere.

Key challenges for the Aboriginal Health Service include improving the identification and accurate recording of Aboriginal and Torres Strait Islanders using NSLHD health services, improving the cultural competency of NSLHD staff, and Aboriginal and Torres Strait Islander people's satisfaction with the care they receive, and increasing the Aboriginal and Torres Strait Islander workforce in NSLHD.

The Aboriginal Health Service will focus on:

- Implementing and evaluating the impact of the *NSLHD Aboriginal and Torres Strait Islander Health Services Plan 2017-2022* and developing an Aboriginal and Torres Strait Islander workforce strategy.

Carers Support Services

A carer is anyone who cares for or supports a family member, partner or friend, who has a disability, has a medical condition (including a terminal or chronic illness), has a mental illness, or is frail and aged.

The key responsibility of the NSLHD Carer Support Service is to provide professional support to carers, including health care staff who are carers, in their interactions with the health system, and to improve the responsiveness of our health services to the needs of carers.

Established in 2004 as part of the NSW Government Carers Program, the NSLHD Carer Support Service is based within acute hospital settings and collaborates with staff and carers across acute, sub-acute, primary and community health services. The service also networks with community care organisations, local government community development officers and other key organisations to promote the recognition and support of carers.

In 2016, it was estimated that 130,000 or 14 per cent of NSLHD residents were carers with approximately 25,000 providing 24/7 care. With population growth and ageing this number will increase substantially in the coming decades.

NSLHD Carer Support Services are guided by the *NSW Carer Recognition Act (2010)*, the *NSW Carers Charter (2016)* and the NSW Health strategy for the *Recognition and Support for Carers (Key Directions) 2018-2020*.

The Carers Support Service recently released the *NSLHD Carer Strategy and Action Plan (2018-2023)*. The Strategy encompasses the three directions of the *NSW Health Recognition and Support for Carers Plan 2018-2020*:

- Guide employees to recognise and support carers.
- Value and engage with carers as partners in care.
- Support employees who have caring responsibilities.

The NSLHD Carers Strategy also focuses on improving services for carers, though, for example, the development of new models of care, developing pathways and communication aids to improve service navigation, strengthening carer engagement in the design of clinical services, and providing better facilities that support and improve the health and wellbeing of carers.

The Carers Support Service will focus on:

- Implementing and evaluating the *NSLHD Carer Strategy 2018-2023*.

Recommendations for Clinical Networks

Clinical Networks were initially established in NSLHD in 2008 with their role strengthened following a major review in 2014/15. Clinical Networks are responsible for determining what care should be delivered, to whom, where, how and with what expected outcome. Reporting directly to the Chief Executive, the Clinical Networks:

- Provide formal, evidence-based advice to NSLHD on the profile and configuration of clinical services including clear role delineation for individual hospitals, specifying the workload to be purchased under the activity-based management model, and determining workforce requirements for each discipline.
- Oversee the quality of care, including the analysis and reduction of unwarranted clinical variation.
- Define relevant clinical policy, standards and guidelines.
- Coordinate teaching and research in collaboration with the Northern Sydney Academic Health Sciences Centre, embedding research findings into clinical practice.
- Lead clinical service planning in their domains of interest.

Clinical Networks meet regularly with the executive teams of each of the hospitals and with representatives of the NSLHD executive and support functions to progress the recommendations of the Clinical Services Plan and support the development and improvement of services.

Recommendations, by individual clinical network and associated clinical service follow:

Maternal, Neonatal and Women's Health

MN1 Promote and support a preventative and primary health care approach to women's health across the lifespan. This involves improved collaboration with primary care providers, and supporting women to access appropriate clinical advice, consultation and referral for lifestyle risk factors and diseases.

MN2 Identify and respond to the impact of the new changes in health screening techniques and address the requirements to implement these changes, including demand and consultative follow up services.

MN3 Develop consistent models of care for maternal, newborn and women's health services across NSLHD. These will include:

- Delivering services as close to home as possible (outreach maternity services, education and support of staff) within the tiered maternity and neonatal network of Northern Sydney and Central Coast LHDs.
- Increasing rates of breast feeding, especially for Aboriginal and Torres Strait Islander and Culturally and Linguistically Diverse (CALD) women.
- Increasing capacity in gynaecology non-admitted care services (including Women's Health physiotherapists, who could be first contact practitioners for women presenting with urinary incontinence and pelvic organ prolapse).
- Improving communication and shared care with primary service partners (GPs, community services and non-government organisations) for maternal, neonatal and women's health services.

MN4 Develop clearly defined pathways and processes for consultation, escalation of care and/or transfer within the tiered maternal and neonatal network.

Child, Youth and Family Health

CF1 Develop a comprehensive NSLHD youth health service response to address the specific and unique health needs of the vulnerable population of young people aged 12 to 24 years, including community-based multidisciplinary youth health service, adolescent/young adult admitted patient service, non-admitted and transition care services for young people with chronic illness conditions.

CF2 Develop and implement strategies for the prevention, early intervention and management of childhood and adolescent obesity across NSLHD including consideration of obesity management clinics; support for breastfeeding; access to general paediatric, respiratory and sleep medicine, endocrinology, psychology and allied health services as well as gastroenterology and orthopaedic services.

CF3 Meet the performance targets for the implementation of the Routine Growth Assessments of Children across NSLHD.

CF4 Develop, implement and evaluate strategies and models of care to better respond to the increasing demand for mental health services for children and young people presenting to the ED, admitted to the paediatric ward or accessing child and family health services.

CF5 Evaluate performance against the Out of Home Care (OOHC) Health Pathway and NSLHD performance agreement, and identify and implement strategies and consider alternative models of care, including multidisciplinary team assessments that will strengthen and consolidate business processes, clinical referral pathways, and partnerships with other service providers in providing a health care pathway for children and young people entering OOHC.

CF6 Develop and expand Hospital in the Home and integrated paediatric non-admitted care services, including acute review clinics, to support "care for children as close to home as possible" and manage the increasing demand for acute paediatric services.

CF7 Improve ease of access for consumers and streamline pathways to primary, secondary and tertiary child and family health services, including consideration of a single point of entry.

CF8 Improve collaboration with other service providers to reduce the number of children starting school with identified vulnerabilities.

CF9 Improve developmental services including developmental surveillance and partnerships with NDIS providers.

CF10 Develop and implement plans to address the outcomes of the *NSW Paediatric Services Capability Framework* in NSLHD, in particular develop a business plan for services required for infants, children and young people at Ryde Hospital.

CF11 Develop and implement strategies to improve identification of domestic violence and referral to services that supports the Premier's Priority.

CF12 Develop strategies to address the impact of social media and technology on child and adolescent development, health and wellbeing including physical, emotional and mental health.

CF13 Review current models of care for child and family health services and develop innovative models of service delivery to meet the changing needs of families in NSLHD, in particular for families and children with developmental vulnerabilities, including communication strategies to improve awareness of and advocacy for child and family health services to internal and external stakeholders, and models incorporating a multidisciplinary response.

CF14 Explore opportunities to integrate telehealth into the care of children and families in their home or in the community.

CF15 Implement the requirements of the NSW Health "*The First 2000 Days Framework*".

Acute and Critical Care Medicine

Emergency Medicine

AC1 Improve efficiency, outcomes and patient experience in the ED with:

- Consistent early senior review and decision making.
- Use of appropriate workforce skill mix including: scribes, surgical dressers, communication clerks, physiotherapist, social workers, IV technicians and nurse practitioners for appropriate patient cohorts.
- Better access to Magnetic Resonance Imaging (MRI), particularly at weekends and after hours at Hornsby and Ryde Hospitals.
- Appropriate accommodation and consistent pathways for the care of behaviourally disturbed patients.

AC2 Expand options for the disposition from ED of non-admitted and admitted patients:

- Improve pathways for admission avoidance such as hospital in the home, and non-admitted services such as acute review, follow up, rapid access and other specialist care.
- Work with the whole of hospital to shorten patient waiting times in ED following decision to admit. (This includes better understanding of patient flow and matching capacity to demand patterns across short stay units, wards and hospital substitution services.)

AC3 Review the ambulance matrix in collaboration with the NSW Ambulance Service to identify opportunities to reduce the burden of non-tertiary cases at RNS Hospital and redistribute to other hospitals of the LHD.

Intensive Care

AC4 Finalise and operationalise the provision of level 4 ICU services at Ryde Hospital.

AC5 Develop standard operating procedures for the dynamic management of intensive care nurse staffing levels.

AC6 Develop standard operating procedures for the management of inter-hospital intensive care patient referrals.

General and Acute Medicine

AC7 Establish a General Medicine Academic Unit at Ryde Hospital to support the development of General Medicine and Medical Assessment Unit (MAU) services across NSLHD hospitals.

Gastroenterology

AC8 Review the arrangements for the provision of admitted patient endoscopy services in Hornsby and Ryde Hospitals and ensure appropriate and timely cover is provided.

AC9 Develop the gastroenterology non-admitted services offered at RNS Hospital and explore opportunities for the roll-out of satellite or dedicated clinics at Hornsby and Ryde Hospitals.

AC10 Develop an expedited colonoscopy service for patients with positive Faecal Occult Blood Test (FOBT+) at suitable hospitals across NSLHD.

Hepatology

AC11 Develop a hepatology service delivery plan for patients with viral and non-viral liver disease.

Infectious Diseases

AC12 Review current Infectious Diseases Services and develop a district-wide integrated service delivery model.

Immunology and Allergy

AC13 Review the demand for, and provision of, non-admitted immunology and allergy services and develop a service delivery plan to meet the demand for adult and paediatric consultation and procedural services in NSLHD hospitals.

AC14 Continue and expand penicillin de-labelling to all patients who will benefit across NSLHD hospitals and services.

Dermatology

AC15 Review provision of non-admitted dermatology services and develop a service delivery plan to meet the demand for adult and paediatric consultation and procedural services in NSLHD hospitals.

AC16 Plan towards a best practice non-admitted clinic model that would include services in one geographical location with consistent staffing.

Chronic and Complex Medicine

Endocrinology and Diabetes

CC1 Effectively manage and realise the benefits of the increased uptake of insulin pumps and continuous blood glucose monitoring, as well as the use of mobile apps and new devices.

CC2 Evaluate and review the mental health diabetes clinic developed at Hornsby Hospital to determine the scalability of this service to other facilities and to enable increased access for people with metabolic issues related to the treatment of mental health disorders.

CC3 Develop better access to multidisciplinary transition services for young adults with diabetes to optimise diabetes management into adulthood.

CC4 Work in collaboration with primary care partners to:

- Increase capacity for general practice to manage people with type 2 diabetes (including developing and evaluating a strategy for primary care case conferencing with specialist services).
- Evaluate the training program for primary care nurses provided by diabetes educators and establish a sustainable strategy for ongoing support.

CC5 Maintain current telehealth and face-to-face support to remote NSW endocrinology and diabetes services and:

- Expand the utilisation of telehealth for clinical management, education and corporate use, to increase patient choice in service access and convenience.
- Explore applicability of remote monitoring for service providers to optimise patient outcomes and experiences, clinician experiences and system efficiencies.

Renal Medicine

CC6 Improve networking and governance of dialysis services across NSLHD with common clinical pathways, practices and protocols to make best use of resources and to support the flow of patients to the closest, most convenient and appropriate service. This includes vascular access, dialysis education, and support for primary care.

CC7 Develop a strategic plan to guide the staged development of additional dialysis capacity to meet anticipated demand over the next 5-10 years, including consideration of access issues for patients in sub-acute rehabilitation and workforce requirements for multidisciplinary teams.

CC8 Develop strategies to increase numbers of patients in home dialysis therapies by addressing factors that may prevent people from opting for or continuing with home treatments.

CC9 Develop a renal transplant plan to support the expected growth of services over the next 5-10 years.

CC10 Continue to monitor and evaluate the provision of conservative and palliative care for end stage renal failure patients, act on evaluation findings and ensure equitable implementation across NSLHD.

CC11 Implement recommendations of the review of outpatient and ambulatory care services for patients with renal disease. This includes involvement in development of a CKD Health Pathway, support for the recruitment and education of nursing staff and allied health to focus on this group of patients, better access to distributed multidisciplinary services across NSLHD, and support for community and primary care clinicians.

Chronic Pain Management

CC12 Identify gaps in pain management referral pathways across the LHD, particularly with respect to patients identified through ED and acute pain management services, and develop consistent LHD-wide strategies to improve timely access for patients.

CC13 Improve education and clinical links between pain management services and services treating challenging patients, such as mental health and drug and alcohol, and develop appropriate care options.

Surgery and Anaesthesia

SA1 Implement contemporary models of care including, for example, criteria-led discharge, enhanced recovery after surgery, and perioperative medicine.

SA2 Achieve and sustain zero overdue planned surgery patients in all three clinical priority categories.

SA3 Achieve and sustain unplanned surgery performance targets across all six clinical urgency categories.

SA4 Improve access to regular, accurate and consistent surgical activity data to support clinical decision making, improve service delivery, and manage unwarranted clinical variation.

SA5 Optimise the performance of each surgical specialty in the provision of appropriate, consistent, timely and equitable surgical care.

SA6 Support the NSLHD review of the distribution of admitted patient activity to make best use of available capacity and capabilities across an integrated hospital network, and to develop sustainable and efficient services to meet future need.

Cardiothoracic and Vascular Health

Cardiology and Cardiothoracic Surgery

CV1 Implement the new NSLHD model of care for the management of patients with heart failure and evaluate patient, clinical and organisational outcomes.

CV2 Review cardiac rehabilitation services and develop a standardised approach to enable equity of access, service and staffing profiles at each site.

CV3 Review the demand for cardiology and electrophysiology and other diagnostic services and develop a five-year expansion and service delivery plan.

CV4 Review the demand for and organisation of the interventional cardiology and cardiothoracic structural heart disease programs and develop a five-year expansion and service delivery plan.

CV5 Review advanced cardiology training and research programs across NSLHD public and private hospitals.

Respiratory Medicine

CV6 Reduce clinical variation in chronic obstructive pulmonary disease, informed by the Leading Better Value Care initiative framework.

CV7 Review the demand for respiratory services, including diagnostic, non-admitted, admitted, consultative and support services, and develop a five-year expansion and service delivery plan for NSLHD.

Vascular Surgery

CV8 Establish a vascular surgery network encompassing all specialist medical, nursing and allied health staff.

CV9 Establish reliable data collection and information sharing through a clinical and operational dashboard related to vascular surgery outcomes.

CV10 Develop a consistent approach to vascular service provision and workforce (including the High Risk Foot Service) across the district, with consideration of a hub and spoke model.

Musculoskeletal Health, Plastics/Burns, Spinal and Trauma

MS1 Develop service delivery and sustainable workforce models, for all services in the Network, that take into consideration the patient journey through the continuum of care (acute, rehab, community), and distribution of workload across NSLHD facilities.

MS2 Develop an integrated Spinal Service for all spinal conditions (spinal cord injury, cancer spine, non-traumatic spinal cord injury, spinal plastics, urology, orthotics, and deformity correction).

MS3 Agree on clear NSLHD data governance, collection and reporting systems, which are consistent with supra-LHD initiatives and supports individual services in quality review.

MS4 Support the roll-out of Leading Better Value Care Tranche 2 initiatives relating to Musculoskeletal Health, Plastics/Burns, Spinal and Trauma Network services.

MS5 In partnership with the Child Youth and Family Clinical Network, develop and implement strategies to address the transitional care needs of young people with chronic musculoskeletal, spinal or injury related disorders (spina bifida, spinal cord injury, juvenile arthritis, and scoliosis).

Neurosciences

NS1 Standardise stroke models of care (spanning prevention, hyper-acute care and rehabilitation) across NSLHD, with specific roles for each NSLHD hospital.

NS2 Expand the interventional neuroradiology service at RNS Hospital to a 24/7 service.

NS3 Develop guidance on the selection of appropriate imaging and diagnostic tests in the ED for patients presenting with neurological/neurosurgical symptoms.

NS4 Develop non-admitted services for investigation, management and follow up of patients presenting with headache, dizziness, epilepsy, and other general neurological conditions at non-tertiary hospitals (Hornsby and Ryde hospitals).

NS5 Develop a model of care for Parkinson's disease and other movement disorders including demand for, access to, and provision of diagnostic and highly specialised treatment services.

NS6 Develop a framework for the provision of neurogenetic services including genomic diagnostics and new therapeutic approaches to Parkinson's disease, mitochondrial disease, hereditary spastic paraplegia and other familial movement disorders.

NS7 Streamline the neurosurgical patient journey from referral to post discharge follow-up.

NS8 Develop a strategy to collect, access and use clinical data to support service delivery, monitoring and improvement in clinical care.

Cancer and Palliative Care

Cancer Care

CP1 Develop a NSLHD Cancer Plan which sets direction for cancer services into the future.

CP2 Review the provision of psycho-oncology services across NSLHD against documented best practice and with consumer input, and identify strategies to maximise access within resources.

CP3 Develop an operational plan for non-admitted cancer services across NSLHD, to include a hospital-based plan for referrals, multidisciplinary team meetings, service provision, models of care and hospital governance.

CP4 Develop and implement strategies to enhance clinical trials for NSLHD which draw on volume of clinical trials, activity, staffing and resource requirements (day therapy, ethics, pharmacy), to optimise patient benefit and participation and coordinate with private providers.

CP5 Progress the implementation of the MOSAIQ medical oncology information system and embed it as business as usual within cancer and haematology services and promote continuous improvements for users.

CP6 Standardise best practice care by addressing unwarranted clinical variation identified in the *Cancer Institute NSW Reporting for Better Cancer Outcomes*.

Haematology

CP7 Identify a clinical network location for haematology and integrate governance accordingly.

CP8 Prepare a service delivery plan for malignant haematology across NSLHD to address growth in demand, multidisciplinary team care and service integration, consistent with NSW cancer care guidelines.

Palliative Care

CP9 Develop a palliative care clinical plan for NSLHD based on an agreed model of care across the LHD and networked with public, non-government and private sector partners. This will include an endorsed corporate and clinical governance model, formal contract management with service partners and agreed care processes.

CP10 Prepare a palliative care operational plan that identifies annual goals for funding requirements, staffing, education and participation in clinical trials, along with other components to implement strategic directions in the clinical plan.

CP11 Expand the Compassionate Hospitals Program to support patients who die in hospital and their families and carers, in partnership with RNS Hospital Intensive Care services, NSLHD Clinical Governance and the End of Life committees.

CP12 Establish network guidance on the establishment and operation of the Mona Vale palliative care unit consistent with an LHD model of care and referral pathways, in partnership with Mona Vale Hospital.

Rehabilitation and Aged Care

Rehabilitation

RA1 Standardise best practice admitted, non-admitted and home-based rehabilitation models of care across all NSLHD services, including referral guidelines, pathways and transfer processes, consistent with NSW service principles and models of care.

RA2 Implement strategies that support access to rehabilitation for patients who require dialysis.

Aged Care

RA3 Continue partnerships to improve the health journey for older people with complex health needs (including frailty, cognitive impairment and dementia) and their carers, consistent with NSW policy including the *Dementia Service Framework*.

RA4 Refine and monitor a standardised, efficient and effective model of care for specialist geriatric outreach (hospital avoidance) services for older people living in the community (including residential care) across NSLHD in order to respond to growth in demand. This will include establishing a new working relationship with the Northern Beaches Hospital and managing emerging issues.

RA5 Implement best practice principles and models of care to improve the experiences and outcomes of patients with dementia and confused hospitalised older persons across NSLHD.

RA6 Plan for and commission a geriatric evaluation and management (GEM) unit at Mona Vale Hospital consistent with NSW models of care, monitor its contribution to broader aged care services and determine appropriateness of the model for implementation elsewhere in NSLHD.

NSLHD OPERATES AS PART OF A BROADER HEALTH AND SOCIAL CARE LANDSCAPE THAT REQUIRES APPROPRIATE LINKAGES, EFFECTIVE PARTNERSHIPS AND ROLE CLARITY TO ENSURE THAT CARE IS EQUITABLE, ACCESSIBLE AND INTEGRATED.

2 GEOGRAPHIC, POPULATION AND DEMOGRAPHIC PROFILE

2.1 Geography

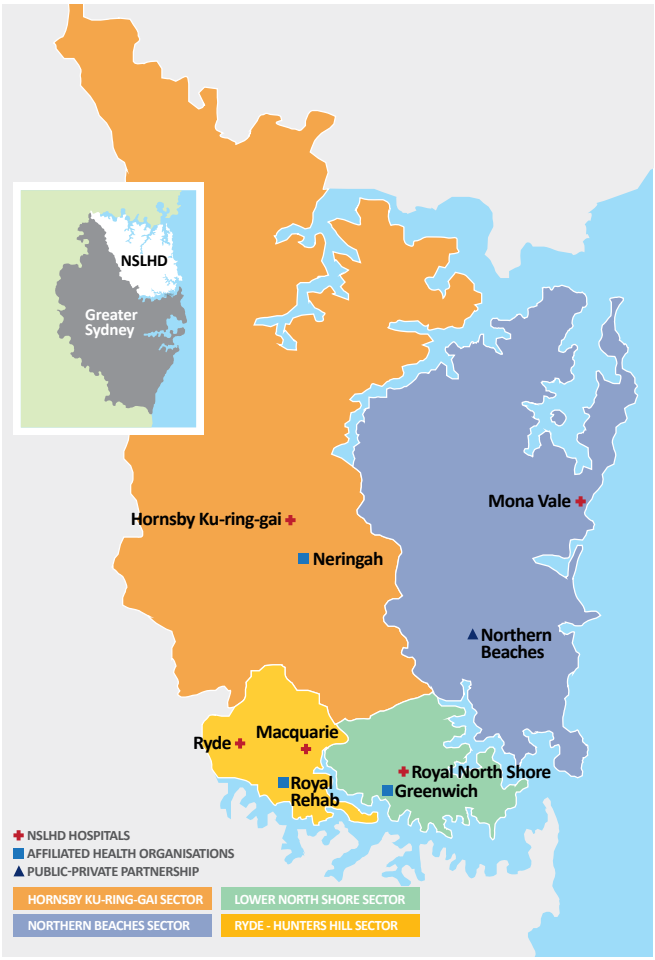
Northern Sydney Local Health District (NSLHD) is one of 15 geographic local health districts in NSW. It covers an area of approximately 900 square kilometres, originally inhabited by the Gaimariagal, Guringai and Dharug peoples of the Eora Nation and ranges south from the Hawkesbury River to the northern shore of Sydney Harbour and Parramatta River as far as Ermington Point and west from the eastern seaboard to the Old Northern Road to Wisemans Ferry.

NSLHD encompasses nine Local Government Areas (LGA): Hornsby, Ku-ring-gai, Northern Beaches, Lane Cove, North Sydney, Mosman, Willoughby, Ryde, and Hunters Hill. As a result of council boundary changes in 2016 a portion of what was Hornsby LGA is now part of the new Parramatta LGA but remains in the NSLHD catchment for health services. While overall population density is 1,025 persons per square kilometre this ranges from around 330 in Hornsby LGA to over 7,000 in North Sydney LGA.

The LHD can be viewed in terms of four distinct sectors which relate to nominal hospital catchments for each of the four NSLHD acute hospitals and their associated community health services (figure 3). These are:

- Hornsby Ku-ring-gai sector - Hornsby Hospital; Hornsby and Ku-ring-gai LGAs
- Northern Beaches sector - Northern Beaches Hospital; Northern Beaches LGA
- Lower North Shore sector - RNS Hospital; Lane Cove, Mosman, North Sydney and Willoughby LGAs
- Ryde Hunters Hill sector - Ryde Hospital; Ryde and
- Hunters Hill LGAs

Figure 3: NSLHD Map: Health Sectors and Public Hospitals



900 SQUARE KILOMETRES; 9 LOCAL GOVERNMENT AREAS

2.2 Population Profile

The majority of the demographic data to follow is based on the most recent Census conducted by the Australian Bureau of Statistics in 2016. NSW Department of Planning and Environment (DPE) provides forecasts of estimated resident population by age and LGA based on census data and local planning information. The most recent DPE population forecast was in 2016, prior to the census.

The NSW Department of Planning and Environment, in response to the State government's objective to grow and transform Sydney, and, in collaboration with the Greater Sydney Commission, Sydney Metro and Transport for NSW, has identified a number of priority growth precincts across greater metropolitan Sydney. Within these precincts, land will be rezoned from existing low density residential or industrial to high density residential land. Four priority growth precincts have been identified within the boundaries of NSLHD, including:

- Crows Nest – St Leonards (Willoughby and North Sydney LGAs)
- Macquarie Park corridor (Ryde LGA)
- Frenchs Forest (Northern Beaches LGA)
- Ingleside (Northern Beaches LGA)

A number of major transport infrastructure projects are due for completion or substantial development by 2026. These include the Northern Beaches B-Line bus, the Sydney Metro Northwest, the NorthConnex motorway, the Beaches Link motorway and the Western Harbour Tunnel. All of these projects provide the potential to reduce travel times on parts of the transport network and hence adjust patient flows and staff access to health care facilities.

Revised population forecasts are expected to be released by DPE towards the end of 2019 and these will be reviewed to identify any potential implications for NSLHD health services.

Current and Projected Population

Current and projected population and age distribution for NSLHD are shown in Table 1. In 2019 there were an estimated 943,908 residents in NSLHD, representing 11.7 per cent of the NSW population

- 206,641 (21.9 per cent) were children under 18 years
- 343,527 (36.4 per cent) were younger working aged (18-44 years)
- 238,758 (25.3 per cent) were older working aged (45-64 years)
- 109,256 (11.6 per cent) were retirement aged (65-79 years), and
- 45,726 (4.8 per cent) were elderly (80 years and older)

Compared with NSW NSLHD has a slightly lower proportion of children (21.9 per cent compared with 22.5 per cent) and a slightly higher proportion of elderly residents (4.8 per cent compared with 4.5 per cent). Across all of NSLHD sectors Hornsby Ku-ring-gai has both the highest proportion of children (23.7 per cent) and elderly residents (5.3 per cent).

By 2026 the population of NSLHD is expected to reach 1,015,340 residents, representing an increase of 71,432 (7.6 per cent) residents at an annual growth rate of 1.0 per cent. By comparison the NSW annual growth rate is expected to be higher at 1.3 per cent per annum.

Between 2019 and 2026, Ryde Hunters Hill is expected to be the fastest growing sector. Growth (13.8 per cent) will be nearly twice the rate for the rest of NSLHD (7.6 per cent) and faster than the NSW average (9.5 per cent). Ryde Hunters Hill population growth is expected to be greater for all age groups but is strongest in children (0-17 years) where growth will be twice as rapid as any other NSLHD sector. Growth in those under 65 years (5.6 per cent) is expected to be at below average for NSLHD while residents aged over 65 years are growing at a faster rate (17.6 per cent).

Expected growth to 2026 by age group for NSLHD is as follows:

- Children – an additional 14,161 (6.9 per cent increase)
- Younger working aged – an additional 14,101 (4.1 per cent increase)
- Older working aged – an additional 15,872 (6.6 per cent increase)

943,908 residents (11.7% of the NSW population) in 2019; OVER 1 MILLION residents by 2026 (a growth of 7.6%).

- Retirement aged – an additional 16,624 (15.2 per cent increase)
- Elderly – an additional 10,674 (23.3 per cent increase)
- All ages – an additional 71,432 (7.6 per cent increase)

In the ten years between 2026 and 2036, the population of NSLHD is projected to grow by an additional 10.5 per cent, or 106,470 persons, reaching a total of 1,121,810. NSW will have grown by 12.2 per cent over the same time period. Over this time the population aged 80 years and older is projected to increase by 43.5 per cent, or more than four times the rate of the total population.

Table 1: NSLHD Estimated population in 2019 and 2026 Forecast by Sector and Age Group

Population 2019 - Persons					
Age Group	NSLHD	HK	NB	LNS	RHH
0-17 years	206,641	73,466	61,864	42,360	28,952
18-44 years	343,527	100,388	91,216	92,982	58,940
45-64 years	238,758	83,298	69,038	53,298	33,124
65-79 years	109,256	37,058	32,148	24,670	15,380
80+ years	45,726	16,382	13,262	8,818	7,264
TOTAL	**943,908**	**310,592**	**267,528**	**222,128**	**143,660**

Population 2019 - Age Distribution						
Age Group	NSLHD	HK	NB	LNS	RHH	NSW
0-17 years	21.9%	23.7%	23.1%	19.1%	20.2%	22.5%
18-44 years	36.4%	32.3%	34.1%	41.9%	41.0%	36.3%
45-64 years	25.3%	26.8%	25.8%	24.0%	23.1%	24.4%
65-79 years	11.6%	11.9%	12.0%	11.1%	10.7%	12.4%
80+ years	4.8%	5.3%	5.0%	4.0%	5.1%	4.5%
TOTAL	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

Population 2026 - Persons					
Age Group	NSLHD	HK	NB	LNS	RHH
0-17 years	220,802	79,272	62,954	44,952	33,624
18-44 years	357,628	105,168	91,616	95,738	65,106
45-64 years	254,630	88,600	71,620	57,220	37,190
65-79 years	125,880	43,260	35,600	28,110	18,910
80+ years	56,400	20,240	16,220	11,220	8,720
TOTAL	**1,015,340**	**336,540**	**278,010**	**237,240**	**163,550**

Population 2026 - Age Distribution						
Age Group	NSLHD	HK	NB	LNS	RHH	NSW
0-17 years	21.7%	23.6%	22.6%	18.9%	20.6%	22.4%
18-44 years	35.2%	31.2%	33.0%	40.4%	39.8%	35.2%
45-64 years	25.1%	26.3%	25.8%	24.1%	22.7%	23.5%
65-79 years	12.4%	12.9%	12.8%	11.8%	11.6%	13.6%
80+ years	5.6%	6.0%	5.8%	4.7%	5.3%	5.2%
TOTAL	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

Change in Population - 2019-2026 (Persons)					
Age Group	NSLHD	HK	NB	LNS	RHH
0-17 years	14,161	5,806	1,090	2,592	4,672
18-44 years	14,101	4,780	400	2,756	6,166
45-64 years	15,872	5,302	2,582	3,922	4,066
65-79 years	16,624	6,202	3,452	3,440	3,530
80+ years	10,674	3,858	2,958	2,402	1,456
TOTAL	**71,432**	**25,948**	**10,482**	**15,112**	**19,890**

Change in Population - 2019-2026 (Per cent)						
Age Group	NSLHD	HK	NB	LNS	RHH	NSW
0-17 years	6.9%	7.9%	1.8%	6.1%	16.1%	9.3%
18-44 years	4.1%	4.8%	0.4%	3.0%	10.5%	6.3%
45-64 years	6.6%	6.4%	3.7%	7.4%	12.3%	5.5%
65-79 years	15.2%	16.7%	10.7%	13.9%	23.0%	20.5%
80+ years	23.3%	23.6%	22.3%	27.2%	20.0%	27.8%
TOTAL	**7.6%**	**8.4%**	**3.9%**	**6.8%**	**13.8%**	**9.5%**

Source: NSW Department of Planning and Environment, State and Local Government Population Projections, 2016 release

2.3 Demographic Profile

The following characteristics are noted from the 2016 census:

Socioeconomic status

The Socioeconomic Index for Areas (SEIFA) measures the level of socioeconomic advantage level of an area relative to the nation as a whole, with the national average being 1,000. In the 2016 census all Northern Sydney LGAs had a SEIFA Index of Relative Socioeconomic Disadvantage score higher than 1,000, ranging from 1,058 for Ryde to 1,121 for Ku-ring-gai.

Indigenous Population

Aboriginal and Torres Strait Islander age profile and distribution are shown in Table 2

Table 2: NSLHD Aboriginal and Torres Strait Islander Population

Population 2016 - Persons					
Age Group	**NSLHD**	**HK**	**NB**	**LNS**	**RHH**
0-17 years	1,067	318	459	127	163
18-44 years	1,389	364	528	264	233
45-64 years	661	179	290	93	99
65-79 years	171	28	90	24	29
80+ years	43	16	18	-	9
TOTAL	**3,331**	**905**	**1,385**	**508**	**533**

Population 2016 - Age Distribution					
Age Group	**NSLHD**	**HK**	**NB**	**LNS**	**RHH**
0-17 years	32.0%	35.1%	33.2%	25.0%	30.6%
18-44 years	41.7%	40.3%	38.1%	52.0%	43.7%
45-64 years	19.8%	19.8%	20.9%	18.3%	18.6%
65-79 years	5.1%	3.1%	6.5%	4.7%	5.4%
80+ years	1.3%	1.8%	1.3%	-	1.7%
TOTAL	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**
%ATSI	**0.4%**	**0.3%**	**0.5%**	**0.2%**	**0.4%**

Source: Australian Bureau of Statistics, 2016 Census

- The Aboriginal and Torres Strait Islander population accounted for 0.4 per cent (3,331) of the population in 2016, compared with 2.8 per cent for the rest of NSW.
- The indigenous population grew by 962 people or 39.1 per cent between the 2011 and 2016 census. This may reflect an increase in the population or may relate partly to increased self-identification in the census. The Northern Beaches had the greatest number of Aboriginal and Torres Strait Islander people. Aboriginal and Torres Strait Islander patients from rural and remote areas also access services in NSLHD, mainly for specialist treatment at RNS Hospital.
- The age profile of Aboriginal and Torres Strait Islander residents, when compared with the overall NSLHD population is younger (32.0 per cent are 0-17 years of age compared with 21.9 per cent) with a significantly smaller proportion aged over 65 years (6.4 per cent compared with 16.4 per cent).

Ethnicity

Ethnicity indicators include country of birth, language spoken at home and English proficiency. Table 3 identifies the NSLHD population born within and outside Australia while Table 4 shows the major countries of birth.

- 327,643 people (37.0 per cent of the population) were born overseas, compared with 34.4 per cent in 2011.
  - Just over a quarter of the population (227,445, 25.8 per cent) were born in non-English speaking countries, compared with 22.2 per cent in 2011.
  - Within Ryde-Hunters Hill 39.3 per cent of residents were born in non-English speaking countries.
  - The most common non-English speaking countries of birth were China, India, Korea and Hong Kong.
- 28.0 per cent of NSLHD residents speak a language other than English at home, with this figure rising to 45.0 per cent for Ryde Hunters Hill residents (table 5).
  - The most common non-English languages spoken in Northern Sydney were Mandarin, Cantonese, Korean, Italian and Hindi (table 6). Mandarin speakers nearly doubled between 2011 and 2016 to over 56,000 residents.
  - Residents who speak a language other than English at home increased by 30.4 per cent from 191,249 in 2011 to 249,341 in 2016.

- While 4.3 per cent of the population in 2016 spoke English not well or not at all, this figure was 8.0 per cent in Ryde Hunters Hill. The proportion of poor English speakers rose from the previous census in all planning sectors.
- The NSW Department of Social Services reported 763 Northern Sydney residents who were arrivals under the Refugee and Humanitarian program between 2013 and 2017. The most numerous by language were Tibetan speakers, with 409 out of 411 in Northern Sydney settled in the Northern Beaches area.

Table 3 : NSLHD Residents by Place of Birth

Place of Birth	NSLHD	HK	NB	LNS	RHH	NSW
Born in Australia	58.0%	57.4%	65.8%	54.0%	50.6%	64.8%
Born Overseas	37.0%	39.0%	28.8%	39.6%	44.7%	28.4%
English Speaking Country	11.2%	10.2%	14.6%	12.2%	5.4%	6.4%
Non English Speaking Country	25.8%	28.7%	14.2%	27.5%	39.3%	22.0%
Not stated	4.9%	3.6%	5.3%	6.3%	4.7%	6.8%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

Source: Australian Bureau of Statistics, 2016 Census

Table 4: NSLHD Top 10 Countries of Birth - Non English Speaking

Country	NSLHD	HK	NB	LNS	RHH
China (excludes SARs and Taiwan)	51,018	20,579	3,565	11,871	15,003
India	18,981	8,602	1,828	4,310	4,241
Korea, Republic of (South)	15,081	6,637	776	3,043	4,625
Hong Kong (SAR of China)	14,493	6,436	944	4,151	2,962
Philippines	8,478	2,597	1,626	2,132	2,123
Malaysia	8,011	3,591	609	2,245	1,566
Iran	6,608	2,901	737	1,396	1,574
Italy	6,426	1,157	2,268	1,183	1,818
Japan	5,847	1,375	854	3,002	616
Germany	4,717	1,244	1,968	1,068	437

Source: Australian Bureau of Statistics, 2016 Census

Table 5: NSLHD Residents, Language Spoken at Home

Language	NSLHD	HK	NB	LNS	RHH	NSW
English	67.3%	66.8%	79.8%	65.6%	50.6%	67.4%
Other	28.0%	29.6%	15.1%	28.5%	45.0%	26.4%
Not Stated	4.7%	3.6%	5.1%	6.0%	4.4%	6.3%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

Source: Australian Bureau of Statistics, 2016 Census

Table 6: NSLHD Residents Top 10 Languages Spoken at Home - not English

Language	NSLHD	HK	NB	LNS	RHH
Mandarin	56,327	24,295	3,304	13,555	15,173
Cantonese	33,013	14,160	1,804	8,560	8,489
Korean	17,663	8,020	834	3,292	5,517
Italian	9,781	1,722	3,396	1,791	2,872
Spanish	7,978	2,215	2,220	2,247	1,296
Hindi	7,668	3,689	486	1,748	1,745
Japanese	7,370	1,776	1,135	3,610	849
Persian (excl. Dari)	6,342	3,187	624	1,316	1,215
French	5,335	913	2,275	1,684	463
Arabic	5,243	1,879	478	779	2,107

Source: Australian Bureau of Statistics, 2016 Census

Other demographic indicators

- Ryde Hunters Hill has the greatest number and proportion of residents in public housing (1,622 or 3.5 per cent).
- 32,824 people (3.7 per cent) were reported as requiring assistance in one or more of the three core activity areas of self-care, mobility and communication. Ryde Hunters Hill recorded the greatest proportion at 4.8 per cent.
- 3.9 per cent of the NSLHD population reported a profound or severe disability. Ryde Hunters Hill reported the highest proportion in all disability categories.

Health status indicators

- Health outcomes in NSLHD are higher than the NSW average, with Northern Sydney having the nation's highest average life expectancy and lowest premature mortality, and the highest infant and maternal health scores.
- The total fertility rate in NSLHD has gradually declined, with 1.71 live births per woman in 2006 declining to 1.65 in 2011 and 1.64 in 2016. This decline is noted for all LGAs and the rate is lower than for NSW as a whole.
- Mortality rates have also continued to fall, with all LGAs in NSLHD having standardised death rates of between 4.9 deaths per 1,000 population in 2016 (Hunters Hill) and 3.6 (Ku-ring-gai), compared with 5.6 deaths per 1,000 population for NSW as a whole.
- In terms of health risk factors, NSLHD scored better than NSW in most risk factors, such as overweight, smoking, physical activity and fruit and vegetable intake, with obesity being only half as prevalent in NSLHD as in NSW as a whole (although the proportion who were overweight is similar to NSW). NSLHD was close to the State average for risky drinking (over two standard drinks per day when consuming alcohol).
- NSLHD also scored well on immunisation, equalling NSW rates for children aged one year but falling below the State rate for children aged five years. Immunisation rates for Aboriginal and Torres Strait Islander residents were superior to those of the population as a whole.
- For cancer screening NSLHD has been below the national participation rate for breast and bowel screening in 2014/15 and 2015/16, but above the national average participation in the cervical screening program.

2.4 Summary

Since the last Clinical Services Plan was released in 2015, the population of Northern Sydney has continued to grow, driven largely by overseas migration. The total population of NSLHD will pass one million over the life of this plan, with the overall highest growth rate in residents aged over 80 years. This high growth rate for elderly residents will increase further over the following 10 years.

The Ryde Hunters Hill planning sector stands out as the area with highest overall population growth, greatest housing change, a high proportion of older residents, the greatest proportion of residents from non-English speaking backgrounds, a lower socioeconomic profile than the rest of NSLHD, more public housing and greatest support needs in terms of people requiring assistance and people with disability. Ryde Hunters Hill can also look forward to continued population growth at faster than the rate for the rest of NSLHD for most age groups but particularly for 0-17 year olds.

While the health status of NSLHD residents is high, areas for attention include immunisation and cancer screening.

BETWEEN 2019 AND 2026 RYDE HUNTERS HILL SECTOR (13.8%) IS EXPECTED TO GROW AT NEARLY DOUBLE THE RATE OF THE REST OF NSLHD (7.6%) AND FASTER THAN THE REST OF NSW (9.5%).

3 TRENDS IN ACTIVITY AND SERVICE IMPACT

3.1 Emergency Care

- NSLHD Emergency Departments treated 218,267 patients in 2017/18; RNS Hospital treated nearly 41 per cent of all presentations and, with 89,365 presentations, was the busiest ED in NSW.
- Presentations have increased by 13 per cent (25,734 presentations) over the five years since 2013/14. At RNS Hospital presentations increased by almost 25 per cent (17,696 presentations), more than double the growth experienced at any other NSLHD hospital.
- In 2017/18, ambulance (and other emergency transport) arrivals accounted for 24 per cent of presentations (compared with 26 per cent in 2013/14). Patients arriving by their own transport accounted for most of the growth in ED presentations: at Hornsby Hospital ambulance arrivals grew by 1 per cent while own transport grew by 15 per cent; at RNS Hospital ambulance arrivals grew by 10 per cent while own transport grew by 30 per cent; at Ryde Hospital ambulance arrivals actually reduced by 10 per cent while own transport increased by 11 per cent.
- There appears to be a shift away from local hospitals towards RNS Hospital for emergency care. The increase in presentations to RNS Hospital comprised patients from all parts of NSLHD and beyond. There were over 3,300 additional Ryde Hunters Hill resident presentations at RNS Hospital (45 per cent growth) compared to 455 at Ryde Hospital (3 per cent growth); a similar trend is observed for Hornsby Ku-ring-gai residents (28 per cent increase at RNS Hospital, 10 per cent increase at Hornsby) and to a lesser extent for Northern Beaches residents (23 per cent vs 5 per cent).
- When analysed by age group there is no overall pattern in the change in presentations except that the high percentage growth at RNS Hospital is strongest at the young (27 per cent growth) and older (33 per cent growth) ends of the age spectrum while at Ryde Hospital there was a 12 per cent growth in paediatric presentations. Manly and Mona Vale Hospitals also experienced higher proportional growth in older presentations while growth at Hornsby Hospital was distributed across all age groups.
- Admission rates vary by hospital and age group; on average 34 per cent of presentations to ED are admitted to inpatient care. Children are less likely to be admitted than adults or older people with an average admission rate of 13 per cent; admission rates are slightly lower than in previous years possibly related to the development of paediatric short stay units where some patients who might previously have been admitted from ED are now cared for in an ambulatory model. Almost 65 per cent of older people (aged 70 and over) presentations are admitted to hospital reflecting the often chronic or complex health needs and co-morbidities. Changes to admission rates have also been influenced by the availability of ED, Medical Assessment and other short stay units.

Table 7: NSLHD ED Presentations by Hospital, 2013/14 to 2017/18

	2013/14	2014/15	2015/16	2016/17	2017/18	Change n	Change %	Change Annual
Hornsby	36,577	37,867	37,741	39,379	40,760	4,183	11.4%	2.7%
Manly	24,843	24,546	24,142	24,580	25,507	664	2.7%	0.7%
Mona Vale	33,048	33,851	34,420	35,035	34,894	1,846	5.6%	1.4%
RNSH	71,669	75,483	79,447	83,618	89,365	17,696	24.7%	5.7%
Ryde	26,396	27,103	26,985	26,519	27,741	1,345	5.1%	1.3%
NSLHD	**192,533**	**198,850**	**202,735**	**209,131**	**218,267**	**25,734**	**13.4%**	**3.2%**

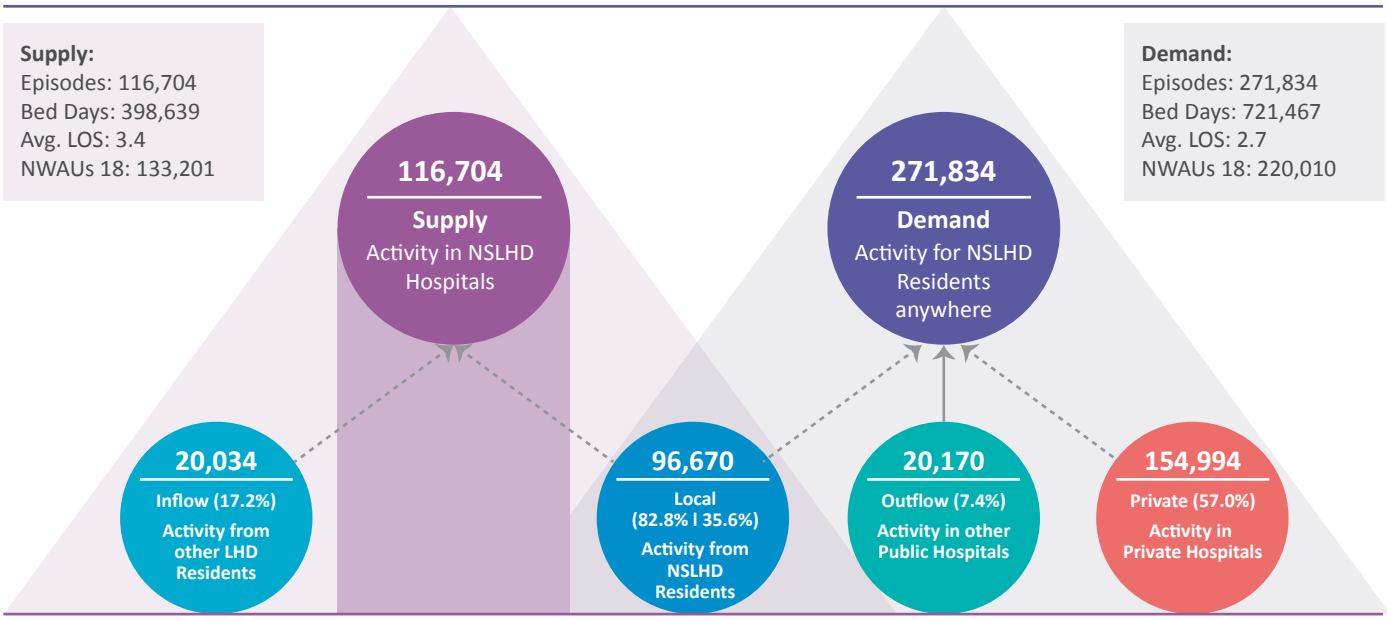
Source: NSLHD Report Central Emergency Department Explorer Report

IN 2017/18 NSLHD HOSPITALS AND SERVICES TREATED 218,267 PATIENTS IN ED: 163,238 ADULTS AND 55,029 CHILDREN.

3.2 Acute Admitted Care

- In 2017/18 there were 271,834 acute hospital episodes for Northern Sydney residents (Figure 4), of which 154,994 (57.0 per cent) were in private hospitals, 96,670 (35.6 per cent) were in Northern Sydney LHD hospitals and 20,170 (7.4 per cent) were in public hospitals outside Northern Sydney. Northern Sydney hospitals also cared for 20,034 patient episodes from outside Northern Sydney, comprising 17.2 per cent of the total 116,704 episodes occurring in Northern Sydney public hospitals.
- When same day episodes are excluded, the private hospital share of demand decreases from 57.0 per cent of all demand to 38.9 per cent of overnight episodes, and the total supply figure reduces to 80,314 overnight episodes in NSLHD hospitals.
- It is noted that standardised hospitalisation for rates for nearly all chronic medical conditions is lower for NSLHD residents than for any other LHD in NSW, usually by a significant amount; this reflects the relative affluence of NSLHD residents and underlying better overall health status compared to other LHDs.
- For a number of elective interventions (or example, myringotomy in 0-9 year olds and colonoscopy) hospitalisation rates are higher but largely driven by private hospital utilisation, where up to 90 per cent of hospitalisations for these procedures occur for NSLHD residents. Across most elective interventions the rate of private hospital utilisation is very high and the rate of public hospital utilisation is low, but for most interventions the overall rate appears to be below the state or national average.

Figure 4: Acute Episodes for NSLHD Hospitals and residents, 2017/18



Source: Ministry of Health (MoH), Clinical Services Planning Analytics Portal (CaSPA) FlowInfo V18.
Excludes renal dialysis and unqualified neonates, patients admitted and discharged from ED, and admissions for chemotherapy.
The following tables show acute episodes and bed days for Northern Sydney public acute hospitals only, for 2013/14 and 2017/18 (totals vary slightly from Figure 4 due to exclusion of a small number of acute admissions in the acute post-acute care service and in other facilities). Activity is shown for maternity and neonates, paediatrics and for adult acute (medical and surgical/procedural). Change in admissions is calculated as an average annual change over five years. Table 8 shows NSLHD totals while Source: Ministry of Health (MoH), Clinical Services Planning Analytics Portal (CaSPA) FlowInfo V18.

The following analysis focuses on episodes provided in public hospitals and specifically NSLHD hospitals. While Local Health Districts can see the quantum of episodes provided by the private sector, access to more detailed information at individual private hospital level is not available.

Table 8 shows acute episodes and bed days for Northern Sydney public acute hospitals only, for 2013/14 and 2017/18 (totals vary slightly from Figure 4 due to exclusion of a small number of acute admissions in the acute post-acute care service and in other facilities). Activity is shown for maternity and neonates, paediatrics and for adult acute (medical and surgical/procedural). Change in admissions is calculated as an average annual change over five years. Manly and Mona Vale Hospitals have been combined into a single line for the Northern Beaches, and represents activity before the opening of the new Northern Beaches Hospital.

- Total NSLHD acute episodes grew by nearly 16 per cent over the five years to 2017/18, while bed days increased by only 7.8 per cent. RNS and Hornsby Hospitals showed the greatest proportional increase in both episodes and bed days, while Manly/Mona Vale and Ryde Hospitals showed a decrease in total bed days.
- The increase in overnight bed day utilisation across NSLHD was the equivalent to 68 extra overnight acute beds over five years at 85 per cent occupancy. This comprised 79 extra beds at RNS Hospital and 17 extra beds at Hornsby Hospital, balanced by a reduction of 17 beds at Ryde Hospital and 12 fewer overnight beds at Manly/Mona Vale Hospitals.
- RNS Hospital accounted for just over half of all overnight episodes and 60 per cent of overnight bed days in 2017/18. Paediatric activity increased significantly at Hornsby Hospital for same day and short stay patients, and to a lesser extent at RNS Hospital, reflecting the uptake of short stay and ambulatory care models.
- Maternity and neonatal episodes increased by 17 per cent over the five years at Hornsby Hospital, but only by 3 per cent at RNS Hospital while episodes decreased on the Northern Beaches.
- The average overnight length of stay among acute patients in NSLHD public hospitals was 4.4 days.
- Adult medical admissions (which are predominantly unplanned) account for more than half of all acute admissions and 72 per cent of the total growth in admissions between 2013/14 and 2017/18. Adult medical admissions increased by 21 per cent while overnight bed days for this group increased by only 6 per cent. All adult medical admissions grew by 39 per cent over five years at Hornsby Hospital, 19 per cent at Northern Beaches Hospitals, 18 per cent at RNS Hospital, and by 12 per cent at Ryde Hospital. But short stay medical episodes increased at Hornsby Hospital by 135 per cent for same day and by 82 per cent for overnight under 24 hours, reflecting use of ED short stay units.
- Over the five years the growth in adult unplanned medical admissions required the equivalent of 46 extra beds at RNS Hospital (at 85 per cent occupancy) and 14 beds at Hornsby Hospital, while there would have been a decrease of 4 beds at Manly/Mona Vale Hospitals and 11 beds at Ryde Hospital.
- For surgical and procedural patients, there has been a 10 per cent growth in both planned and unplanned episodes. But by hospital, while planned overnight surgery hardly changed, RNS Hospital accounted for a 30-bed increase in surgery and procedures and Hornsby a 4 bed increase, while Manly/Mona Vale Hospitals decreased by 4 beds and Ryde Hospital by 4 beds.

In 2017/18 NSLHD hospitals and services:

Delivered

112,944

acute overnight episodes of care using 379,320 bed days

Table 8: Trends in Acute Overnight Episodes in NSLHD Hospitals 2013/14-2017/18

Table 8a: NSLHD Hospitals

Service Stream	LOS Group	2013/2014		2017/2018		Change		Change %		Change % p.a.	
		Episodes	Bed Days	Episodes	Bed Days	Episodes	Bed Days	Episodes	Bed Days	Episodes	Bed Days
Maternity/Neonates		**8,663**	**31,193**	**8,971**	**33,029**	**308**	**1,836**	**3.6%**	**5.9%**	**0.9%**	**1.4%**
	Same Day	895	895	817	817	(78)	(78)	(8.7%)	(8.7%)	(2.3%)	(2.3%)
	ON <24	638	638	584	584	(54)	(54)	(8.5%)	(8.5%)	(2.2%)	(2.2%)
	ON >24	7,130	29,660	7,570	31,628	440	1,968	6.2%	6.6%	1.5%	1.6%
Paediatric		**7,461**	**11,603**	**8,550**	**14,673**	**1,089**	**3,070**	**14.6%**	**26.5%**	**3.5%**	**6.0%**
	Same Day	2,060	2,060	2,218	2,218	158	158	7.7%	7.7%	1.9%	1.9%
	ON <24	1,704	1,704	1,856	1,856	152	152	8.9%	8.9%	2.2%	2.2%
	ON >24	3,697	7,839	4,476	10,599	779	2,760	21.1%	35.2%	4.9%	7.8%
Adult Medical		**53,617**	**186,918**	**64,702**	**201,473**	**11,085**	**14,555**	**20.7%**	**7.8%**	**4.8%**	**1.9%**
	Same Day	14,959	14,959	19,920	19,920	4,961	4,961	33.2%	33.2%	7.4%	7.4%
	ON <24	8,028	8,028	10,586	10,586	2,558	2,558	31.9%	31.9%	7.2%	7.2%
	ON >24	30,630	163,931	34,196	170,967	3,566	7,036	11.6%	4.3%	2.8%	1.1%
Adult Surg/Proc		**27,788**	**122,289**	**30,721**	**130,145**	**2,933**	**7,856**	**10.6%**	**6.4%**	**2.5%**	**1.6%**
	Same Day	11,043	11,043	12,269	12,269	1,226	1,226	11.1%	11.1%	2.7%	2.7%
	ON <24	976	976	1,108	1,108	132	132	13.5%	13.5%	3.2%	3.2%
	ON >24	15,769	110,270	17,344	116,768	1,575	6,498	10.0%	5.9%	2.4%	1.4%
NSLHD Total		**97,529**	**352,003**	**112,944**	**379,320**	**15,415**	**27,317**	**15.8%**	**7.8%**	**3.7%**	**1.9%**

Table 8b: Hornsby Hospital

Service Stream	LOS Group	2013/2014		2017/2018		Change		Change %		Change % p.a.	
		Episodes	Bed Days	Episodes	Bed Days	Episodes	Bed Days	Episodes	Bed Days	Episodes	Bed Days
Maternity/Neonates		**1,645**	**4,156**	**1,924**	**5,180**	**279**	**1,024**	**17.0%**	**24.6%**	**4.0%**	**5.7%**
	Same Day	126	126	167	167	41	41	32.5%	32.5%	7.3%	7.3%
	ON <24	139	139	159	159	20	20	14.4%	14.4%	3.4%	3.4%
	ON >24	1,380	3,891	1,598	4,854	218	963	15.8%	24.7%	3.7%	5.7%
Paediatric		**1,928**	**2,818**	**2,048**	**3,427**	**120**	**609**	**6.2%**	**21.6%**	**1.5%**	**5.0%**
	Same Day	469	469	464	464	(5)	(5)	(1.1%)	(1.1%)	(0.3%)	(0.3%)
	ON <24	472	472	419	419	(53)	(53)	(11.2%)	(11.2%)	(2.9%)	(2.9%)
	ON >24	987	1,877	1,165	2,544	178	667	18.0%	35.5%	4.2%	7.9%
Adult Medical		**7,579**	**29,154**	**10,543**	**33,557**	**2,964**	**4,403**	**39.1%**	**15.1%**	**8.6%**	**3.6%**
	Same Day	1,282	1,282	3,014	3,014	1,732	1,732	135.1%	135.1%	23.8%	23.8%
	ON <24	993	993	1,812	1,812	819	819	82.5%	82.5%	16.2%	16.2%
	ON >24	5,304	26,879	5,717	28,731	413	1,852	7.8%	6.9%	1.9%	1.7%
Adult Surg/Proc		**4,758**	**14,809**	**5,642**	**16,183**	**884**	**1,374**	**18.6%**	**9.3%**	**4.4%**	**2.2%**
	Same Day	2,409	2,409	2,883	2,883	474	474	19.7%	19.7%	4.6%	4.6%
	ON <24	138	138	181	181	43	43	31.2%	31.2%	7.0%	7.0%
	ON >24	2,211	12,262	2,578	13,119	367	857	16.6%	7.0%	3.9%	1.7%
NSLHD Total		**15,910**	**50,937**	**20,157**	**58,347**	**4,247**	**7,410**	**26.7%**	**14.5%**	**6.1%**	**3.5%**

Table 8c: Manly/Mona Vale Hospitals

Service Stream	LOS Group	2013/2014		2017/2018		Change		Change %		Change % p.a.	
		Episodes	Bed Days	Episodes	Bed Days	Episodes	Bed Days	Episodes	Bed Days	Episodes	Bed Days
Maternity/Neonates		**2,470**	**6,644**	**2,418**	**6,833**	**(52)**	**189**	**(2.1%)**	**2.8%**	**(0.5%)**	**0.7%**
	Same Day	253	253	253	253	-	-	-	-	-	-
	ON <24	198	198	154	154	(44)	(44)	(22.2%)	(22.2%)	(6.1%)	(6.1%)
	ON >24	2,019	6,193	2,011	6,426	(8)	233	(0.4%)	3.8%	(0.1%)	0.9%
Paediatric		**2,032**	**3,153**	**1,905**	**3,495**	**(127)**	**342**	**(6.3%)**	**10.8%**	**(1.6%)**	**2.6%**
	Same Day	646	646	437	437	(209)	(209)	(32.4%)	(32.4%)	(9.3%)	(9.3%)
	ON <24	468	468	450	450	(18)	(18)	(3.8%)	(3.8%)	(1.0%)	(1.0%)
	ON >24	918	2,039	1,018	2,608	100	569	10.9%	27.9%	2.6%	6.3%
Adult Medical		**13,895**	**41,181**	**16,561**	**40,157**	**2,666**	**(1,024)**	**19.2%**	**(2.5%)**	**4.5%**	**(0.6%)**
	Same Day	4,440	4,440	5,939	5,939	1,499	1,499	33.8%	33.8%	7.5%	7.5%
	ON <24	2,128	2,128	2,844	2,844	716	716	33.6%	33.6%	7.5%	7.5%
	ON >24	7,327	34,613	7,778	31,374	451	(3,239)	6.2%	(9.4%)	1.5%	(2.4%)
Adult Surg/Proc		**6,353**	**19,353**	**6,994**	**17,993**	**641**	**(1,360)**	**10.1%**	**(7.0%)**	**2.4%**	**(1.8%)**
	Same Day	3,243	3,243	3,749	3,749	506	506	15.6%	15.6%	3.7%	3.7%
	ON <24	269	269	305	305	36	36	13.4%	13.4%	3.2%	3.2%
	ON >24	2,841	15,841	2,940	13,939	99	(1,902)	3.5%	(12.0%)	0.9%	(3.1%)
NSLHD Total		**24,750**	**70,331**	**27,878**	**68,478**	**3,128**	**(1,853)**	**12.6%**	**(2.6%)**	**3.0%**	**(0.7%)**

Table 8d: RNS Hospital

Service Stream	LOS Group	2013/2014		2017/2018		Change		Change %		Change % p.a.	
		Episodes	Bed Days	Episodes	Bed Days	Episodes	Bed Days	Episodes	Bed Days	Episodes	Bed Days
Maternity/Neonates		**4,373**	**20,217**	**4,496**	**20,874**	**123**	**657**	**2.8%**	**3.2%**	**0.7%**	**0.8%**
	Same Day	390	390	310	310	(80)	(80)	(20.5%)	(20.5%)	(5.6%)	(5.6%)
	ON <24	254	254	234	234	(20)	(20)	(7.9%)	(7.9%)	(2.0%)	(2.0%)
	ON >24	3,729	19,573	3,952	20,330	223	757	6.0%	3.9%	1.5%	1.0%
Paediatric		**3,482**	**5,613**	**4,583**	**7,737**	**1,101**	**2,124**	**31.6%**	**37.8%**	**7.1%**	**8.4%**
	Same Day	926	926	1,303	1,303	377	377	40.7%	40.7%	8.9%	8.9%
	ON <24	764	764	987	987	223	223	29.2%	29.2%	6.6%	6.6%
	ON >24	1,792	3,923	2,293	5,447	501	1,524	28.0%	38.8%	6.4%	8.6%
Adult Medical		**25,639**	**89,933**	**30,285**	**104,565**	**4,646**	**14,632**	**18.1%**	**16.3%**	**4.3%**	**3.8%**
	Same Day	7,437	7,437	8,702	8,702	1,265	1,265	17.0%	17.0%	4.0%	4.0%
	ON <24	3,902	3,902	4,806	4,806	904	904	23.2%	23.2%	5.3%	5.3%
	ON >24	14,300	78,594	16,777	91,057	2,477	12,463	17.3%	15.9%	4.1%	3.7%
Adult Surg/Proc		**13,303**	**78,881**	**14,803**	**88,092**	**1,500**	**9,211**	**11.3%**	**11.7%**	**2.7%**	**2.8%**
	Same Day	3,548	3,548	3,948	3,948	400	400	11.3%	11.3%	2.7%	2.7%
	ON <24	424	424	490	490	66	66	15.6%	15.6%	3.7%	3.7%
	ON >24	9,331	74,909	10,365	83,654	1,034	8,745	11.1%	11.7%	2.7%	2.8%
NSLHD Total		**46,797**	**194,644**	**54,167**	**221,268**	**7,370**	**26,624**	**15.7%**	**13.7%**	**3.7%**	**3.3%**

Table 8e: Ryde Hospital

Service Stream	LOS Group	2013/2014		2017/2018		Change		Change %		Change % p.a.	
		Episodes	Bed Days	Episodes	Bed Days	Episodes	Bed Days	Episodes	Bed Days	Episodes	Bed Days
Maternity/Neonates		**175**	**176**	**133**	**142**	**(42)**	**(34)**	**(24.0%)**	**(19.3%)**	**(6.6%)**	**(5.2%)**
	Same Day	126	126	87	87	(39)	(39)	(31.0%)	(31.0%)	(8.8%)	(8.8%)
	ON <24	47	47	37	37	(10)	(10)	(21.3%)	(21.3%)	(5.8%)	(5.8%)
	ON >24	2	3	9	18	7	15	350.0%	500.0%	45.6%	56.5%
Paediatric		**19**	**19**	**14**	**14**	**(5)**	**(5)**	**(26.3%)**	**(26.3%)**	**(7.4%)**	**(7.4%)**
	Same Day	19	19	14	14	(5)	(5)	(26.3%)	(26.3%)	(7.4%)	(7.4%)
Adult Medical		**6,504**	**26,650**	**7,313**	**23,194**	**809**	**(3,456)**	**12.4%**	**(13.0%)**	**3.0%**	**(3.4%)**
	Same Day	1,800	1,800	2,265	2,265	465	465	25.8%	25.8%	5.9%	5.9%
	ON <24	1,005	1,005	1,124	1,124	119	119	11.8%	11.8%	2.8%	2.8%
	ON >24	3,699	23,845	3,924	19,805	225	(4,040)	6.1%	(16.9%)	1.5%	(4.5%)
Adult Surg/Proc		**3,374**	**9,246**	**3,282**	**7,877**	**(92)**	**(1,369)**	**(2.7%)**	**(14.8%)**	**(0.7%)**	**(3.9%)**
	Same Day	1,843	1,843	1,689	1,689	(154)	(154)	(8.4%)	(8.4%)	(2.2%)	(2.2%)
	ON <24	145	145	132	132	(13)	(13)	(9.0%)	(9.0%)	(2.3%)	(2.3%)
	ON >24	1,386	7,258	1,461	6,056	75	(1,202)	5.4%	(16.6%)	1.3%	(4.4%)
NSLHD Total		**10,072**	**36,091**	**10,742**	**31,227**	**670**	**(4,864)**	**6.7%**	**(13.5%)**	**1.6%**	**(3.6%)**

Source: Ministry of Health (MoH), Clinical Services Planning Analytics Portal (CaSPA) FlowInfo V18.

3.3 Sub-acute Care

Sub-acute care includes rehabilitation, maintenance and palliative care, along with some admissions for psychogeriatric care and non-acute mental health (the latter have been omitted from this analysis). General rehabilitation units are located at Ryde (Graythwaite), Mona Vale and Hornsby Hospitals, with Royal Rehab contracted for provision of specialist brain and spinal injury rehabilitation. Inpatient sub-acute palliative care is provided by HammondCare through units located at Greenwich and Neringah Hospitals, while patients are also type changed to palliative care and managed within acute hospitals. Maintenance patients (mainly those awaiting residential aged care placement or home modification) may be located in either acute or sub-acute beds.

- In 2017/18 there were 11,819 sub-acute overnight episodes in Northern Sydney public and private hospitals, of which 57.9 per cent were in private hospitals, 38.5 per cent in NSLHD public hospitals and 3.6 per cent in hospitals outside NSLHD. Public overnight rehabilitation is no longer provided by Greenwich Hospital.

In 2017/18 NSLHD hospitals and services:

Delivered

5,271 **sub-acute overnight episodes of care using 93,932 bed days.**

› Table 9 shows 5-year trends in activity in Northern Sydney hospitals, including Greenwich, Neringah and Royal Rehab (which includes some private patients). Although data is shown for rehabilitation in Greenwich Hospital in 2017/18, these were all private admissions.

Table 9: Trends in Sub-Acute episodes in NSLHD Hospitals 2013/14 to 2017/18

Hospital	Episode Type	2013/2014		2017/2018		Change		Change %		Change % p.a.	
		Episodes	Bed Days	Episodes	Bed Days	Episodes	Bed Days	Episodes	Bed Days	Episodes	Bed Days
Hornsby		589	13,183	733	11,519	144	(1,664)	24.4%	(12.6%)	5.6%	(3.3%)
	Rehabilitation	500	12,316	509	9,367	9	(2,949)	1.8%	(23.9%)	0.4%	(6.6%)
	Palliative Care	1	4	86	326	85	322	8500.0%	8050.0%	204.5%	200.5%
	Maintenance	88	863	138	1,826	50	963	56.8%	111.6%	11.9%	20.6%
Manly/MV		882	13,093	693	15,502	(189)	2,409	(21.4%)	18.4%	(5.9%)	4.3%
	Rehabilitation	523	10,858	645	14,996	122	4,138	23.3%	38.1%	5.4%	8.4%
	Palliative Care	5	22	1	3	(4)	(19)	(80.0%)	(86.4%)	(33.1%)	(39.2%)
	Maintenance	354	2,213	47	503	(307)	(1,710)	(86.7%)	(77.3%)	(39.6%)	(31.0%)
RNSH		1,621	11,355	956	8,865	(665)	(2,490)	(41.0%)	(21.9%)	(12.4%)	(6.0%)
	Rehabilitation	735	5,169	413	4,694	(322)	(475)	(43.8%)	(9.2%)	(13.4%)	(2.4%)
	Palliative Care	236	998	204	790	(32)	(208)	(13.6%)	(20.8%)	(3.6%)	(5.7%)
	Maintenance	650	5,188	339	3,381	(311)	(1,807)	(47.8%)	(34.8%)	(15.0%)	(10.2%)
Ryde		685	13,114	1,306	21,043	621	7,929	90.7%	60.5%	17.5%	12.5%
	Rehabilitation	548	11,418	774	15,413	226	3,995	41.2%	35.0%	9.0%	7.8%
	Palliative Care	17	73	88	428	71	355	417.6%	486.3%	50.8%	55.6%
	Maintenance	120	1,623	444	5,202	324	3,579	270.0%	220.5%	38.7%	33.8%
Greenwich		913	19,513	961	18,645	48	(868)	5.3%	(4.4%)	1.3%	(1.1%)
	Rehabilitation	419	10,274	537	11,536	118	1,262	28.2%	12.3%	6.4%	2.9%
	Palliative Care	436	7,652	424	7,109	(12)	(543)	(2.8%)	(7.1%)	(0.7%)	(1.8%)
	Maintenance	58	1,587	-	-	(58)	(1,587)	(100.0%)	(100.0%)	(100.0%)	(100.0%)
Neringah		393	5,815	429	5,481	36	(334)	9.2%	(5.7%)	2.2%	(1.5%)
	Rehabilitation	-	-	-	-	-	-	-	-	-	-
	Palliative Care	393	5,815	429	5,481	36	(334)	9.2%	(5.7%)	2.2%	(1.5%)
	Maintenance	-	-	-	-	-	-	-	-	-	-
Royal Rehab		464	16,559	193	12,877	(271)	(3,682)	(58.4%)	(22.2%)	(19.7%)	(6.1%)
	Rehabilitation	459	16,489	193	12,877	(266)	(3,612)	(58.0%)	(21.9%)	(19.5%)	(6.0%)
	Palliative Care	-	-	-	-	-	-	-	-	-	-
	Maintenance	5	70			(5)	(70)	(100.0%)	(100.0%)	(100.0%)	(100.0%)
NSLHD Total		5,547	92,632	5,271	93,932	(276)	1,300	(5.0%)	1.4%	(1.3%)	0.3%

Source: Ministry of Health (MoH), Clinical Services Planning Analytics Portal (CaSPA) FlowInfo V18.

› New rehabilitation facilities opened at Ryde Hospital (September 2013) and Mona Vale Hospital (May 2014), resulting in large activity increases at those centres.

› With Greenwich Hospital excluded from this analysis, inpatient rehabilitation episodes in public hospitals have reduced by 28 per cent over the past five years reflecting strong growth in private rehabilitation services.

› RNS Hospital showed a decrease in sub-acute activity: in 2017/18 there were an average of 28 acute beds occupied by sub-acute patients (14 beds by rehabilitation, 12 by maintenance and 2 by palliative care) despite it having no dedicated sub-acute unit (this reflects a certain level of patient type-changing without immediate transfer to a suitable sub-acute unit).

- Royal Rehab has a 20-bed spinal injury unit. There were also the equivalent of 7 beds at RNS Hospital occupied by spinal cord injured patients who had been type changed to rehabilitation, a 79 per cent increase in bed days since 2013/14. This may indicate periodic difficulties in discharge of these patients from RNS Hospital.
- Bed days for maintenance were highest at Ryde, RNS and Hornsby Hospitals, with an average length of stay of 10 to 13 days. Maintenance activity increased at both Ryde and Hornsby Hospitals, and while it decreased at RNS Hospital the average length of stay increased. Further analysis of this activity and an understanding of the drivers for demand will be important to inform clinical services planning, particularly for the Ryde Hospital redevelopment.
- Inpatient palliative care activity at Greenwich and Neringah Hospitals has remained stable over time, possibly related to available capacity.
- Inpatient palliative care at Hornsby and Ryde Hospitals appears to have grown substantially but this is from a low base and reflects the practice of type changing selected acute patients who are palliative.

3.4 Non-admitted Care

Non-admitted care includes outpatient services, community and home-delivered services such as home nursing and procedures such as renal dialysis and chemotherapy.

Table 10 shows the number of service events in 2017/18 by facility and national Tier 2 service category. A service event is defined as an interaction between one or more health care provider(s) with one non-admitted patient, which must contain therapeutic/clinical content and result in a dated entry in the patient's medical record. These categories are divided into series 10 (procedures), series 20 (medical consultations), series 30 (diagnostic services) and series 40 (services provided by nurses and allied health practitioners). Procedures do not include in-centre renal dialysis, which is counted as admitted activity and considered separately, but do include peritoneal and home haemodialysis, along with radiation oncology, chemotherapy and some endoscopies. Many community health (including mental health) consultations are not reported through the non-admitted patient data system.

Table 10: Non-Admitted Service Events 2017/18 by Facility and Tier 2 Clinic Type

Facility	10 series - Procedures	20 series - Medical Consultation	30 series - Diagnostic Services	"40 series - Allied Health and/or Clinical Nurse Specialist Intervention"	Total	% AH/Nursing
RNSH	96,716	191,028	47,574	214,028	**549,346**	39%
Northern Sydney Home Nursing	-	-	-	165,229	**165,229**	100%
Hornsby	5,242	25,386	4,836	84,983	**120,447**	71%
Community Health	-	20,406	-	74,964	**95,370**	79%
Manly	3,207	10,396	602	66,323	**80,528**	82%
Mona Vale	5,039	11,793	3,023	20,126	**39,981**	50%
Ryde	663	10,121	4,153	25,008	**39,945**	63%
Greenwich	-	19,435	-	10,496	**29,931**	35%
Royal Rehab	-	5,549	-	5,187	**10,736**	48%
Neringah	-	4,238	-	233	**4,471**	5%
Total	**110,867**	**298,352**	**60,188**	**666,577**	**1,135,984**	**59%**
% RNSH	87%	64%	79%	32%	**48%**	

Source: NSLHD Report Central Non-admitted Data Explorer Report

- In 2017/18 there were 1.1 million non-admitted service events, with 48 per cent reported through RNS Hospital (but 87 per cent of procedures and 79 per cent of diagnostic services). This is equivalent to over 3000 service events per day. Allied health and nursing clinics or services accounted for 59 per cent of all service events.

- Services vary enormously in volume and frequency. In 2017/18 there were 732 clinics reporting between 1 to 33,563 service events. Half of all service events were accounted for by 49 clinics while 202 clinics reported fewer than 100 service events (some of these may not have operated through the whole reporting period). Greater understanding is required of the nature of the non-admitted sector, including how services are established and whether the large number of lower volume clinics is warranted.

In 2017/18 NSLHD hospitals and services provided

1.1 MILLION

non-admitted service events – the equivalent of 3000 service events each day.

Renal dialysis

- In 2017/18 there were 40,963 admissions of Northern Sydney residents for maintenance haemodialysis (equivalent to 263 patients), with 36.7% of these in the private sector, 50.4% in NSLHD hospitals and 12.9% in other LHDs. Since the closure of the Mona Vale dialysis unit, all public dialysis activity is admitted to RNS Hospital or to the Northern Beaches Hospital. In the five years since 2013/14 activity at RNS Hospital has been growing at an average of 6.3% per year. Residents of areas other than Northern Sydney comprised 14% of all dialysis admissions in 2017/18 (excluding the Big Red Kidney Bus) and their activity at RNS Hospital has been growing at an average of 32.5% per year. The availability of transplantation will have moderated some demand, and transplants have increased from 26 in 2013/14 to a peak of 44 in 2017/18.
- About 19,000 service events for each of home haemodialysis and home peritoneal dialysis (PD) were provided by RNS Hospital in 2017/18 (there were 140 individual home haemodialysis patients and 92 individual PD patients within that financial year based on medical record number). Just over one quarter (25.7%) of home haemodialysis patients were residents of Northern Sydney (RNS Hospital provides a supra-LHD home dialysis role) while 83.7% of home PD patients were Northern Sydney residents. While home haemodialysis activity remained steady over the four years to 2017/18 home PD increased by an average of 8.8% per year.

Cancer therapies

Table 11 summarises non-admitted cancer care (medical and radiation oncology) in RNS and Manly Hospitals for 2015/16 to 2017/18 within the confines of the data system.

Non-chemotherapy includes treatments in the day therapy unit such as infusions, apheresis, venesection or bone marrow biopsies. Radiation oncology activity includes planning and simulation and brachytherapy as well as treatments, and which can amount to about half of all activity. Activity in all categories at RNS Hospital increased over the three years, particularly for radiation oncology treatments and medical oncology clinic attendances, while at Manly Hospital chemotherapy treatments increased significantly in 2017/18. However, there remain concerns about the quality of the non-admitted data and it is difficult to draw conclusions.

- Based on the 2016 annual report for Radiotherapy Treatment Services in Australia, 58 per cent of Northern Sydney demand was met by RNS Hospital, with the remainder going predominantly to private providers. At RNS Hospital activity is equivalent to about 95 patients per day through the three linear accelerators.
- Hornsby chemotherapy demand is met through a contract with a provider at the Sydney Adventist Hospital. In 2017/18, about 600 services were provided to about 60 patients. Many patients from Hornsby Ku-ring-gai also travel to RNS Hospital for public dialysis.

Renal dialysis and chemotherapy capacity is being planned into Hornsby Hospital Stage 2A redevelopment, which may provide some relief to capacity constraints at RNS Hospital.

In 2017/18 NSLHD hospitals and services:

- **Performed 44 kidney transplants.**

- **Cared for approximately 365 patients receiving dialysis (home peritoneal dialysis and haemodialysis at home or in hospital).**

Table 11: Non-Admitted Activity for Cancer Care, NSLHD 2015/16 to 2017/18

	RNSH					Manly				
	2015/16	2016/17	2017/18	Change n	Change %	2015/16	2016/17	2017/18	Change n	Change %
Chemotherapy treatment	7,570	7,708	8,326	756	10%	1,668	1,655	2,952	1,284	77%
Non-chemotherapy treatment	8,306	8,417	8,953	647	8%	-	-	-	-	
Radiation Oncology treatment	29,353	32,069	34,677	5,324	18%	-	-	-	-	
Haematology clinic	6,209	5,536	5,766	-443	-7%	-	-	-	-	
Medical Oncology clinic	6,435	6,920	7,594	1,159	18%	3,352	3,228	3,228	-124	-4%
Radiation Oncology clinic	11,397	11,618	11,698	301	3%	126	80	80	-46	-37%

Source: NSLHD Report Central Non-admitted Data Explorer Report

3.5 Service Impact

Formal projections for 2022 are not undertaken due to a number of methodological issues including:

- The official projection tool for acute inpatient and emergency activity derived its projections from a base year of 2014/15, while subsequent activity trends have deviated from trends leading up to that year. One of the significant trends has been a decrease in average length of stay for many admission types.
- Activity at RNS Hospital is expected to reduce following the opening of the Northern Beaches Hospital, and while reasonable assumptions have been made consistent with clinical advice, the actual impact will be better understood over time. Capacity requirements to meet Northern Beaches demand are effectively removed from NSLHD responsibility.
- Patient flows across the LHD have been changing following the completion of the redevelopment of RNS Hospital in 2015/16, particularly in relation to ED presentations, and these will affect projections based on existing flows.
- There have been significant changes in the provision of rehabilitation care with the opening of Graythwaite rehabilitation centre at Ryde Hospital, additional capacity at Mona Vale Hospital, cessation of purchasing general inpatient rehabilitation services from Greenwich Hospital and Royal Rehab and expanded capacity in the private rehabilitation sector.

However, using observed trends over the past five years, the following observations can be made:

- At the current rate of growth of 3.2 per cent per annum (which is more than twice the underlying rate of population growth), by 2022 ED activity across NSLHD will have increased by the equivalent of another Ryde Hospital ED, and RNS Hospital will have exceeded 100,000 presentations per annum.
- Regarding acute adult medical and surgical activity, on current trends by 2022, there is likely to be more than 16,000 additional acute admissions requiring approximately 55 beds. The district as a whole will have just enough built capacity to accommodate this growth. However, the current distribution of workload across hospitals would result in RNS Hospital's existing congestion becoming critical. The need to both address the rate of growth in activity and the distribution of workload across facilities is a high priority.
- With a total of 45 operating theatres, 10 endoscopy rooms and 96 intensive care beds there is sufficient built capacity across NSLHD to accommodate anticipated growth in demand for several years to come, with commensurate step-change increases in resources and redistribution of appropriate acute services from RNS Hospital to Hornsby, Northern Beaches and Ryde Hospitals.

- Beyond 2022, additional built inpatient capacity will be required and Ryde Hospital redevelopment represents the next major opportunity. Over the longer term additional capacity will also be required at RNS Hospital, but this can only be assessed intelligently once changes in service distribution and implementation of new models of care to reduce inpatient demand or provide alternatives to inpatient care have been successfully implemented.
- NSLHD is subject to the health of the private health care market with any changes potentially resulting in rapid shifts of activity into the public system, placing pressure on both infrastructure and costs. Services most likely to be affected by significant changes in the private health care market include elective surgery, maternity, renal dialysis, rehabilitation and mental health.
- The future rate of growth in inpatient sub-acute activity is likely to be influenced as much by supply in the private health care market for rehabilitation as by changes to existing models of care.
- New inpatient palliative care capacity at Mona Vale Hospital is likely to result in palliative care growth for the district, as palliative care activity has been constrained within its current capacity for a number of years.
- There is likely to be an excess of built capacity in sub-acute beds across the district in the short to medium term. This may present an opportunity to use this spare capacity to address existing patient flow issues in the acute setting where it is reported that there are many patients no longer requiring acute care but whose progress is delayed waiting for suitable care elsewhere.

Beyond 2022 additional built inpatient capacity will be required across NSLHD.

- **Ryde Hospital redevelopment represents the next major opportunity to increase capacity.**
- **In the longer term additional capacity will also be required at RNS Hospital.**

4 ACHIEVEMENTS SINCE LAST CSP

2019 is the mid-point in the life of the NSLHD Clinical Services Plan 2015 – 2022. This chapter highlights the achievements to this point. The CSP identified 150 recommendations for the Clinical Networks and other service providers within NSLHD to be implemented by 2022. Following the release of the plan the scope of the Clinical Networks were realigned and the recommendations were expanded to a total of 184.

By early 2017, 27 recommendations had been implemented and 120 were in progress representing 80 per cent of the expanded total. This chapter focuses on the high level achievements of the LHD to 2019 and acknowledges that the achievements presented are not an exhaustive list. Many of the expanded recommendations are currently the focus of attention and others are scheduled for implementation in the future.

The transition of acute services from Manly and Mona Vale Hospitals to the new Northern Beaches Hospital in October/November 2018 was a major achievement; the smooth transfer of services and restructuring within NSLHD to reflect the changed configuration of services particularly at Mona Vale and RNS Hospitals. The community health services in the Northern Beaches were consolidated in three new or redeveloped hubs at Mona Vale, Brookvale and Seaforth (Dalwood) as part of the service transition.

NSLHD has implemented a number of Leading Better Value Care projects as part of the Ministry of Health's value-based health care to improve patient's experience of health care and their health outcomes. The projects include:

- Renal Supportive Care - offers a positive non-dialysis pathway for patients with end stage kidney disease.
- Diabetes High Risk Foot Service - prevents and manages complex wounds.
- Osteoporosis Refracture Prevention Program - allows patients to improve their self-management, increase their functioning, reduce osteoporosis/ osteopenia, and ultimately reduce re-fracture rates.
- Osteoarthritis Chronic Care Program - improves patient's self-management, weight loss, increases function and reduces pain and length of stay post joint replacement surgery, and, for some patients, avoids surgery.
- Heart Failure Re-Design Program involves multidisciplinary coordination of care to support heart failure patient's self-management and prevent acute exacerbations of their condition.

Maternal, Neonatal and Women's Health

- The Towards Normal Birth policy has been implemented with standard practices in place to increase the number of women who access Midwifery Group Practice and GP Shared Care models, increase the number of women who birth with minimal or no medical intervention, improve pain relief in labour and access to water immersion, and mother-baby skin to skin contact within an hour of birth.
- Women who birth in NSLHD hospitals now receive midwifery support at home for two weeks after the baby is born. Special Care Nursery staff at Manly and Mona Vale Hospitals were up-skilled in anticipation of their move to a higher level neonatal service at the new Northern Beaches Hospital; at Hornsby Hospital staff have been up-skilled so that they can care for babies born at ≥ 32 weeks.
- A Women's Ambulatory Care Clinic was established at RNS Hospital in July 2018 to provide minor gynaecology procedures reducing the need for women to be admitted to hospital.

Child, Youth and Family Health

- A youth health team has been established to provide clinical consultancy services for young people aged 12 to 24 years in acute and community settings through age-appropriate assessment, brief intervention and referral with the aim of reducing re-admissions and improving access to appropriate health care.
- Hornsby Healthy Kids is one of only a few services in NSW outside Sydney Children's Hospitals Network providing secondary level, multidisciplinary healthy weight management program for children and families. Evaluation of the program demonstrated health improvements for children and families.
- An integrated suite of services has been established to reduce the need for children to be admitted to hospital. Paediatric Acute Review Clinics and Paediatric Hospital in the Home services are now available at Hornsby and RNS Hospitals.

Acute and Critical Care Medicine

- Patients presenting to the ED have access to short stay and early review by a senior clinician to streamline their care as part of the model of care. Patient pathways have been established for children with acute abdominal pain or scrotal pain, and adults with suspected myocardial infarction, renal colic, cellulitis, diabetic ketoacidosis, syncope and electrolyte disturbance.
- Standardisation of medical assessment unit models across NSLHD hospitals against the ACI defined model of care provides rapid access to hospital care and care coordination across the hospital and community.
- RNS Hospital is the accredited hospital in NSLHD for the provision of ERCP services with referral pathways from Hornsby and Ryde Hospitals.
- The new model of care for the infectious diseases service has improved microbial stewardship protocols and responsiveness to service demand.

SINCE LATE 2018 NO PATIENTS WAIT LONGER THAN THE RECOMMENDED TIME FOR THEIR ELECTIVE SURGERY ("TRIPLE ZERO").

Chronic and Complex Medicine

- A diabetes telephone hot-line for general practice provides education and the opportunity for case conferencing for GPs managing patients with diabetes particularly women from culturally and linguistically diverse (CALD) backgrounds who have gestational diabetes.
- Young adults in the Northern Beaches are now able to access endocrinology services at the new Brookvale Community Health Centre and insulin stabilisation clinics with telehealth follow up, help patients optimise the time it takes them to achieve glycaemic control.
- Health professionals in rural and regional areas and GPs in Northern Sydney have been trained in the tiered approach to management of chronic pain.

Surgery and Anaesthesia

- The Hornsby Hospital STAR (Surgery, Theatres, Anaesthetics and Recovery) building opened in 2016, providing a new perioperative unit, eight operating theatres, two endoscopy rooms, and 56 surgical beds.
- Since late 2018, NSLHD hospitals had no patients waiting longer than the recommended time for their elective surgery (Triple Zero) and, with some exceptions, have performed well in treating emergency surgery patients.
- The development of the Elective Surgical Waitlist and Theatre Information Management system (TIMS) dashboards and reporting tools has improved NSLHD's ability to deliver efficient elective and emergency surgical services. The dashboards consolidate, visualise, analyse and report on key performance indicators (elective waiting times, emergency theatre access) and service efficiency measures (theatre utilisation, day of surgery admission, extended day only, on-time starts, and day of surgery cancellations).
- Contemporary models of care and district guidelines have been developed and implemented for:
  - Perioperative preparation for adult elective surgery patients
  - Pre-operative fasting
  - Management of children with torsion of the testes and abdominal pain
  - Criteria led discharge for thyroidectomy.

Cardiothoracic and Vascular Health

- Rapid Access Chest Pain Clinics at both RNS and Hornsby Hospitals provide access to cardiology diagnostic services and specialist consultation for patients with chest pain following discharge from ED.
- The interventional cardiology and cardiothoracic surgical departments deliver integrated interventions to streamline referral, comprehensive assessment and management across admitted and non-admitted settings.
- The district-wide lung cancer project established new lung cancer referral pathways to support condition management, service navigation and links with general practice.

Musculoskeletal Health, Plastics/Burns, Spinal and Trauma

- Implementation of a model of care for the delivery of elective lower limb arthroplasty has reduced the length of stay for patients with planned hip and knee replacements by at least one day.
- The orthogeriatric model of care provides older patients with hip fractures access to surgery within 48 hours, improved pain management and earlier mobilisation.
- The Back and Neck Pain pathway has reduced the non-admitted ortho-spinal waitlist by about 10 months.
- A review of spinal cord injury bed shortages resulted in integrated management pathways between acute and rehabilitation spinal units and additional allied health positions.

Almost

700 STAFF

from Manly and Mona Vale Hospitals transferred with

105 PATIENTS

to the new Northern Beaches Hospital which opened at the end of October 2018.

Neurosciences

- Consolidation of hyperacute stroke care at RNS Hospital has improved patient outcomes and reduced variation in stroke care across NSLHD.
- Patient's early access to stroke rehabilitation services was improved with a standardised approach to confirm eligibility for rehabilitation, integration of rehabilitation review within the stroke pathway, and better integration between neurology and rehabilitation services.
- A shared arrangement with Westmead Hospital for endovascular clot retrieval for eligible patients has increased the number of interventional neuroradiology cases and reduced door to treatment time.
- A service mapping exercise of neuroscience services in NSLHD has identified access, use and gaps in service provision, which will inform the future models of care.
- Non-thrombolysing stroke services commenced at Ryde Hospital to provide stroke care for patients closer to where they live.
- The genetic service has implemented an improved diagnostic pathway for patients affected by mitochondrial disease to provide better outcomes for these patients.

Cancer and Palliative Care

- Clinical pathways have been developed for breast, gynaecological and colorectal cancers in collaboration with the SNPHN, and lung and liver cancer pathways are being developed internally.
- A medical oncology information system provides improved safety in chemotherapy prescribing.
- RNS Hospital and HammondCare have an agreed approach to end of life care which improves patients' access to palliative care consultations and ensures consistency of care across all NSLHD hospitals.
- Planning was completed for the Mona Vale Hospital palliative care inpatient unit.

Rehabilitation and Aged Care

- The performance framework for rehabilitation services provides a consistent referral to rehabilitation across all NSLHD hospitals and improved clinician awareness of related services.
- The "Memory Problems" brochure assists consumers with service navigation and links with general practice.
- The identification and management of delirium in admitted patients has improved in NSLHD hospitals.
- Specialist geriatric outreach to residential aged care has contributed to hospital avoidance.
- The *Asia Pacific Clinical Guidelines for Frailty* provides integrated care for older people to manage their diet (protein intake), physical activity, inappropriate polypharmacy and vitamin D.

Mental Health Drug and Alcohol

- MHDA consumers are able to access services through the dedicated telephone access line. A GP clinic located at Hornsby Hospital provides a safe environment for mental health consumers to address their physical health concerns, particularly for those who have chronic health conditions.
- A range of strategies has improved service development for children, young people and older people, consumers with eating disorders, borderline personality disorders and bi-polar disorder.
- The *NSLHD MHDA Directorate Mental Health Service Plan 2017-2026* and *NSLHD MHDA Directorate Drug and Alcohol Service Plan 2017-2026* provide strategic directions for MHDA services across NSLHD.

Primary and Community Health

- The Acute Post-Acute Care Service (APAC) medical model provides an expanded scope of service for consumers including children with specific conditions.
- The Northern Sydney Home Nursing Service has expanded its services to patients to include transitional nursing practice, social work and other allied health.
- The Chronic Disease Service has integrated with the MACARF (Management of Cardiac Failure) program to improve the health outcomes of patients with chronic cardiac and respiratory diseases.
- The Refugee Health Assessment Program has been expanded to provide services to Syrian refugees settling in the Ryde and Northern Beaches areas, providing access to GPs, oral health, optometry, mental health and specialist health services on arrival in NSLHD.
- The Domestic Violence Service has worked with other health services in the LHD to improve recognition and care for people experiencing violence, abuse and neglect.

Allied Health

- The capture and useability of management and activity reports has significantly improved. The utilisation of allied health activity data in inpatient, non-admitted and community health services provides the basis for ongoing evidence-based service development, evaluation of clinical variation, and strategic service and workforce planning.
- Allied health assistant positions have been established with appropriate certificate IV training provided.
- An allied health professorial position was established in January 2018 in partnership with University of Sydney to support allied health clinicians to engage in clinical research.

THE DISTRICT LAUNCHED THE SECOND CARERS STRATEGY 2018 – 2023 TO BUILD ON THE ACHIEVEMENTS OF THE FIRST PLAN THAT WILL SEE INITIATIVES SUCH AS A PATIENT'S STATUS AS A CARER BEING LISTED ON THEIR MEDICAL RECORDS.

Pharmacy

- The implementation of the electronic medical record, including electronic medication management (eMeds) and specialised systems for Intensive Care (eRIC) and cancer chemotherapy (OMIS), has facilitated pharmacy service improvements across NSLHD hospitals.
- RNS Hospital has established a research collaborative with Clinical Pharmacology and the Kolling Institute and obtained approval for a Chair of Pharmacy Practice with the University of Sydney to commence in 2019.

Medical Imaging

- The two CT machines at RNS Hospital radiology have been upgraded and one replaced, which enables faster imaging, reconstruction times and access to CT coronary angiography (CTCA) capabilities.
- Stage 2 of the Hornsby Hospital redevelopment has commenced; imaging services will be provided within the hospital and will include two CT machines, a fluoroscopy room, orthopantomography (OPG) and an MRI.
- RNS Hospital Nuclear Medicine service has provided increased therapeutic procedures and was selected with St George Hospital to provide lutate therapy for neuroendocrine tumours funded by the Ministry of Health.

Aboriginal Health

- The Aboriginal Health Clinic (Bungee Bidgel) GP Training Unit at Hornsby Ku-ring-gai Hospital provides chronic disease management, mental health, dental and specialist health services to Aboriginal and Torres Strait Islander people.
- The *NSLHD Aboriginal Health Services Plan 2017-2022* outlines strategies for improved service delivery and recognition of Aboriginal and Torres Strait Islander people.

Research

- NSLHD research has moved toward health and wellbeing of people from birth and across the lifespan, focusing on translation of research into clinical practice; providing more holistic, preventive health care strategies; trials of new technologies and systems of care; and implementation of innovations into clinical care.

The NSLHD Speak Up For Safety program was launched first at Royal North Shore Hospital to build on the culture of providing safe and high-quality health care and empower staff to respectfully raise any safety and quality concerns should they arise.

5 SERVICE DRIVERS

Over the last decade there have been multiple external and internal service drivers affecting the provision of health services in NSLHD and the health system more broadly. Figure 5 summarises the major drivers of change.

- While NSLHD residents generally have good health, the population is growing and ageing. Some vulnerable groups do not share the health benefits experienced by most of the community. Many patients have increasingly complex conditions, particularly those from vulnerable groups. This requires an increased focus on chronic illness, conditions of ageing and better integration across service and provider boundaries. These strategies involve sustained efforts to link providers in a patient-centred model of care, across the continuum of care from primary care to admitted services and between the public, private and not for profit sectors.
- There is a greater need for collaboration and partnerships with patients or consumers and their carers, across disciplines, with primary health care, the private sector, non-government or not for profit sector and with universities and industry in research. Developing workforce capabilities will be crucial to respond to future service demands.
- Rapid advances in technology and translational research have supported improved diagnosis and targeted care. Sophisticated data analytics provides opportunities to identify patients who would benefit from targeted programs delivering better integrated care. Telehealth will enable treatment and monitoring close to home. Each of these drivers will contribute to improved patient outcomes and experience.
- NSLHD has invested in new and redeveloped hospitals and community health centres to improve the efficient delivery of new models of care. Hospitals and community health centres operating in buildings that are not designed for their current purpose can struggle to attract patients. Detailed planning will be required to address this issue.
- More generally there is an increased focus on the environmental sustainability of the health care sector which is reported to contribute to 7 per cent of all Australian emissions (Malik A et al. The carbon footprint of Australian health care. The Lancet Planetary Health 2018; 2(1):27-35). Coordination at a state or national level will support and amplify local strategies that seek to address waste management, energy use and construction or upgrade of health facilities. In addition, local efforts that focus on the design and delivery of frontline clinical services have the potential to reduce NSLHD's environmental footprint and subsequent impact on climate change.

The changing social and policy environment recognises that care needs to reflect each person's choice about what services they access and how those services are provided. NSW Health is focusing on value-based health care where patients' outcomes and experiences are monitored and used to improve the service response to each patient's particular needs.

Value-based health care means delivering services that improve:

- **Health outcomes that matter to patients**
- **The experience of receiving care**
- **The experience of providing care, and**
- **The effectiveness and efficiency of care**

Value-based health care

The health system is evolving from measuring volume in terms of activity and outputs, to measuring value to patients in terms of their health outcomes and experiences of care. A system which delivers high value care requires a strong focus on evidence-based care, high levels of integration across internal and external service providers, and strong commitment from clinical staff and the organisation as a whole.

The *Leading Better Value Care Program* seeks to identify and implement opportunities for delivering value-based care. NSLHD is working with the Ministry of Health to develop and implement initiatives to improve the management of bronchiolitis, hip fractures and wounds, improve access to colonoscopy services and to evidence-based hypo-fractionated radiotherapy treatment for breast cancer. It has also, with the support of the Agency for Clinical Innovation and the Clinical Excellence Commission, introduced new or improved models of care for:

- Management of Osteoarthritis (Osteo-Arthritis Chronic Care Program OACCP)
- Osteoporotic Refracture Prevention (ORP)
- Renal Supportive Care (end stage kidney disease, palliative and end-of-life care)
- Diabetes High Risk Foot Services (HRFS)
- Management of Diabetes Mellitus
- Management of Chronic Heart Failure (CHF) and Chronic Obstructive Pulmonary Disease (COPD)
- Adverse Events: Falls in Hospitals.

Patient reported measures

Patient Reported Measures (PRMs) are a critical component in supporting Leading Better Value Care. Patient reported measures capture what matters to patients in their life. It enables patients to provide direct timely feedback to their health professionals about outcomes and experiences that are important to them. It also enables a consistent and structured method to capture and use patient reported outcomes and experiences in real time. This information will also support services to identify opportunities to improve outcomes over time.

Patient reported measures can be broken into two groups: Patient Reported Outcome Measures (PROMs) and Patient Reported Experience Measures (PREMs).

- PROMs capture patients' perspectives about how their illness and care impacts on their physical, mental and emotional health and wellbeing. Surveys are collected regularly, usually before or during an appointment or visit with their health care provider, service or hospital. The questions help to identify what matters most to a patient and how their care, treatment or symptoms are affecting them. The answers help the health care provider or service to have a conversation with their patient about the important things in their life, such as the impact pain may have on things they enjoy like socialising and being active. Because the surveys are completed over time they help to identify if the care or treatment is making a difference. Patients also like to see or keep track of their progress as often it can be difficult to recall how they were feeling 12 months ago.
- PREMs gauge patients' experiences and satisfaction with their health care. They are surveys that are completed anonymously by patients to capture honest feedback about their experience with health care services. Patient cannot be identified by the information they provide to an individual provider. PREMs are typically collected at the end of the service or program, or at regular intervals for longer term services, to allow patients to reflect on their overall experiences.

The future sustainability of the health care system is one of the most significant challenges for both clinicians and consumers. The demand on the health system cannot be met without significant change in how services are delivered. Together the value-based health care and patient reported measures programs will help patients, carers, the community and clinicians identify initiatives that will create better value health care, optimise the use of health resources and improve the quality and safety of patient care. The strategic directions and recommendations identified by clinical networks, hospitals and services respond directly and indirectly to these challenges and changes.

Figure 5: Major drivers of change in the provision of health services

Population Growth

- Continued population growth will see the district total pass one million residents by 2026.
- Strongest growth in older residents with those over 75 years of age to grow at three times the rate of the general population.
- Growth is also uneven geographically, with the strongest growth expected to occur in the Ryde area.
- Growth is also accompanied by demographic changes with a large increase in residents born in non-English speaking countries.

Population Health

- NSLHD is the most socio-economically advantaged region in the country. Residents have the nation's highest average life expectancy, lowest premature mortality, and better health outcomes across a range of measures than the NSW average.
- There are, however, vulnerable communities within NSLHD who do not achieve these outcomes such as people living with a severe mental illness or disability, people living with complex social circumstances and for some members of the Aboriginal and Torres Strait Islander community.

Increasing Patient Complexity

- An increasing numbers of older patients have comorbid conditions such as dementia, delirium or drug or alcohol dependence.
- Frailty and often multiple chronic health conditions in older people are associated with risk of frequent ED attendance and hospitalisation.
- Paradoxically, successful hospital avoidance strategies mean that patients that do require admission are often sicker and more complex.

Workforce

- The health workforce is ageing.
- The health workforce will need to grow to meet population growth and the significant growth within the private sector and smaller programs such as the NDIS.
- Workforce capabilities will need to match the future service demands and will require flexibility and ongoing opportunities for capability development.

Policy Developments

- Major Commonwealth reforms in areas such as My Health Record, primary care and general practice, mental health, aged care and disability.
- State refocus towards value-based health care, improved patient experience and patient-centred care, better integrated care across providers and the care continuum and increasing accountability for quality and safety.

Infrastructure

- As the acute hospitals across NSLHD continue to be built, the challenge is to fully realise the benefits of this investment to ensure that all infrastructure is utilised to support an integrated hospital network.
- The future Ryde Hospital requires careful planning to ensure that it both supports a growing local population and has a clear role within NSLHD.

New Technology

- Advances in technology in areas such as robotics, imaging, genomics and "virtual care" require a well-developed strategy that strikes a balance between wise investment and innovation.
- Ability to monitor patients remotely through telehealth will provide care closer to home but will require appropriate investment and a redesign of current models of care.
- Sophisticated data analytics will help support clinical decision making as well as providing the ability to better identify patients who could benefit from integrated care or specialist treatment.
- Information Communication Technology / electronic medical records / e-health will facilitate communication internally and across providers.

Environmental Sustainability

- The environmental footprint of NSLHD could be reduced through better integration and coordination between clinical areas and providers, increasing diagnostic and therapeutic accuracy, and avoiding duplication of services and care provided.
- A focus on minimising the incidence and severity of chronic and infectious diseases will alleviate some pressure on the health system and the associated use of environmental resources.
- Clinical service planning for new or upgraded facilities, or service development or re-design, provides opportunities to ensure that models of care are sustainable and have as low an environmental impact as possible.
- Others areas that will contribute to minimising NSLHD's environmental footprint include improving recycling and waste management processes, optimising energy usage, and implementing sustainable procurement processes.

Research and Innovation

- Clinical research occurs across all hospitals and services and across all professions to varying degrees.
- Greater focus on translational research, bringing evidenced practice to the bedside with increasing partnerships with universities, industry and other collaborators.
- Continued shift in the health care system away from episodic bed-based care to truly integrated care across providers will require a research informed approach that supports innovation and new ways of working.

Primary Health Care

- Increasing opportunities for collaboration with general practice through Primary Health Networks.
- Impact of availability of GPs on emergency department demand.
- Ongoing development of Health Pathways which support service navigation, condition management and referral to specialist care when required.

Private Health Care

- NSLHD residents have a very high level of private health insurance and the highest concentration of private hospital beds in NSW.
- By the end of 2018 there were 2,283 licensed private beds in the LHD representing a growth of 500 beds or 28% over a five year period.
- There are benefits to patients in having greater choice in health care provider, with the private sector providing care predominantly, but not exclusively, in the areas of elective surgery, maternity, renal dialysis, rehabilitation and mental health.
- NSLHD is subject to the health of the private health care market with any changes potentially resulting in rapid shifts of activity into the public system, placing pressure on both infrastructure and costs.

Regional Development

- The Greater Sydney Region Plan identifies St Leonards, Macquarie Park and Frenchs Forest, in particular, as areas of significant growth.
- This plan also targets the development of Health and Education Precincts and the need for affordable housing and improved transport links.
- Concord Hospital redevelopment has potential to affect patient flows to NSLHD hospitals.

NSLHD RECOGNISES THE IMPORTANCE OF REDUCING ITS ENVIRONMENTAL FOOTPRINT - SUSTAINABLE HEALTH CARE IS ACHIEVED BY DELIVERING HIGH QUALITY CARE AND IMPROVING PUBLIC HEALTH WITHOUT EXHAUSTING NATURAL RESOURCES OR CAUSING ECOLOGICAL DAMAGE.

6 STRATEGIC DIRECTIONS

NSLHD's primary purpose is to deliver high quality health care that is responsive to the needs of the population. The *NSLHD Clinical Quality Improvement Framework 2016-2022* sets out a strategy to reliably deliver the best possible clinical care that is person centred, safe, effective, appropriate, efficient, timely and equitable. Based on comments and community feedback through the NSW Patient Survey and local community forums, our patients define quality health care as one that provides "compassionate and respectful person-centred care in a clean environment and in partnership with them as an informed and contributing team member". Clinicians' vision for high quality care often focuses on delivering care sustainably and with good outcomes for every patient, every time, while organisationally, high quality care is often described as "the right care, at the right time, delivered by the right people, in the right place".

Clinicians and patients further define elements of good care:

- Participative – patients are at the centre of care, are active contributors as well as receivers of care, co-design care with their treating team, and co-design care systems.
- Joined up – care is delivered by a team of clinicians than can span multiple clinical disciplines and services provided by NSLHD or affiliated health organisations, and extends to providers in primary and community settings; good clinical outcomes and patient outcomes and experiences are dependent on excellent communications between services, and, where possible or appropriate, the integration of services.
- As close to home as possible – development of high quality care and services at local hospitals will give patients confidence to access care locally rather than having to travel some distance to access routine care at RNS Hospital.
- Informed by evidence – including through the translation of research into practice, the application of best practice guidelines, and continuous evaluation of services with insights from data analytics and a deep understanding of health needs and options for service delivery.
- Evaluated and improved in partnership with consumers – with a particular emphasis on developing better understanding of patients' perspectives on outcomes that are important to them and their experience of care.

Strategic directions and recommendations for service development have been developed with reference to these constructs of high quality care.

In undertaking consultation for this Clinical Services Plan, a number of major themes emerged, three of which led to the Think Tanks for emergency (unplanned) care, the health of older people and non-admitted care. These themes, as described in Figure 6, will underpin many of the clinical network recommendations and the strategic directions for hospitals and services, and reflect components of the NSLHD Strategic Plan.

Quality health care:

- **Compassionate and respectful person-centred care in a clean environment and in partnership with the patient as an informed and contributing team member.**
- **Right care, right time, right people, and right place with good outcomes for every patient, every time.**
- **Participative, joined-up, as close to home as possible, informed by evidence, evaluated and improved in partnership with consumers.**

Figure 6: Strategic Directions for NSLHD

Proactively manage the increasing demand for emergency care

Emergency, or unplanned care, represents a significant proportion of acute hospital workload and resources, representing over three quarters of hospital admissions and hospital beds.

The increasingly high utilisation of ED services has many drivers beyond an increase in population. These include the ageing of the population and increasing prevalence of chronic illness, the convenience of receiving definitive, comprehensive and timely care at no cost, the excellent amenity of new hospital buildings, equipment and infrastructure, perceived lack of alternatives to emergency departments for patients, and many others. This growth in ED is significantly faster than historical rates and underlying population increases. While some of the growth can be attributed to an increase in ambulance arrivals the growth is predominantly among walk-in patients.

This is particularly evident at RNS Hospital where the ED, which has become the busiest in NSW, now sees an average of 250 presentations each day, often peaking above 300 presentations. Since RNS Hospital was redeveloped, growth in ED presentations has occurred at twice the rate of surrounding hospitals and has led to a shift in historical patient flows towards RNS Hospital, including ambulance arrivals. This sustained growth in ED presentations and the follow-on demand for admitted hospital care is not only threatening RNS Hospital's capacity to deliver care at agreed performance benchmarks but also to fulfil its role as the tertiary referral centre for the district (and beyond for a number of complex services).

To better manage the growth in emergency or unplanned care NSLHD will focus on

1. Reducing preventable ED presentations and hospital admissions, including:
   - Chronic conditions – keep people well, access to comprehensive primary care supported by specialist services, pathways to primary or specialist care for exacerbations or deteriorations.
   - Frail aged – early identification and intervention before reaching crisis that precipitates presentation/admission.

- Other targeted patient groups such as cancer and palliative care patients – pathways to access primary or specialist care for patients in active treatment programs where care would be more appropriately provided by the specialist team rather than through the ED.

2. Distributing unplanned workload across the NSLHD hospital network, including:
   - Review of the NSW ambulance matrix to direct minor, orthogeriatric care and other appropriate presentations to local hospitals and away from RNS Hospital.
   - Improve the capabilities of local hospitals to deliver a comprehensive suite of secondary level services.
   - Increase the attractiveness of and confidence in local services for residents and referring GPs.
3. Developing alternatives to ED presentation or hospital admission, including:
   - Identifying high priority specialty services where patients can be referred for rapid assessment of urgent but non-life-threatening symptoms.
   - Care/assessment in the community.
   - Direct admission or referral to non-ED services for selected conditions, presentation types, particularly for patients who are known to or are in active treatment.
   - Partnership/collaboration with the Primary Health Network to identify and design high priority services as alternatives to the emergency department.
   - Education of referrers and community about pathways to care.
4. Improving the flow of patients who present to emergency, including:
   - Consistent early specialist review and decision making.
   - Use of an appropriate workforce skill mix, including an allied health emergency department resource model.
   - Improved access to diagnostics, particularly outside standard working hours.
   - Matching capacity to demand patterns across short stay and other units.

Improve the health and care of older people

The NSLHD population will see large increases in the number of older people over the next decade with the number of residents aged over 70 years expected to increase at three times the rate of the general population. ED presentation and hospital admission rates increase significantly as people age and care needs become more complex, with the presence of one or more chronic diseases and increasing frailty. Despite multiple hospital avoidance strategies, rapid responses and other programs implemented over the last 5-10 years, there appears to have been little change in the rates of presentation to NSLHD EDs and hospital admissions, with the total volume increasing with population growth.

Given the expected population growth in the older age groups, NSLHD needs to build on, and better coordinate, existing services and identify new ways to proactively meet the health needs of older people and manage the anticipated growth in service demand. This will require collaboration and partnerships across specialties within NSLHD hospitals and community services (particularly hospital in the home and community nursing), with GPs and other primary care providers such as pharmacists and allied health practitioners, and with non-health community service providers.

It is anticipated that the report of the Royal Commission into Aged Care Quality and Safety will result in further recommendations for action by the Local Health District.

To improve the health and care of older people NSLHD will focus on

1. Improving the care of older people who require hospital type care:
   - Identification of frailty or complex health needs using a standardised assessment tool across all specialties with subsequent referral of patients who could benefit from geriatric assessment, referral or shared care between admitting specialist and geriatric or general medicine teams.
   - Routine care for older people admitted to hospital, regardless of clinical specialty, encompassing a review of medications, maintenance or improvement of mobility, enhancement of nutritional status to promote recovery, identification and management of delirium and dementia, and other opportunistic restorative care.

- Proactive management of post-hospital care with, for example, transfer of care to community nursing services for support in the first hours and days post discharge, follow-up on day after discharge, proactive and real-time referral back to GP, and partnerships with community services to provide wrap around health and social support on discharge
- Development of the Hospital in the Home model and associated care bundles so that an increasing number of older patients can be cared for at home and avoid admission to a hospital ward

2. Supporting residential aged care facilities to meet the health needs of residents:
   - Expansion and improvement in rapid response service delivery models with scheduled proactive review and intervention to manage simple infections, delirium, etc., in place rather than transporting residents from their residence to the emergency department. This could include increasing use of telehealth solutions and exploration of nurse practitioner roles (with Medicare billing opportunities) within NSLHD, primary care or other organisation
   - Innovative approaches to continuing education and support for residential aged care facility staff such as webinar and video platforms to reinforce best practice care at any time
3. Early identification and coordinated support for patients living at home when needed:
   - Identification by GP or other primary care provider of older people living at home who are at risk of, or are experiencing, decline in physical or cognitive health and could benefit from specialist assessment
   - Development of Geriatric Evaluation and Management (GEM) model (at Mona Vale Hospital in the first instance) to provide a comprehensive assessment and coordinated response to identified needs of patients with complex needs
   - Development of bundles of care, coordinated across providers to address mobility, nutrition, dental health, physical health needs and support in daily living, as well as social and emotional wellbeing
4. Improving the integration and patient focus of care systems for older people:
   - Simplification of service provision, through single points of access, reduction of duplication and standardisation of models across NSLHD including service naming, scope, eligibility criteria, prioritisation criteria, assessment tools, care bundles, and agreed response times, performance standards.
   - Development of systems to respond to patient reported measures.

Invest in non-admitted care

Non-admitted care encompasses services that are delivered at a hospital or community health centre, at home or other community setting, or using telehealth and associated technology platforms. It includes: specialist and multidisciplinary consultation clinics; imaging, pathology and other diagnostics; minor surgery or procedures; chair-based therapies such as dialysis, chemotherapy and infusions; allied health therapies and nursing interventions; preventive care for children and young families; supportive care for older people; rehabilitation following injury or for chronic disease; ongoing mental health care; and end of life or palliative care.

The increasing demand for health care, improvements in treatments and communication platforms, and availability of skilled and expert clinicians presents us with opportunities to re-imagine the provision of patient-centred care in non-admitted settings. The current over-reliance on hospital-based health care is placing significant pressure on services in NSLHD, is unsustainable, costly and does not represent the best value for patients or providers when alternative approaches are available. There is a global trend that seeks to deliver more non-admitted care and the NSW Ministry of Health has given a clear signal that future growth funding will be weighted towards non-admitted services.

NSLHD already provides a wide range of services in non-admitted settings but there is little evidence of system design, and services have often developed piecemeal and in isolation from each other. Consumers and referrers report that they have difficulty knowing what services are available, who they are for, where they are provided and how to access them. Clinics and services vary enormously in levels of activity, with large numbers of low-volume clinics.

The development of non-admitted services requires a new approach that sees the community or other appropriate non-admitted setting as the natural location for most health care, with ED presentation or hospital admission as the alternative if the illness is severe, requires complex surgery or more intensive assessment, treatment and care which cannot be provided in a non-admitted setting.

The development of a comprehensive system of non-admitted care cannot be achieved by NSLHD in isolation; it will need to engage with the community and patients, with the Sydney North Primary Health Network, with the private health sector and with non-health community providers. The development of non-admitted services also needs to complement rather than duplicate or replace services that are currently provided in other health sectors including primary care and private specialist and allied health practices.

To support the development of non-admitted care NSLHD will focus on

1. Designing a contemporary non-admitted care system:
   - Developing a framework to guide the design and development of an integrated system of care including: principles for non-admitted service development; determining the appropriate scope and mix of services; what services should be prioritised for development; funding and resource models that will support transition from admitted to non-admitted care; structures required to ensure access is equitable, standards of care are safe, evidence-based and consistently applied; and that there is transparency in performance and compliance expectations.
   - Reviewing existing non-admitted services to identify innovative models and best practice, streamline and rationalise services that are similar or target similar patient groups, and consideration of how services should be further developed, distributed across NSLHD, and incorporated into the integrated system of care.
   - Identifying tertiary services that should be provided in one location for the whole district and the suite of secondary services that should be made available in all sectors.
   - Developing a comprehensive, searchable directory of services that will support referrers, patients and service providers to select, access and navigate appropriate services.
2. Developing non-admitted services that can reduce the need for ED presentation and admitted hospital care:
   - Access to specialist expertise that supports GPs in managing most patients within the primary care setting.
   - Providing continuing education and rapid access to specialist support and advice on management of specific conditions and patients, particularly those with chronic health conditions, in a primary care setting.
   - Targeting older and younger patient groups, who are the most frequent users of ED services, to identify alternative pathways to care.
   - Targeting high risk patients with chronic illness or complex conditions with comprehensive multidisciplinary care integrated across primary and community care providers.
3. Developing non-admitted services as a substitute for hospital admission
   - Investment in alternative pathways including expansion of the scope and capacity of the Hospital in the Home and community nursing services.
   - Developing responsive services that facilitate rapid access to specialist consultation and review.

Optimise the distribution of health services

RNS Hospital has experienced greater than expected growth in ED presentations in recent years and is currently operating at peak capacity. Unplanned care is a key driver of hospital activity so increased ED presentations have also meant that admitted services are also operating under increased pressure. This increase in admitted care has flow on effects on outpatient and other non-admitted care, along with clinical and corporate support services such as medical imaging, pathology and operating theatres. The growth in ED presentations and admissions at RNS Hospital includes increased inflows from neighbouring parts of the LHD, particularly the Ryde area, as well as from outside NSLHD.

The increases in demand are also occurring at a time of unprecedented urban growth and consolidation, with changes in the population mix between young families and older people. This growth has been widespread but is particularly noticeable in the catchment of Ryde Hospital.

The opening of the Northern Beaches Hospital, the redevelopment of Hornsby Hospital and the recently announced government investment in Ryde Hospital provide an opportunity to review the role delineation of selected services, identify specific roles for individual hospitals and further develop the concept of NSLHD facilities as an integrated hospital network. The outcome should be an improvement in the distribution of services, such that RNS Hospital is sustainable over the medium term, existing and planned future capacity across the hospital network is fully utilised, services of excellence outside of RNS Hospital are developed and patients have greater access to care closer to home. Redistribution of activity will also offer opportunities for RNS Hospital to identify and plan for the further expansion and development of tertiary and supra-LHD services.

This will require attention to relationships between hospitals as well as between hospitals and their community health services, referral networks and workforce responsibilities. While the focus of redistribution has often been on elective surgery, to have any real impact attention will also need to be paid to the full range of medical, surgical, maternal and community health services. It is noted that any changes in the distribution of activity will need to consider the impact on teaching and training programs.

To optimise the distribution of workload across acute hospitals, NSLHD will focus on

1. Supporting NSLHD hospitals as they develop high quality secondary level services for their catchment population:
   - Service by service review, beginning with RNS Hospital, to identify opportunities for the re-distribution of acute activity. Initial areas for consideration should include management of minor trauma and hip fractures; elective joint replacement; general surgery including cholecystectomy and hernia repair; selected specialty surgery including urology and ENT.
   - Development of innovative models of care that include step-down or repatriation pathways for patients referred for tertiary care but no longer requiring it following intervention. One example is stroke care where RNS Hospital provides hyper-acute stroke care for the district but ongoing acute and rehabilitation care could be provided well in local stroke care units at other hospitals. Consideration should also be given to post-discharge follow up that could be provided locally rather than requiring patients to travel to RNS Hospital.
   - Review of the comparatively large volume of sub-acute care at RNS Hospital to fully understand the profile and needs of this cohort. The review should consider opportunities to increase in-reach and non-admitted sub-acute care at RNS Hospital and models of care that include planned pathways and early referral to Graythwaite rehabilitation service at Ryde Hospital.
2. Considering the development of appropriate non-admitted health services to support the redistribution of admitted care, informed by the district-wide review of non-admitted care.

Realise the benefits of capital investments

NSLHD has had significant capital infrastructure investment over the last decade which has seem most hospitals and many community health centres redeveloped and updated to support the delivery of high quality, innovative and contemporary patient-centred care.

The redevelopment of RNS Hospital in the first instance led to some concentration of secondary level services prior to the enhancement of other hospitals and centres. While major change management programs prepared staff and services for the commissioning of new facilities up until now opportunities have not been fully exploited to expand the capacity and capabilities of local hospitals so that most secondary level care can be provided to local communities in their local hospital.

In addition to the capital redevelopment of hospitals and community health centres, NSLHD has entered into a public-private partnership for the provision of public acute hospital services at the new Northern Beaches Hospital replacing those previously provided by Manly and Mona Vale Hospitals.

The NSW Government recently announced $479m for the redevelopment of Ryde Hospital, as the last of NSLHD acute hospitals to undergo transformation. Redevelopment of community health facilities in Ryde and Hornsby Ku-ring-gai and improved mental health and drug and alcohol facilities are priorities on the NSLHD Asset Strategic Plan.

NSLHD has had significant capital infrastructure investment over the last decade which has seen most hospitals and many community health centres redeveloped and updated to support the delivery of high quality, innovative and contemporary patient centred care.

To realise the benefits of current and future capital investments NSLHD will focus on

1. **Hornsby Hospital**
   - Making better use of extensive built theatre capacity through re-distribution of appropriate surgical workload across the district with a potential to develop expertise in specific surgical specialities or procedures.
   - Capitalising on new imaging services and ambulatory care centre to develop an expanded profile in non-admitted services.
2. **Northern Beaches Hospital**
   - Supporting the Northern Beaches Hospital to progressively scale up clinical services maximising the benefits of this new major hospital for the local population.
3. **Mona Vale Hospital**
   - Scaling the rehabilitation services to meet demand and developing community facing aged care services under the Geriatric Evaluation and Management (GEM) model.
   - Building on the new palliative care inpatient unit, in collaboration with the broader palliative care network, to develop integrated services delivered at home, in clinics and in admitted settings.
4. **Ryde Hospital**
   - Planning for the redevelopment of Ryde Hospital with an eye to the future and a clearly defined role in the NSLHD integrated hospital network.
   - Ryde Hospital will deliver a broad range of services to meet the growing local health needs, particularly the very young and older population groups, including the development of paediatric, geriatric and general medicine services, along with an identified suite of surgical services, with pathways into rehabilitation.
   - Consideration should also be given to consolidation of community-based services on the Ryde Hospital campus to create a single "health hub" for the Ryde area.
5. **Community Health**
   - Planning for the redevelopment of community health centres in Hornsby and Ryde-Hunters Hill.
6. **RNS Hospital**
   - Preparing and positioning for the future expansion of tertiary and supra-LHD services at RNS Hospital.

Develop a platform for innovation and knowledge

NSLHD provides health services in a dynamic and constantly evolving environment. There are increasing demands on the health care system and rapidly changing policy, social and technological trends. Costs of providing care have increased and the need to provide patient-centred, evidence-based and sustainable services has been recognised by all levels of government as well as locally. NSLHD's priority is the prevision of high quality health care, ensuring that consumers – our patients – get the best possible care at the right time. To ensure that this happens, NSLHD must constantly seek to improve services, develop innovative ways of working, and adopt new and emerging technologies.

To ensure that NSLHD stays ahead of the curve in the provision of high value clinical care NSLHD will need to

1. Build on the Network-led operating model – Clinical Network play a key role in establishing and overseeing standards of care, providing leadership in relation to education and research, and providing advice in relation to service development, resource allocation and workforce requirements. Further refinement of the operating model has seen Clinical Networks, hospital and directorate executive teams, and the NSLHD executive team and support functions (quality, finance, workforce, performance, planning, etc.), coming together to develop services and effect desirable improvements and changes. This operating model will continue to evolve and will play a lead role in the implementation, monitoring and evaluation of outcomes associated with the clinical network recommendations outlines in this clinical services plan.

RYDE HOSPITAL IS THE LAST OF NSLHD ACUTE FACILITIES TO RECEIVE SIGNIFICANT CAPITAL INVESTMENT TO SUPPORT THE DELIVERY OF MODERN HEALTH CARE TO ITS POPULATION AND AS PART OF THE NSLHD NETWORK.

2. Improve service integration and partnerships – with increasing specialisation, the presence of multiple providers and funders and jurisdictional boundaries and, in the case of NSLHD, a large number of private providers, patients and referrers often report difficulty navigating services or fragmentation of care across multiple providers. This is particularly relevant to patients who have chronic or multiple health conditions or require complex care. The NSW Ministry of Health has provided $680,000 recurrent "seed" funding in 2019/20 and 2020/21 for integrated care models across five domains (reducing ED attendance for frequent users, targeted support for residential aged care, community support for vulnerable families, specialist outreach to primary care, and networking of paediatric services for regional patients). In partnership with the Sydney North Primary Health Network, reflecting a broader view of system (as opposed to service) integration NSLHD will initially focus efforts on frail older people through improving support for residential aged care facilities, and specialist support in primary care so that the GP can remain the main coordinator of a patient's care. Priority enablers to support these approaches, complementing the existing efforts in the development of the Health Contact Centre and Health Pathways, include the development of a comprehensive, searchable and readily updated service directory and an electronic referral tool to facilitate and streamline access to NSLHD services.

3. Define an approach to the adoption of clinical informatics and telehealth platforms – the last five years have been foundational in the establishment of major clinical systems, such as electronic medical records, and health information services have focused on strengthening the core systems and platforms to optimise integration and communication capabilities across NSLHD:

   - Digitisation of clinical and operational records has been a fundamental precursor to the next stage of evolution in the way that data is used in health care. Data analytics and informatics will combine operational and clinical data to create true clinical and business intelligence systems that will provide a sound basis for evidence-based decision making and the improvement of clinical care. Over the life of this Clinical Services Plan, NSLHD approaches will focus on capturing and delivering useful data and insights to clinicians to inform day to day care and design more effective and efficient systems and models of care. This will encompass improvements in systems for data governance, capture of relevant clinical and operational/ corporate data, ease of access to inform clinical decisions and service design, and interoperability across systems and reports.
   - Telehealth is not new in NSLHD and a number of clinical networks and services have identified opportunities to augment traditional models of care with virtual capabilities including remote patient monitoring and video consultation services. Telehealth offers the potential to improve both the patient and clinician experience, as well as the quality and cost of care. In many instances approaches to telehealth and related virtual health services in NSLHD have developed in isolation and the full potential of opportunities have not yet been realised. NSLHD will take an enterprise approach to accelerate the development of telehealth services setting out a clear strategy and direction, with leadership and systems that will advance the design and delivery and optimisation our virtual health capabilities.

4. Harness service innovation, research and insights from patient reported outcomes and experience measures – NSLHD has an impressive clinical research record that it is seeking to transform through its soon to be released Research Strategy, and there are numerous initiatives aimed at promoting a culture of innovation across the broader workforce. These include an active innovation program that provides funding for ideas to support frontline staff to improve patient care, including regular pitch events to select projects for ongoing support. There are a significant number of recommendations in this plan addressing areas such as clinical and translational research and clinical trials.

CLINICAL NETWORKS

MATERNAL, NEONATAL AND WOMEN'S HEALTH

7 MATERNAL, NEONATAL AND WOMEN'S HEALTH

7.1 Service Description

Maternal, neonatal and women's health (including gynaecology) services are provided at Hornsby, Northern Beaches, RNS and Ryde Hospitals. Services are provided in admitted, non-admitted and community health settings.

There is a well-functioning Tiered Maternity and Neonatal Network (TMNN) within Northern Sydney and Central Coast and the private hospitals in both Local Health Districts. The TMNN includes processes for consultation, in addition to maternal-fetal medicine and escalation and/or transfer of care. The TMNN provides clinical advice, support and guidance for obstetrics, gynaecology, midwifery and neonatology. There is established clinical governance through committee structure. The NSW Ministry of Health is undertaking a Maternal Transfers project to improve maternal and neonatal transfers across NSW and the ACT.

Maternity care

Maternity care is provided through a variety of service models including:

- General Practitioner Shared Antenatal Care.
- Midwifery Group Practice.
- Admitted antenatal, birth and maternity care.
- Maternal Fetal Medicine Services (RNS Hospital only).
- Midwifery in the home postnatal care.
- Pregnancy Day Assessment Unit (Hornsby, Northern Beaches and RNS Hospitals) for medium to high risk pregnancies.
- Obstetric medical and midwifery antenatal clinics.
- Multidisciplinary specialist obstetric clinics.

Neonatal services

Neonatal services include special care nurseries with designated spaces and cots at Hornsby, Northern Beaches and RNS Hospitals. High dependency and intensive care for neonates are provided in the Neonatal Intensive Care Unit (NICU) at RNS Hospital, which also has a supra-LHD role.

Perinatal and infant mental health

Perinatal and infant mental health services are provided by the community-based NSLHD Perinatal and Infant Mental Health Service under the *SAFE START* program. Care is provided to families where parental mental illness is impacting on the family's ability to care for their infant (up to two years of age). There are currently no public admitted mother and baby mental health services in NSW. Admitted mental health services that accommodate both mother and baby are available in the private kector (St John of God, Burwood) and the NSW government recently committed to the development of public mother and baby units at Westmead and Royal Prince Alfred Hospitals.

Women's health

Women's Health services are provided at Hornsby, Northern Beaches, RNS and Ryde Hospitals in both admitted and non-admitted settings. Hornsby Hospital provides low to moderate complexity same day and overnight services for planned and unplanned gynaecological procedures. Northern Beaches Hospital has replaced the services previously provided at Manly and Mona Vale Hospitals. RNS Hospital provides low, moderate and high complexity services, including gynae-oncology and complex vaginal and bladder surgery. Ryde Hospital provides low to moderate complexity gynaecological services, and is networked with RNS Hospital.

Other women's health services are provided by NSLHD Primary and Community Health and NSLHD Health Promotion. They include programs to address healthy living, emotional and mental health, violence against women, sexual and reproductive health (including cervical and breast screening, pregnancy, childbirth and parenting), cardiac health, and chronic disease management.

Role levels and resources

Table 12 shows NSLHD maternity and neonatal service capability levels and gynaecology role delineation levels.

Table 13 describes maternity and neonatal physical capacity at each of the NSLHD hospitals. RNS Hospital has a total of 33 cots in a combined NICU/Special Care Nursery (SCN). Cots are used flexibly depending on patient demand and dependency. Of the 33 cots, 24 are suitably equipped to manage babies requiring intensive care. An average of 21 NICU/SCN cots was occupied in 2017/18.

Table 12 NSLHD maternity and neonatal service capability levels and gynaecology role delineation levels.

Service	Hornsby	Northern Beaches	RNSH	Ryde
Maternity	4	5	6	2
Neonatal	3	4	5	1
Gynaecology	4	5	6	3

Source: NSLHD Maternal, Neonatal and Women's Health Network 2018 and advice from NSLHD hospitals 2017

Table 13: Maternity and Neonatal Physical Capacity at NSLHD Hospitals

	Hornsby	Northern Beaches Public (Private)	RNSH	Ryde	NSLHD Public (Private)
Maternity beds	16	20 (20)	41	-	77 (20)
Birthing/Assessment	4	5 (5)	11	3	23 (5)
Special Care Nursery (SCN)	8	6 (6)	9	-	23 (6)
NICU	-	-	24	-	24

Source: NSLHD Patient Flow Portal Bed Board and Maternal, Neonatal and Women's Health Network, 2019

Service demand and activity

A total of 9891 babies were born in 2017/18 to residents of NSLHD, a reduction of 5 per cent or 513 births compared to 2013/14; prior to 2017/18 births had been relatively stable from year to year.

There has been some change in trend of where mothers choose to have their babies:

In 2013/14 there was a relatively even split between women choosing to birth in private hospitals (48.7 per cent) and in NSLHD hospitals (47.9 per cent). By 2017/18 larger proportions (51.5 per cent) chose to birth in NSLHD hospitals and fewer (45.5 per cent) in private hospitals (Table 14).

NSLHD hospitals delivered 5581 babies in 2017/18. This included 490 (8.8 per cent) babies of mother's resident in other local health districts (mainly from neighbouring Western Sydney, Central Coast and Sydney LHDs). Overall births in NSLHD hospitals remained stable, increasing by one per cent (56 births) over the five years between 2013/14 and 2017/18. Most of that activity increase was at Hornsby and RNS Hospitals (Table 15).

In 2013/14, an estimated 29.4 per cent of births in NSLHD hospitals were by caesarean section, increasing to 31.4 per cent in 2017/18. Rates vary between hospitals reflecting caseload complexity and models of care, with 34.4 per cent at RNS Hospital, 27.0 per cent at Hornsby Hospital, 31.6 per cent at Manly/Mona Vale Hospitals, and none at Ryde Hospital.

Table 14: Births to Residents of NSLHD by Hospital Location of Birth (%)

	2013/14	2014/15	2015/16	2016/17	2017/18
NSLHD Public Hospitals	47.9	48.6	50.4	50.6	51.5
Other Public Hospitals	3.4	3.3	2.9	3.1	3.0
Private Hospitals	48.7	48.1	46.7	46.3	45.5
Resident Births	10,404	10,424	10,637	10,515	9,891

Source: Ministry of Health (MoH), Clinical Services Planning Analytics Portal (CaSPA) FlowInfo V18.

Table 15: Births in NSLHD Hospitals

Hospital	2013/14	2014/15	2015/16	2016/17	2017/18	5 Year Change n	%
Hornsby	1,167	1,174	1,190	1,171	1,254	87	7.5
Manly-Mona Vale	1,596	1,605	1,719	1,706	1,541	(55)	3.4
RNSH	2,642	2,647	2,846	2,871	2,699	57	2.2
Ryde	120	130	110	106	87	(33)	27.5
NSLHD	5,525	5,556	5,865	5,854	5,581	56	1%

Source: Ministry of Health (MoH), Clinical Services Planning Analytics Portal (CaSPA) (FlowInfo V18)

7.2 Issues and Opportunities

Framework for maternal services

- A new *National Framework for Maternity Services* is expected to be released in mid-2019, and will be followed by a *NSW Health Maternity Services Plan*. Foreshadowing the anticipated strategic directions of these plans, the Maternal, Neonatal and Women's Health Clinical Network will, in collaboration with primary care providers and community health services, focus on preparation for pregnancy, continuity of care during and after pregnancy, and women's health over the life course. The network will focus specifically on preventive care so that women begin pregnancy in better health. It will also look at optimising early and ongoing management of complications of pregnancy (gestational diabetes, pre-eclampsia, and others), which if not monitored can increase risks of poorer health outcomes in later life.

Maternity care

- The focus of the network in relation to maternity care includes delivering consistent models of care; developing overarching clinical care standards for maternal and neonatal care; increasing the number of women using the Midwifery Group Practice and GP Shared Care models; delivering care close to home with non-complex care delivered in primary and community settings; and providing telehealth consultations and outreach maternal-fetal medicine where appropriate.
- The decrease in residents of NSLHD birthing in private hospitals will require monitoring over the coming years, as it is likely to impact on NSLHD maternity services.
- An increased range of non-invasive prenatal screening tests, including a replacement for amniocentesis, are now offered in the private sector, with tests not yet Medicare-funded. These non-invasive tests have significantly lower risks than amniocentesis, and more women are choosing to undertake genetic screening prior to conception or in early pregnancy. While these tests are requested in primary care, if a test is abnormal and the patient is not privately insured, they are referred to NSLHD for consultation and, if necessary, ongoing care. This requires staff to develop skills in interpreting these tests and providing counselling for women.

- The Red Cross Blood Bank is advocating testing for fetal Rhesus (RhD) status prenatally. Pregnant women who have an RhD-negative blood type may carry an RhD-positive fetus. The presence of *fetal RhD*-positive cells in the maternal circulation (which can happen at any time during the pregnancy) can cause a mother who is RhD negative to produce anti-D antibodies against the RhD antigen. The current treatment is prophylaxis with anti-RhD immunoglobulin, which can substantially reduce the risk of 'sensitisation' in RhD-negative women and adverse effects on the fetus. Non-invasive prenatal testing of fetal RhD status for all RhD-negative women, could avoid unnecessary treatment with anti-D immunoglobulin.

Northern Beaches Hospital

- Northern Beaches Hospital opened in October 2018, replacing the maternity, neonatal and gynaecology services previously provided at Manly and Mona Vale Hospitals. The clinical network will work collaboratively with the hospital to support the integration of services within the NSLHD tiered maternal and neonatal service model.

Neonatal Intensive Care and Special Care Nursery Services

- About 45 per cent of admissions to the NICU at RNS Hospital are from other LHDs. Options to deliver care as close to home as possible, and avoid the need to travel to RNS Hospital for neonatal services, should relieve some of the burden of travel and separation from family for these patients. Fully functioning neonatal services (level 3 at Hornsby Hospital, level 4 at Northern Beaches and Gosford Hospitals) with inreach and telehealth support, staff education and up-skilling from RNS Hospital, would improve local services for families, reduce demand on RNS NICU, and allow the neonatal service at RNS Hospital to fulfil its supra-LHD role.

1,672

babies were cared for in neonatal intensive care or special care nurseries across NSLHD hospitals.

Perinatal and infant mental health

- Currently NSLHD supports women experiencing perinatal mental health issues through the SAFE START program. Mothers requiring admission for mental health problems during the perinatal period are currently admitted to adult mental health units without their babies, or if they have private health insurance, can choose to be admitted to the mother and baby mental health unit at St John of God Burwood. The NSW Government has identified funding to establish a state-wide public mother and baby mental health unit at a hospital location yet to be decided. NSLHD will continue to advocate for mother and baby mental health care within the district.

Women's health services

- There are opportunities to further increase breastfeeding rates for women from Aboriginal and Torres Strait Islander and culturally and linguistically diverse (CALD) backgrounds. Women and their babies who present to ED or are admitted to hospital outside of maternity and neonatal services, also need to be supported to continue breastfeeding.
- There are long waiting times to access urogynaecology clinics in the LHD. A new model of care is under development that will include the development of Health Pathways (an online health information portal for GPs, to be used at the point of care), initial assessment and treatment by GPs, early referral and direct access to a physiotherapist skilled in the assessment, treatment and counselling of women, and if required, further referral within the multidisciplinary team to a urogynaecologist. This model will avoid long waiting times to see an urogynaecologist before accessing appropriate care, and ensure that women can access care as early as possible.
- Recent changes to the cervical screening program, where the two-yearly Pap smear test has been replaced by a five-yearly human papillomavirus (HPV)-based screening test, has resulted in increased demand for colposcopy and associated gynaecology consultation services. While most of this demand is met by specialist in their private consulting rooms, the Colposcopy Clinic at RNS Hospital has already experienced increased demand in the first year of the new screening program.

7.3 Recommendations

MN1 Promote and support a preventative and primary health care approach to women's health across the lifespan. This involves improved collaboration with primary care providers, and supporting women to access appropriate clinical advice, consultation and referral for lifestyle risk factors and diseases.

MN2 Identify and respond to the impact of the new changes in health screening techniques and address the requirements to implement these changes, including demand and consultative follow up services.

MN3 Develop consistent models of care for maternal, newborn and women's health services across NSLHD. These will include:

- Delivering services as close to home as possible (outreach maternity services, education and support of staff) within the tiered maternity and neonatal network of Northern Sydney and Central Coast LHDs.
- Increasing rates of breast feeding, especially for Aboriginal and Torres Strait Islander, and Culturally and Linguistically Diverse (CALD)women.
- Increasing capacity in gynaecology non-admitted care services (including Women's Health physiotherapists, who could be first contact practitioners for women presenting with urinary incontinence and pelvic organ prolapse).
- Improving communication and shared care with primary service partners (GPs, community services and non-government organisations) for maternal, neonatal and women's health services.

MN4 Develop clearly defined pathways and processes for consultation, escalation of care and/or transfer within the tiered maternal and neonatal network.

In 2017/18:

› 9,891

babies born to NSLHD resident mothers

› 5,581

babies born in NSLHD hospitals

CHILD YOUTH AND FAMILY HEALTH

8 CHILD YOUTH AND FAMILY HEALTH

8.1 Service Description

The Child, Youth and Family Health Network brings together child and family health, paediatric and youth health service. This includes: child health surveillance and screening services; child protection and developmental disability services; paediatric admitted services; paediatric acute review clinics; and paediatric non-admitted services including hospital in the home; paediatric endocrine services; youth health; and neonatal care (shared with the maternity, neonatal and women's health network).

The age range for child health and paediatric services is defined as from birth to their 16th birthday. The age range for youth health services is 12 to 24 years. Exceptions to these age bands occur depending on the nature of the diagnosis or planned procedure, maturity level of the patient and the wishes of the patient and family.

The provision of services is dependent on the integration with a large number of other providers including other NSLHD services, specialist paediatric services, GPs, the Sydney North Primary Health Network, Family and Community Services, Ministry of Health, and Departments of Education, Planning and Housing, local councils, and the National Disability Insurance Scheme (NDIS).

Community based services

Community based services are provided in child and family health centres across NSLHD, provide universal services such as such as health and development, vision and hearing surveillance and screening services (including the State-wide Eyesight Pre-schooler Screening for vision [StEPS]) as well as targeted services such as community paediatrics, day stay facilities, extended health home visiting and allied health services (speech pathology, physiotherapy and occupational therapy).

- Child and family health services are based on a wellness model of care and the principles of health promotion, prevention, early intervention and helping parents learn to care for babies and young children. Child and family health nurses, who are specialists in child health and development and child behaviour, assist families "to be the best parent they can be" and support them in understanding how to maintain their own health. Families attend Child and Family Health Centres for regular Personal Health Record (Blue Book) checks and can track their child's brain, emotional and physical development from birth to five years of age.
- The NSLHD child protection service offers a range of services to children and adolescents (and their parents/carers) who have experienced emotional, sexual or physical abuse, neglect, or domestic violence.
- The child development service provides specialist diagnosis and assessment for young children suspected of having a global developmental delay or intellectual disability.
- The youth health nursing team provides clinical consultancy services for young people aged 12 to 24 years in acute and community settings through age-appropriate assessment, brief intervention and referral, with the aim of reducing hospital admission and improving access to appropriate health care.
- The Dalwood Spilstead Service provides early intervention, holistic and integrated multidisciplinary health, education and support services for vulnerable families and "at risk" children, who are in stress or experiencing difficulties in the care and parenting of their children in the early years

Hospital based services

Hospital based services are provided at Hornsby, Northern Beaches and RNS Hospitals. Children can also present to the ED at Ryde Hospital, however, where a child's clinical need exceeds the scope of the service available, they are referred to another hospital in the LHD or to a specialist children's hospital. Paediatric services span both medical and surgical health needs in emergency, acute review, non-admitted and admitted services.

- Paediatric wards provide care for children who require admission to stay in hospital for observation or treatment for part or whole of their recovery from injury or illness.
- Paediatric Hospital in the Home (HITH) provides acute, sub-acute and post-acute care to infants, children and young people as a substitution for, or prevention of, in-hospital care. Care may be provided at home or in hospital or community clinics, schools or workplaces.
- Paediatric Acute Review Clinics provide non-admitted clinical care for children who are acutely unwell, have chronic and complex conditions that require specialist care, or for general paediatric conditions requiring specialist paediatric assessment.
- Paediatric non-admitted clinics provide care for children who require ongoing review or management of non-acute or post-acute conditions. These include general paediatrics, as well as sub-speciality clinics in paediatric endocrinology, burns and allergy at RNS Hospital, and healthy weight management at Hornsby Hospital.

Allied health services

Allied Health services include specialist admitted, and specialist and generalist non-admitted clinics, and community services.

- Paediatric community-based allied health clinicians work jointly with child and family health nurses and community paediatricians to provide services across the LHD.
- At RNS Hospital paediatric allied health services are provided in the child and adolescent unit, neonatal intensive care and special care nurseries and non-admitted clinics.
- Hornsby Hospital provides non-admitted and community-based allied health services along with in-reach into the paediatric ward and special care nursery.

8.2 Issues and Opportunities

Youth health

- Young people experience a range of health and wellbeing issues that are distinct from those of younger children and the adult population. Young people experience physical, emotional, cognitive and social development throughout adolescence and early adulthood which influences their behaviours, feelings, impulses, sense of self, relationships and resilience. Increased risk taking, experimentation, independence and engagement beyond family are also important and normal aspects of adolescent development. These factors can affect health and wellbeing, health choices and can increase risks of harm.
- The population of young persons aged 17-24 years is projected to grow 1.1 per cent per year across NSLHD. There is some variation between sectors with Hornsby experiencing the slowest growth and Ryde Hunters-Hill the greatest. The development of the NSLHD Youth Health Service, guided by the directions and priorities set out in the NSW Youth Health Framework 2017-24, will address the diverse health needs of young people, including those who are vulnerable, earlier and prevent chronic and serious health concerns from developing. A comprehensive and robust youth health model of care would include a dedicated community-based service that provides multidisciplinary primary health care, specialist adolescent/young adult admitted patient resources to support developmentally appropriate acute care for young people with complex presentations, and non-admitted and transition care services for young people with chronic illness conditions.

Childhood obesity

- Childhood obesity is a chronic and complex condition that requires a multidisciplinary approach over a prolonged period to address the associated psychological, social and health issues. The management of children and families with obesity includes access to general paediatric services, respiratory and sleep medicine, endocrinology, psychology and allied health services as well as gastroenterology and orthopaedics.

- One of the NSW Premier's Priorities is to *reduce overweight and obesity rates of children by five percentage points by 2025*. In NSLHD it is estimated that 26,500 or one in five children aged five to 17 years are overweight or obese. To address this, all children who come into contact with NSW Health facilities, including admitted, non-admitted and community settings, are now required to have a *Routine Growth Assessment*. Routinely measuring a child's height/length and weight allows staff to identify when a child is above (or below) a healthy weight, offer parents/carers brief advice, and if appropriate, refer the family to a secondary or tertiary weight management service.
- The NSLHD Health Promotion service provides a range of population level healthy weight management campaigns and programs. The Hornsby Healthy Kids (HHK) program provides one of only a few secondary level child weight management services outside Sydney Children's Hospitals Network in NSW. The HHK clinic has capacity to provide a service for families in the Hornsby Ku-ring-gai area and similar secondary health weight management services are required for families in the Northern Beaches, Lower North Shore and Ryde areas.

Acute paediatric care

- In 2017/18 an estimated 50,402 children aged 0-15 years presented to NSLHD EDs, a 9.0 per cent increase since 2014/15. This increase in demand is particularly noticeable at RNS Hospital (where the increase was almost 19 per cent) and for children and young people presenting with mental health issues. The increased rate of ED presentations has placed additional pressure on ED and paediatric admitted services. In 2017/18 there was an estimated 6,612 episodes in admitted paediatric services, an increase of 10 per cent since 2013/14. Similar to the growth in ED, RNS Hospital experienced growth of over 18 per cent in admitted episodes. To manage the increased demand, new models of care need to be developed or expanded, particularly in the non-admitted care setting (for example acute review clinic, hospital in the home).
- Ryde Hospital saw a total of 4,044 children presenting to its ED in 2017/18, an increase of 4.0 per cent since 2013/14, reflecting the population growth and demographic changes in the surrounding area. The physical design of the ED is not ideally suited for the care of children and families. The Paediatric Visiting Medical Officer (VMO) model and the absence of paediatric admitted or non-admitted services at Ryde Hospital means that there are inequities in access to paediatric care for the local population, and families often need to travel to other NSLHD hospitals for care. Consideration needs to be given to the redesign of the physical space in ED and to the development of non-admitted paediatric services to meet the needs of the growing paediatric population in the Ryde hospital catchment.
- The Child Youth and Family Health Clinical Network, in collaboration with acute hospitals and community health services, has made significant progress in establishing non-admitted models of care including short stay, Hospital in the Home, acute review clinics, and other clinics or services. In 2017/18 approximately 17 per cent of acute episodes were managed under the Paediatric Hospital in the Home model. Further development of these models remains a priority along with exploration of post-operative surgical models of care and paediatric dermatology services to reduce hospitalisation and readmission.
- Opportunities to improve paediatric services have been identified following a joint assessment of services, by the Child Youth and Family Health Network and the NSW Ministry of Health, against the *NSW Paediatric Service Capability Framework* (the "Framework") and the accompanying *Toolkit*. The Framework supports NSLHD services in the delivery of paediatric short stay and acute review services; close observation capability in paediatric wards; emergency surgery for children; paediatric clinical emergency response system; involvement of paediatricians in the care of children in NSW hospitals; requirements for child friendly and child safe health facilities; and children and young people in paediatric services requiring mental health care.

One of the NSW Premier's Priorities is to reduce overweight and obesity rates in children by five percentage points by 2025.

Non-admitted paediatric models of care, including acute review outpatient clinics and Hospital in the Home services, are being developed.

Child and family health community services

- Child and family health services have been providing care for families for over 100 years and during this time service models have evolved and changed in response to community needs and consumer expectations. Updated communication options and the development of a Centralised Intake System could further improve access and service responsiveness.
- Increasing understanding and awareness of child and family health services among clinicians, such as those in the EDs, could assist in the development of referral pathways for children/families who could be managed in the community through child and family health universal services, avoid hospital admission, for example, those who require breastfeeding support or crying and settling management of infants.
- The provision of services outside child and family health centres could raise the service profile and increase, not only utilisation, but the opportunities for families to discuss concerns allowing for early identification and implementation to support children to be ready for school.
- In 2019 NSW Health released *The First 2000 Days Framework*, a strategic document outlining the importance of the first 2000 days of a child's life from conception to five years of age, and the actions required to ensure all children have the best possible start in life.

National Disability Insurance Scheme (NDIS)

- The *National Disability Insurance Scheme (NDIS)* was initiated in 2016 by the Australian Government for Australians with moderate to severe disabilities, including people with intellectual, physical, sensory and psycho-social disabilities. The NDIS can pay for reasonable and necessary support services that relate to a person's disability and are required for them to live a normal life and achieve their goals. The *Cerebral Palsy Alliance Australia* now provides a single point of contact in NSLHD to support and guide families in NDIS access requests and application processes for children aged under seven years (children over seven years will follow the same process as adults). Further work is required at the interface between disability and health services to resolve who should most appropriately provide specific services or equipment.

Out of home care (OOHC)

- The NSW Government *Keep Them Safe - a shared approach to child wellbeing Action Plan 2009-2014* requires that all children and young people entering out of home care receive a comprehensive multidisciplinary health and developmental assessment within 30 days. The Out of Home Care Coordinator in NSLHD facilitates and manages this assessment process using the agreed model pathway. This particularly vulnerable population requires a high profile to maintain focus on continually improving services to meet their needs and reduce their vulnerability.

Violence, abuse and neglect (VAN)

- In 2016/17, nearly 120,000 children in NSW were reported to the child protection helpline, of which 72 per cent were at risk of significant harm. Domestic violence is a contributor of ill health and premature death for women aged between 15 and 45 years. Women experiencing domestic and family violence may also experience increased risk of self-harm; greater likelihood of having low birth-weight infants; increased rates of pre-term delivery and miscarriage, and health costs that are 20 per cent higher than for those who have not experienced abuse.
- Child and family health nurses are well placed to identify children at risk of harm and to undertake *Domestic Violence Routine Screening* to create a safe and confidential environment for facilitating disclosure, and to offer support, interventions and referral to relevant services.

Social media, technology and child health

- Emerging evidence about the positive and negative impact of social media on child and adolescent development (physical, emotional and mental) exists in international literature. The impact on child health development and wellbeing in NSLHD is being seen by paediatric, emergency, mental and allied health clinicians. This potential has wide-reaching implications for child development and long-term health concerns in adulthood.

8.3 Recommendations

CF1 Develop a comprehensive NSLHD youth health service response to address the specific and unique health needs of the vulnerable population of young people aged 12 to 24 years, including community-based multidisciplinary youth health service, adolescent/young adult admitted patient service, non-admitted and transition care services for young people with chronic illness conditions.

CF2 Develop and implement strategies for the prevention, early intervention and management of childhood and adolescent obesity across NSLHD including consideration of obesity management clinics; support for breastfeeding; access to general paediatric, respiratory and sleep medicine, endocrinology, psychology and allied health services as well as gastroenterology and orthopaedic services.

CF3 Meet the performance targets for the implementation of the Routine Growth Assessments of Children across NSLHD.

CF4 Develop, implement and evaluate strategies and models of care to better respond to the increasing demand for mental health services for children and young people presenting to the ED, admitted to the paediatric ward or accessing child and family health services.

CF5 Evaluate performance against the Out of Home Care (OOHC) Health Pathway and NSLHD performance agreement, and identify and implement strategies and consider alternative models of care, including multidisciplinary team assessments that will strengthen and consolidate business processes, clinical referral pathways, and partnerships with other service providers in providing a health care pathway for children and young people entering OOHC.

CF6 Develop and expand hospital-in-the-home and integrated paediatric non-admitted care services, including acute review clinics, to support "care for children as close to home as possible" and manage the increasing demand for acute paediatric services.

CF7 Improve ease of access for consumers and streamline pathways to primary, secondary and tertiary child and family health services, including consideration of a single point of entry.

CF8 Improve collaboration with other service providers to reduce the number of children starting school with identified vulnerabilities.

CF9 Improve developmental services including developmental surveillance and partnerships with NDIS providers.

CF10 Develop and implement plans to address the outcomes of the *NSW Paediatric Services Capability Framework* in NSLHD, in particular develop a business plan for services required for infants, children and young people at Ryde Hospital.

CF11 Develop and implement strategies to improve identification of domestic violence and referral to services that supports the Premier's Priority.

CF12 Develop strategies to address the impact of social media and technology on child and adolescent development, health and wellbeing including physical, emotional and mental health.

CF13 Review current models of care for child and family health services and develop innovative models of service delivery to meet the changing needs of families in NSLHD in particular for families and children with developmental vulnerabilities, including communication strategies to improve awareness of and advocacy for child and family health services to internal and external stakeholders, and models incorporating a multidisciplinary response.

CF14 Explore opportunities to integrate telehealth into the care of children and families in their home or in the community.

CF15 Implement the requirements of the NSW Health "*The First 2000 Days Framework*".

THE NSW HEALTH "FIRST 2000 DAYS FRAMEWORK" OUTLINES THE IMPORTANCE OF THE FIRST 2000 DAYS OF A CHILD'S LIFE FROM CONCEPTION TO FIVE YEARS, AND THE ACTIONS REQUIRED TO ENSURE ALL CHILDREN HAVE THE BEST START IN LIFE.

ACUTE AND CRITICAL CARE MEDICINE

The Acute and Critical Care Medicine Network encompasses services in:

- Emergency Medicine, including Emergency Department short stay units (EDSSU)
- Intensive Care
- General Medicine, including Medical Assessment Units (MAU)
- Acute Medicine in the sub-specialties of:
  - Gastroenterology and endoscopy
  - Hepatology
  - Infectious diseases
  - Immunology and allergy
  - Dermatology

9 EMERGENCY MEDICINE

9.1 Service Description

ED services are provided at four acute hospitals in NSLHD with a level 6 service at RNS Hospital, level 4 at Hornsby Hospital, and level 3 at Ryde Hospital. The new Northern Beaches Hospital provides a level 5 ED service, replacing the level 4 services previously provided at Manly and Mona Vale Hospitals. An urgent care centre opened at Mona Vale Hospital in late 2018.

- Each ED has a Short Stay Unit (EDSSU) located in close proximity to the ED providing care for up to 24 hours.
- Each ED has access to Computed Tomography (CT) and/or Magnetic Resonance Imaging (MRI). At RNS and Northern Beaches Hospitals both CT and MRI scans are available 24/7. Hornsby and Ryde Hospitals have 24/7 access to CT only. As part of the stage 2 redevelopment of Hornsby Hospital, the medical imaging service will include additional CT capacity and MRI capabilities.
- At Ryde and Hornsby Hospital EDs, allied health services are available during business hours but not overnight or at weekends. Allied health staff (apart from Aged Care Services in Emergency Teams (ASET)) are not specifically allocated to ED so availability depends on workload elsewhere in the hospital, and in some instances, is not sufficiently experienced to respond to the often complex ED patient needs. In RNS Hospital ED there is a seven day extended hours' primary care physiotherapy service and social work is available during standard business hours and on-call after hours.

Private emergency medicine services

Private emergency medicine services available in the Northern Sydney catchment include:

- ED at Sydney Adventist Hospital in Wahroonga.
- Walk-in Specialist Emergency (WiSE) Clinic in Macquarie Park close to the university and business hub.
- Smartphone app "My Emergency Doctor" which allows patients to access emergency video consultation for common conditions and injuries, including prescriptions, x-ray and pathology referrals.

Alternatives to ED

Health care advice and treatment can be accessed via:

- Health Direct Australia (1800 022 222) offers fast and simple expert advice on any health issue and what to do next for people with non-life-threatening health needs who do not require immediate medical attention. The 24/7 phone advice line can also help people find and access local after-hours health services and pharmacies.
- Extended Care Paramedics (ECP) are deployed by the NSW Ambulance service in response to 000 calls to treat patients with minor illnesses and minor injuries and provide definitive care and referral to community-based health services. Appropriate presentations include minor allergic reactions, asthma, back pain, mammal bites, minor burns, catheter problems, dislocations, falls in the elderly, urinary retention or infections and wounds.

Service demand and activity

Almost 220,000 patients (598 per day) passed through NSLHD EDs in 2017/18. ED presentations in NSLHD increased by almost 26,000 (13 per cent) over the five years between 2013/14 and 2017/18. Over two-thirds of this increase occurred at RNS Hospital (presentations increased by 25 per cent, double the other hospitals' growth). Hornsby Hospital has also experienced an 11 per cent growth over the same time period, significantly higher than the underlying population growth. Non-ambulance arrivals, that is patients who walked in or self-presented, comprised 88 per cent of the increase in demand.

Table 16: NSLHD ED Presentations by Hospital and change from 2013/14 to 2017/18

	2013/14	2014/15	2015/16	2016/17	2017/18	Change n	Change %	Change of %	% of Total
Hornsby	36,577	37,867	37,741	39,379	40,760	4,183	11%	19%	16%
Manly	24,843	24,546	24,142	24,580	25,507	664	3%	12%	3%
Mona Vale	33,048	33,851	34,420	35,035	34,894	1,846	6%	16%	7%
RNSH	71,669	75,483	79,447	83,618	89,365	17,696	25%	41%	69%
Ryde	26,396	27,103	26,985	26,519	27,741	1,345	5%	13%	5%
NSLHD	192,533	198,850	202,735	209,131	218,267	25,734	13%	100%	100%

Source: NSLHD Report Central ED Explorer Report

9.2 Issues and Opportunities

Challenges for NSLHD EDs are associated with the continued growth in ED presentations and achievement of the Emergency Treatment Performance (ETP) target. The introduction of an urgent care centre at Mona Vale Hospital will also require close monitoring and refinement of the model of care as the service develops.

Since 2012 NSW Health has set an ETP target for EDs to discharge or admit 81 per cent of patients within 4 hours of presentation. The target varies from 75 per cent at RNS Hospital to 80 per cent at Hornsby Hospital, 83 per cent at Ryde Hospital and 84 per cent at Northern Beaches Hospital. Since 2012 there has been an improvement in ED waiting times in NSLHD hospitals with all patient triage categories being seen in clinically appropriate times. However, NSLHD has been unable to consistently achieve more than 70 per cent ETP over the 12 months to May 2019 despite considerable and persistent efforts at individual hospitals.

Opportunities to ensure the delivery of safe and cost-effective care that is satisfactory to both patients and staff will need to focus on:

Effectiveness and efficiency within the ED

- Early senior review to reduce crowding in ED and improve clinical outcomes: There is considerable variation between hospitals according to the availability of senior staffing, time of day, patient acuity and workload factors. Key barriers to the provision of consistent early senior review include the shortage of middle grade doctors (reduced numbers entering emergency medicine training programs), inadequate training and experience of middle grade doctors in some district hospitals, and the diversion of senior and middle grade doctors to tasks more appropriately carried out by other clinical or administrative staff.
- Appropriate workforce skill mix includes: scribes, surgical dressers, communication clerks, physiotherapist, social workers, IV technicians and nurse practitioners to support the medical and nursing teams to provide efficient and effective care. This will become more important as the medical workforce challenges deepen.
- Better alignment of important hospital services with periods of known higher ED demand has the potential to improve ED throughput including: after-hours MRI and reporting; specialist teams' responsiveness and admission acceptance practices; and on-call after-hours availability of essential allied health services including physiotherapy practitioners, pharmacy, social work, and associated support services such as ASET.

Options for the disposition from ED

- Improved access to non-admitted specialist services for hand injuries, transient ischaemic attack (TIA), moderate risk chest pain, concussion and other similar conditions as well as the establishment of the Paediatric Acute Review Clinics has allowed ED physicians to confidently and safely discharge patients knowing that patients can be followed up in a timely manner. Hospital in the Home and community-based services can also provide ongoing care rather than admitting to wards.
- Improving options for the care and management of patients with acute behavioural disturbance who often require sedation and close monitoring before being discharged within 24 hours. Many of these patients have drug-related, self-harm, or psychosocial problems often with coexisting mental health, and medical problems; currently these patients remain in unsuitable accommodation in ED as they are not generally suitable for admission to EDSSU, Medical Assessment Unit (MAU), Psychiatric Emergency Care Centre (PECC) or medical/surgical wards.
- Improved understanding of patient flow and discharge practices across whole of hospital to better match capacity with demand, consideration of "specialty home wards" or the identification of "flow beds" on each ward to better manage surges in admissions from ED.

Diversion of non-tertiary activity from RNS Hospital

- Continued diversion of non-time critical patient transports from RNS Hospital to Ryde Hospital.
- Making better use of the ED at Ryde Hospital for appropriate patients such as those requiring identified surgical interventions (to be determined in collaboration with the Surgery and Anaesthesia Network), patients with single site injuries or where the ensuing care is likely to require rehabilitation services.
- Improving confidence and clarity for patients and GPs in the range of services offered and capabilities of Ryde Hospital.

EMERGENCY DEPARTMENT PRESENTATIONS IN NSLHD INCREASED BY ALMOST 26,000 (13%) OVER THE FIVE YEARS BETWEEN 2013/14 AND 2017/18.

Reducing demand for ED services

- Aged care services along with Primary and Community Health have developed services that aim to reduce the number of patients requiring transfer from their RACF to ED for assessment.
- Identifying alternative pathways to care before patients require ED services:
  - Other models such as Hospital in the Home, rapid access review clinics and tele-health advice can offer opportunities to avoid ED presentation with appropriate pathways directly to these services to ensure patients receive the right care at the right time.
  - Under current arrangements, access to urgent specialist review, such as orthopaedics, requires the patient is first triaged and assessed in ED; there are opportunities to consider alternative pathways that facilitate access to specialist care without the need to first attend ED.
  - Development of non-admitted care pathways for predetermined or low acuity conditions that would be better managed with early direct access to specialist services rather than in the ED, for example Early Pregnancy Assessment Services and chronic or complex wound clinics and services.

9.3 Recommendations

AC1 Improve efficiency, outcomes and patient experience in the ED with:

- Consistent early senior review and decision making.
- Use of appropriate workforce skill mix including; scribes, surgical dressers, communication clerks, physiotherapist, social workers, IV technicians and nurse practitioners for appropriate patient cohorts.
- Better access to Magnetic Resonance Imaging (MRI), particularly at weekends and after hours at Hornsby and Ryde Hospitals.
- Appropriate accommodation and consistent pathways for the care of behaviourally disturbed patients.

AC2 Expand options for the disposition from ED of non-admitted and admitted patients:

- Improve pathways for admission avoidance such as Hospital in the Home, and non-admitted services such as acute review, follow up, rapid access and other specialist care.
- Work with the whole of hospital to shorten patient waiting times in ED following decision to admit. (This includes better understanding of patient flow and matching capacity to demand patterns across short stay units, wards and hospital substitution services.)

AC3 Review the ambulance matrix in collaboration with the NSW Ambulance Service to identify opportunities to reduce the burden of non-tertiary activity at RNS Hospital and redistribute to other hospitals in NSLHD.

ALMOST 220,000 PATIENTS (598 PER DAY) PRESENTED TO NSLHD EMERGENCY DEPARTMENTS IN 2017/18.

10 INTENSIVE CARE

10.1 Service Description

Service, network and role delineation

Intensive care services for adults are provided at Hornsby, Northern Beaches, RNS and Ryde Hospitals. Children requiring intensive care services are transferred to one of the specialist children's hospitals.

The role of the individual units is determined by the range and specialty services provided by the hospital:

- RNS Hospital provides services at level 6 with collocated cardiothoracic, neurosurgical and general intensive care services, fulfilling its role in the provision of supra-LHD services for severe burn injury, major trauma and spinal cord injury, and other tertiary services for NSLHD.
- Hornsby and Northern Beaches Hospitals are designated at level 5. The new Northern Beaches Hospital replaces the services previously provided at Manly and Mona Vale Hospitals.
- Ryde Hospital is currently being upgraded to a level 4 service reflecting the changed definitions and standards set out in the revised *NSW Health Guide to the Role Delineation of Health Services*. While there is no immediate change in the type of patient or care provided, this upgrade will facilitate the development of services to meet the needs of the local population into the future.
- Within NSLHD the intensive care units work as a network so that patient care can be escalated to a higher level service that meets clinical needs. Hornsby Hospital is the default or preferred unit for patients who require a higher level of care than is available at Ryde Hospital while RNS Hospital accepts referrals for patients requiring more complex care from Hornsby, Northern Beaches and Ryde Hospitals.

Resource distribution

NSLHD has a total of 96 intensive care unit beds (Table 17). Beds are notionally designated as high dependency (HDU) or intensive care (ICU) beds: at Ryde Hospital the 6 ICU beds are complemented by 9 coronary care beds in a combined unit. The intensive care bed capacity across NSLHD hospitals forms part of the supra-LHD ICU bed base and may be required to accommodate critically ill patients from other parts of NSW when there is increased demand.

The number of ICU/HDU beds varies depending on patient demand and acuity, management of capacity across seasons and days of the week, and allocated budgetary resources (Table 17). There is sufficient physical capacity across NSLHD units to accommodate anticipated growth in demand for several years to come with commensurate step-change increases in resources.

INTENSIVE CARE SERVICES FOR ADULTS ARE PROVIDED AT HORNSBY, NORTHERN BEACHES, ROYAL NORTH SHORE AND RYDE HOSPITALS. CHILDREN REQUIRING INTENSIVE CARE SERVICES ARE TRANSFERRED TO ONE OF THE SPECIALIST CHILDREN'S HOSPITALS.

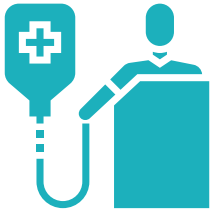


Table 17: Physical, Funded and Utilised ICU beds

	Hornsby	Northern Beaches	RNSH	Ryde	NSLHD
[1]Physical capacity	12	20 (10 private)	58	6	96
[2]Funded capacity 2018/19	6-8	n/a	38	4	48-50
[3]Beds Utilised 2017/18	5.6	n/a	38.4	4.1	48.1
Beddays 2017/18	2,040	3,340	14,020	1,509	20,909
Patient Stays 2017/18	629	1,180	4,758	630	7,197

Source and Notes:
1 NSLHD Patient Flow Portal Bed Board and Northern Beaches Hospital Departments by Floor, accessed June 2018
2 Advice from ICU Clinical Directors and Nurse Manager/NUM, accessed April 2019
3 NSLHD Report Central Admitted Patient Dataset (Ward Stay), accessed February 2019

10.2 Issues and Opportunities

Ryde Hospital ICU

In 2016, Ryde Hospital high dependency unit (HDU) participated in the *Agency for Clinical Innovation (ACI) Intensive Care Model* project to meet the clinical safety and quality requirements to upgrade to a level 4 Intensive Care Unit. Since the project commenced in 2017/18, significant progress has been made in achieving the standards including, but not limited to:

- Networked arrangements with a higher level intensive care.
- Improved after hours medical cover with credentialed airway and vascular access skills.
- Recruitment to the Clinical Director position with responsibilities for unit leadership and governance.
- Standard operating procedures for multidisciplinary team patient review and handover.
- Regular mortality and morbidity reviews.
- Structured education and training program for nursing staff with clinical rotations to Hornsby Hospital, and access to clinical educators.

Networking and inter-hospital transfers

Significant work has been completed and a formal networking arrangement is in place to manage care escalation and inter-hospital transfers between Ryde, Hornsby and RNS Hospitals as appropriate.

Further consultation and agreement will be required to include the Northern Beaches Hospital in this guideline.

Managing increasing demand

All ICUs will be required to respond to increases in the volume of planned and unplanned surgical activity and increasing complexity of unplanned medical admissions that will occur at each hospital. At Hornsby Hospital this is particularly relevant with the surgical theatres and ED being expanded as part of the Hornsby Hospital redevelopment. It is expected there will be an increase in demand for the ICU over the next five years.

The ICU Network will support collaboration on key issues and promotion of sustainable and effective staffing and clinical models of care in relation to the changing demands.

10.3 Recommendations

AC4 Finalise and operationalise the provision of level 4 ICU services at Ryde Hospital.

AC5 Develop standard operating procedures for the dynamic management of intensive care nurse staffing levels.

AC6 Develop standard operating procedures for the management of inter-hospital intensive care patient referrals.

NSLHD has 96 built intensive care beds with sufficient capacity across all ICUs to accommodate anticipated growth in demand for several years to come.

11 GENERAL MEDICINE

11.1 Service Description

General Medicine services are provided in Hornsby, Northern Beaches, RNS and Ryde Hospitals with role levels determined by the range and specialty services provided by the hospital. RNS Hospital provides a level 6 service, Northern Beaches level 5, Hornsby level 4 and Ryde level 3.

While patients admitted under General Medicine are admitted to different wards in each hospital, a significant proportion are admitted to Medical Assessment Units (MAU). MAUs were originally established in NSW in 2008 to deliver faster, safer and better care for patients who are elderly and/or have chronic or complex but stable medical conditions, who require detailed investigation, observation and/or definitive treatment. Designed as an alternative to treatment in ED and to eliminate long waits, it was anticipated that these short stay units (24-48 hours) with a dedicated consultant led multidisciplinary team would improve care coordination and improve patient flow across the hospital. MAUs have been established at each of the acute hospitals in NSLHD although the location, governance and operation of each one varies.

11.2 Issues and Opportunities

General medicine as a sub-speciality

With increasing sub-specialisation there has been a renewed focus on the development and provision of General Medicine services across the NSW health system in response to the large number of older patients who often present with undifferentiated and ambiguous conditions, frequently complicated by complex, chronic and multisystem problems.

General Medicine services are able to provide and coordinate patient care across multiple medical, nursing and allied health disciplines and teams and across acute and primary care settings. Specifically services can:

- Work alongside other specialists so that the combination of the breadth of General Medicine with depth of sub-specialty services delivers the best care to patients.
- Work alongside emergency physicians to fast track and coordinate care from the initial presentation.
- Support GPs and other primary care providers following discharge from acute care, or when there are diagnostic issues, or acute or complex management needs, beyond the capability of the GP.

Care under General Medicine is ideal for patients whose care does not fall specifically within the domains of single-organ sub-specialty services and where integration of multidisciplinary expertise may be required. Patients suitable for admission under general medicine include:

- Complex pathology/symptomatology where a definitive single system diagnosis cannot be determined following investigation or where multiple diagnoses can be determined.
- Multi-system complex disease where the patient is not suitable for sub-speciality or aged care admission.
- Common conditions that do not require admission under a sub-specialty, for example dehydration, sepsis/pyrexia of unidentified origin, envenomation, below knee deep vein thrombosis.

Academic general medicine unit

The establishment of a General Medicine Academic Unit, initially identified in the 2015-2022 Clinical Services Plan, remains a priority. A first for NSW, the academic unit would provide clinical leadership, direction and research for the ongoing development of acute medicine services and further development of medical short stay units across NSLHD. It is anticipated that the development of an academic unit would improve the provision of evidence-based interventions, reduce unwarranted clinical variation, support the operation of efficient MAU, and result in decreased lengths of stay and better patient outcomes.

While the scope and reach of the General Medicine Academic Unit would extend across all NSLHD hospitals it would be ideally placed at Ryde Hospital, supporting the large proportion of patients who are admitted under General Medicine rather than under sub-specialty services.

11.3 Recommendations

AC7 Establish a General Medicine Academic Unit at Ryde Hospital to support the development of General Medicine and Medical Assessment Unit (MAU) services across NSLHD hospitals.

CARE UNDER GENERAL MEDICINE IS IDEAL FOR PATIENTS WHOSE CARE DOES NOT FALL SPECIFICALLY WITHIN THE DOMAINS OF SINGLE-ORGAN SUBSPECIALTY SERVICES OR WHERE INTEGRATION OF MULTIDISCIPLINARY EXPERTISE MAY BE REQUIRED.

12 GASTROENTEROLOGY

12.1 Service Description

Gastroenterology and endoscopy services are provided at each of the acute hospitals in NSLHD. Secondary level services are provided at Hornsby (level 4) and Ryde (level 3) Hospitals while secondary and tertiary services are provided at RNS Hospital (level 6). The new Northern Beaches Hospital (level 5) provides a comprehensive range of services at a higher level than previously provided at Manly and Mona Vale Hospitals (level 4).

- Routine diagnostic and therapeutic endoscopy and colonoscopy services are provided at all hospitals with more complex patients referred to RNS Hospital.
- Acute gastrointestinal bleeding services are provided at each hospital with gastroenterologists participating in general medical or sub-specialty on-call rosters.
- Endoscopic retrograde cholangio-pancreatography (ERCP) is provided at RNS Hospital with referral pathways from other NSLHD hospitals.
- RNS Hospital provides comprehensive physiology measurement services including pH testing, oesophageal and ano-rectal manometry, as well as endoscopic ultrasound, balloon and push enteroscopy, percutaneous endoscopic gastrostomy (PEG) placement and luminal stents.
- Stoma-therapy services are provided at RNS Hospital; parenteral nutrition services are provided at each hospital in collaboration with pharmacy services.

Services are provided predominantly in admitted settings; endoscopy services are provided in both admitted and non-admitted settings. Non-admitted services are provided at RNS Hospital while follow up services for patients discharged from Hornsby and Ryde Hospitals are provided from specialist private rooms.

12.2 Issues and Opportunities

Access to care

Gastroenterology non-admitted clinics are provided at RNS Hospital while follow up services for patients discharged from Hornsby and Ryde hospitals are provided from specialist private rooms.

- The number of patients and waiting times for non-admitted clinic appointments at RNS Hospital are increasing and due to the high demand, a significant proportion of non-urgent patients are not seen within the clinically recommended waiting times.
- There can also be some delays in accessing admitted patient endoscopy services in Hornsby and Ryde Hospitals for patients who require investigation for gastrointestinal bleeding depending on scheduling of Visiting Medical Officers and to procedure room/ operating suite resources.

Bowel cancer screening

Australia has a high incidence of bowel cancer. The Cancer Institute NSW has developed a comprehensive approach to the prevention and screening, early detection, assessment and diagnosis, and treatment and survivorship of bowel cancer. *The National Bowel Cancer Screening Program* commenced in 2006 and NSLHD has responded with the provision of diagnostic colonoscopy services, prioritising patients with a positive Faecal Occult Blood Test (+FOBT) so that they are followed up quickly.

The *NSW Health Leading Better Value Program* includes a new initiative to provide direct access to colonoscopy for patients with a +FOBT. The project aimed to reduce time from referral to procedure, reduce duplication of referrals across specialties and LHDs, manage demand for non-admitted appointments, and improve cancer treatment options and surveillance. The project includes standardisation of a health pathway and referral process, and phone screening to identify patients suitable to proceed directly to colonoscopy and bypassing non-admitted clinics. Early work on this project commenced in 2018/19 and it will be implemented in 2019/20.

12.3 Recommendations

AC8 Review the arrangements for the provision of admitted patient endoscopy services in Hornsby and Ryde Hospitals and ensure appropriate and timely cover is provided.

AC9 Develop the gastroenterology non-admitted services offered at RNS Hospital and explore opportunities for the roll-out of satellite or dedicated clinics at Hornsby and Ryde Hospitals.

AC10 Develop an expedited colonoscopy service for patients with positive (+FOBT) at suitable hospitals across NSLHD.

THE DIRECT ACCESS COLONOSCOPY PROJECT AIMS TO REDUCE THE LENGTH OF TIME BETWEEN REFERRAL AND PROCEDURE FOLLOWING A POSITIVE BOWEL CANCER SCREEN.

13 HEPATOLOGY

13.1 Service Description

Hepatology and other liver disease services are predominantly provided at RNS Hospital with a small hepatic clinic at Hornsby Hospital, caring for patients with viral liver disease (hepatitis C and B), cirrhosis, hepatoma (primary liver cancer), and non-viral liver conditions such as non-alcoholic fatty liver disease (NAFLD), autoimmune and metabolic disorders, and liver enzyme derangements.

- Patients with cirrhosis, hepatic decompensation or hepatitis B/ human immunodeficiency virus (HIV) co-infection are reviewed and managed by the specialist service which encompasses medical, nursing, dietetic and counselling services. Remote hepatology consultation services support GPs and other medical officers in prescribing hepatitis C viral treatment to patients in the community without the patient having to be seen in the liver clinic.
- The service works closely with Maternal and Neonatal Services for the management of pregnancy-related liver enzyme derangement and pregnant women with hepatitis B. It also works with the Infectious Diseases Service in the management of patients with HIV and chronic hepatitis.

NSLHD has a hepatitis B notification rate of 31 per 100,000 population with 291 notifications in 2017, up 2.5 per cent on the previous year. An estimated 1352 residents accessed treatment in 2017, a nine per cent increase on the previous year and a 15 per cent increase since 2015. Almost 21 per cent accessed treatment in primary care while the majority (79 per cent) were managed by a specialist. Not all people with chronic hepatitis B need treatment but all require regular (six to 12 monthly) monitoring. Everyone living with chronic hepatitis B should be receiving ongoing care, incorporating either yearly monitoring (including a deoxyribonucleic acid (DNA) viral load test) or antiviral treatment.

In 2017 it was estimated that 5210 NSLHD residents were living with hepatitis C and there were 146 hepatitis C notifications, down from 153 notifications in 2016. This is a crude rate of 17 per 100,000 population, the lowest of all NSW LHDs, and almost half the rate of Western Sydney LHD. It is estimated that 23 per cent of NSLHD residents who are living with hepatitis C initiated treatment since the direct acting antiviral medicines were listed on the Pharmaceutical Benefits Scheme (PBS) in March 2016. Of those, 64 per cent are under the care of specialists while 36 per cent are being managed in primary care. Further efforts are needed to actively find people with hepatitis C and link them to treatment services.

An estimated 5,210 NSLHD residents are living with hepatitis C. There were 146 notifications in 2017, a crude rate of 17 per 100,000 population, the lowest of all NSW local health districts.

13.2 Issues and Opportunities

Managing service demand

NSLHD commissioned a significant review of hepatology services in 2014/15. Demand projections undertaken as part of this review estimated that by 2016, the number of residents in NSLHD living with liver disease would increase by two per cent to around 248,990. Of those it is estimated that NAFLD will account for 85 per cent, hepatitis C for 5per cent and hepatitis B for four per cent; annual notifications would remain at approximately 270 for hepatitis B and around 140 to 150 for hepatitis C; these estimates are consistent with the actual activity reported in the *NSW Hepatitis B and C Strategies 2014-2022 Annual Data Report 2017*.

The NSW Hepatitis B and C Strategies have been in progress since 2014; at this mid-point it would be timely to evaluate current service delivery arrangements, identify pressure points, and consider partnership and support with primary care providers to ensure that services are well positioned to achieve the goals set out in those strategies. Specifically the plan should consider strategies to up-skill and support primary care providers in the management of patients with hepatitis B or C, and supporting Mental Health Drug and Alcohol Services to identify high risk patients who would benefit from testing and treatment.

13.3 Recommendations

AC11 Develop a hepatology service delivery plan for patients with viral and non-viral liver disease.

14 INFECTIOUS DISEASES

14.1 Service Description

The Infectious Diseases Service, provided from a level 5 hub at RNS Hospital with linkages to level 4 services at other hospitals, encompasses clinical, laboratory and public health with particular focus on:

- Infection prevention and control is located in each of the acute hospitals in NSLHD and within Mental Health and Drug and Alcohol Service, Northern Sydney Home Nursing and at affiliated health organisations Royal Rehab and HammondCare. The service focuses on development of guidelines and initiatives; health care worker education; surveillance of health care associated infections, colonisation with multiple-resistant organisms and transmissible infectious diseases and development of strategies for their reduction and management of outbreaks and infection-related incidents.
- Anti-Microbial stewardship including antibiotic usage, antimicrobial resistance and multi-resistant organisms including the development and roll-out of decision support and auditing tool (eASY) which provides practical advice on appropriate antibiotic selection based on indication, adult and paediatric antibiotic creatinine clearance-based dosing, and standardised antibiotic administration methods.
- Infectious diseases consultation and expertise on matters pertaining to infection to other specialist services including emergency medicine, perioperative care, intensive care, and to oncology and other services with immuno-compromised patients. The service also works closely with the Hepatology service for patients with HIV and chronic hepatitis, respiratory services for tuberculosis (TB), and sexual health services.
- Microbiology laboratory services provided by NSW Health Pathology Northern Sydney for Hornsby, RNS and Ryde Hospitals and the Mona Vale Urgent Care Centre; services for the Northern Beaches Hospital are provided by Australian Clinical Labs.

The Infectious Diseases Service is delivered largely as a consultative service to other specialties. A very small number of patients are admitted under infectious diseases specialists. The service has a significant and increasing role in the management of acute infections through the Hospital in the Home and Acute Post-Acute Care services.

14.2 Issues and Opportunities

Evaluation of service model

A hub and spoke service delivery model was implemented in 2016. It would be timely to evaluate current service delivery arrangements, identify any pressure points, and consider networked arrangements across NSLHD hospitals.

14.3 Recommendations

AC12 Review current Infectious Diseases Services and develop a district-wide integrated service delivery model.

15 IMMUNOLOGY AND ALLERGY

15.1 Service Description

Allergy and Immune Diseases encompass allergic, immunodeficiency and autoimmune diseases.

- Allergic diseases occur when a person's immune system reacts to substances that are normally harmless; these allergens can be found in foods, airborne particles such as dust mite or pollens and medications. Care includes allergy assessment, management of anaphylaxis, and antibiotic desensitisation.
- Immunodeficiency diseases are either inherited (primary immunodeficiency) or acquired (secondary immunodeficiency) conditions in which the immune system does not function correctly to protect against microbes, leading to increased risk of potentially life-threatening infections and cancers.
- Autoimmune diseases are a broad range of related diseases in which a person's immune system produces an inappropriate, detrimental response against its own cells, leading to damage to healthy tissue.

Immunology and Allergy Services are provided at RNS Hospital (level 6). Hornsby and Ryde Hospitals have level 4 services which rely on networked consultation and support from immunologists at RNS Hospital as required. The new Northern Beaches Hospital provides a level 5 immunology and allergy service. Patients are also referred to RNS Hospital from Central Coast and elsewhere in NSW where immunology and allergy services are not routinely available. Private immunology and allergy services are provided in Chatswood, Wahroonga, Belrose, and at North Shore Private Hospital in St Leonards.

The Immunology and Allergy Service provides clinical consultation to a wide range of specialties including: anaesthesia, infectious diseases, respiratory medicine, endocrinology, rheumatology, gastroenterology, neurology, and post-transplant, haematology and oncology services. A considerable component of the service is laboratory based and as such there is a close working relationship with NSW Pathology North.

15.2 Issues and Opportunities

Access to non-admitted care

The wait lists for non-admitted appointment in the Department of Clinical Immunology and Allergy at RNS Hospital are reported to be up to 12 months and between four and six months in private practices across Northern Sydney and Central Coast LHDs, respectively.

Penicillin de-labelling

In 2017/18, a feasibility study commenced at RNS Hospital to de-label patients who have previously been identified as allergic to penicillin. The project is a collaboration with Pharmacy, the Antibiotic Stewardship Committee, Infectious Diseases and Respiratory Medicine services.

- It is estimated that 45 per cent of patients admitted to RNS Hospital each year will require antibiotics, with penicillin being the first-line therapy for many conditions. Ten per cent of patients have a history of penicillin allergy, although 95-98 per cent of those are found not to have an allergy on subsequent testing. Over a nine-month period, 65 patients admitted to RNS Hospital were recruited to the study with 95 per cent successfully de-labelled.

- De-labelling, using oral challenge and skin prick testing protocols, results in better patient outcomes including avoidance of iatrogenic infections, drug resistance and drug toxicity, as well as shorter lengths of stay and reduced likelihood of readmission; direct and indirect financial savings are also expected.

15.3 Recommendations

AC13 Review the provision of non-admitted immunology and allergy services and develop a service delivery plan to meet the demand for adult and paediatric consultation and procedural services across NSLHD hospitals.

AC14 Continue and expand penicillin de-labelling to all patients who will benefit across NSLHD hospitals and services.

16 DERMATOLOGY

16.1 Service Description

Dermatology consultation services are available at each of the acute hospitals in NSLHD. A district-wide service is located at RNS Hospital offering remote advice using telehealth and/or referral to dermatology non-admitted clinics and a small number of patients are admitted under the dermatology specialty. The dermatology service largely operates as a non-admitted service.

The service plays a key role in the management of patients with skin cancer including the provision of micrographic surgery (Mohs). It also provides a laser service for the cancer genetics clinic (neurofibromatosis patients) and for burn injury patients, as well as treating patients with more common disorders of the skin, mouth and genitalia including acne, psoriasis, atopic eczema, skin infections such as warts and dermatitis. The service has strong clinical linkages with Rheumatology and Microbiology services.

16.2 Issues and Opportunities

Access to non-admitted care

The Dermatology service reports a large number of patients waiting or appointments for non-admitted consultation at RNS Hospital, with extended waiting times for non-urgent referrals.

Delivering efficient dermatology services

A range of operational issues have been identified as barriers to the provision of an efficient dermatology service including: access to clean procedure rooms; poor administrative support with missed billing Medicare Benefits Schedule (MBS) opportunities and loss of revenue for privately referred patients; scattered services components across RNS Hospital making the integration and provision of a clinical service, research and training difficult. These issues are being addressed through the Division of Medicine at RNS Hospital.

16.3 Recommendations

AC15 Review the demand for, and provision of, non-admitted dermatology services and develop a service delivery plan to meet the demand for adult and paediatric consultation and procedural services in NSLHD hospitals.

AC16 Plan towards a best practice non-admitted clinic model that would include services in one geographical location with consistent staffing.

CHRONIC AND COMPLEX MEDICINE

The Chronic and Complex Medicine (CCM) Network includes the specialties of endocrinology, pain management and renal medicine. Other clinical networks include services for people with chronic illnesses, including respiratory and cardiac conditions, while the Primary and Community Health Service manages the Chronic Disease Management Program and the Integrated Chronic and Complex Care leadership group. The CCM network has a number of common projects with the Sydney North Primary Health Network including the development of health pathways for chronic and complex conditions, particularly in relation to the management of patients with diabetes and end stage kidney disease. Comprehensive research programs exist in diabetes, pain management and renal medicine to support standards.

Issues, challenges and opportunities common to all services in the Chronic and Complex Medicine Network include:

- Clinical governance for chronic care is complex due to the range of chronic health conditions and services, including the range of responsible networks. Patients with these conditions are becoming more complex with longer lengths of stay.
- Further work is required to ensure access to services for harder to reach population groups. Appropriate and equitable care for patients with chronic illnesses at Ryde and Hornsby hospitals has emerged as an issue for all three specialties. Telehealth options are being explored for a number of services.
- Continued support should be provided to primary medical care to reduce the number of patients presenting to hospitals that could be managed by their GP.

17 ENDOCRINOLOGY AND DIABETES

17.1 Service Description

The Endocrinology and Diabetes component of the Chronic and Complex Medicine Network aims to improve outcomes and services for patients with diabetes and other endocrine disorders.

Sub-specialty endocrinology services

Sub-specialty endocrinology services are generally multidisciplinary and are concentrated at RNS Hospital. These include bone densitometry and re-fracture prevention, endocrine testing, specialist obstetric services, thyroid cancer services, genetic endocrinology and obesity services. An endocrinology-led multidisciplinary healthy weight clinic is also provided at RNS Hospital.

Diabetes services

- Specialist adult diabetes services in NSLHD are currently provided at the Northern Beaches, Hornsby, RNS and Ryde Hospitals, and at the Mona Vale and Brookvale Community Health Centres. The Northern Beaches Hospital is required to provide admitted (including consultative) and non-admitted services including gestational diabetes and follow up for public paediatric patients. GPs are central to good diabetes care and work is continuing to improve integration of diabetes care.
- Diabetes in pregnancy services are available at the Northern Beaches Hospital and Hornsby Hospital (by arrangement with private endocrinology services) as well as at RNS Hospital.
- RNS Hospital provides a tertiary service for paediatric diabetes and endocrinology largely delivered in paediatric non-admitted care. The service includes the provision of new technologies such as continuous blood glucose monitoring and new generation insulin pumps which have been shown to significantly reduce long-term and chronic complications of diabetes; these services require additional education and support for children, young people and families.
- Diabetes high risk foot services provide a multidisciplinary approach to the management of diabetes related foot complications aiming to avoid ulcers, infections and amputations. The service at RNS Hospital has been complemented by a second service at Hornsby Hospital, with work to establish services at Ryde Hospital and Northern Beaches Community Health Centres under discussion. This is linked with network initiatives to develop a skin and wound model of care that is being progressed across the NSLHD.
- A number of initiatives aim to support prevention and early intervention with diabetes:
  - Services provided by Primary and Community Health include chronic and complex care coordination and home-based community nursing interventions for people with diabetes, including medication management and monitoring.
  - Collaboration with primary care around GP education, a GP hotline, case conferencing and work to improve services for pregnant women from different ethnic backgrounds diagnosed with gestational diabetes.

- A mental health and diabetes clinic at Hornsby Hospital and a young adult clinic at Brookvale Community Health Centre.
- A nurse-led insulin stabilisation service to improve glycaemic control between routine clinic visits.
- A rapid access clinic at RNS Hospital supported by a post-hospital discharge service.

17.2 Issues and Opportunities

The *NSLHD Diabetes Service Implementation Framework (April 2016)*, which provides direction for service development, has largely been implemented. Further service development opportunities include:

Managing service demand

- Population growth and incidence of diabetes requires a collaborative approach between primary and secondary services with uncomplicated patients managed primarily by their GP. Many GPs continue routine referral of patients to hospital-based non-admitted clinics and specialist diabetes teams upon diagnosis of a patient with uncomplicated diabetes. One in nine admitted patients in Northern Sydney hospitals had diabetes and their average length of stay was 1.4 days longer than the average.

Diabetic patient education and support

- NSLHD diabetes services provide education and support to people with either a new or existing diagnosis of type 1, type 2 and gestational diabetes. The goal of these services is to enable people with diabetes to develop practical diabetes self-management skills to minimise the effect of diabetes on their daily lives. The services provide consultation to support people with diabetes, together with their GP, in managing complex issues as well as complications.
- Diabetes education services at each hospital have evolved independently and work is underway to improve efficiency, quality of service and patient experience of care. Diabetes education models need to be developed to support patients in the uptake of new technologies such as telehealth and continuous glucose monitoring.

Models of care

- Models of care need to consider the health needs of hard to reach patients, including people with English as a second language, patients with mental illness and residents in aged care facilities.
- The NSLHD diabetes model of care needs to be enacted in terms of services available at each site. This may include further devolution of high risk foot services to local facilities.
- Future development of capacity for metabolic surgery for the management of co-morbidities in patients who are obese will require attention to the volumes of activity and links with the private sector.
- Diabetes is also one of the conditions targeted in the NSW Ministry of Health *Integrated Care for People with Chronic Conditions* program.

Transition from paediatric to adult services

- The transition of young people from paediatric to adult care for diabetes and endocrine services is important in order to maintain the adolescent or young adult's engagement with their health management including attention to psychosocial and mental health issues. The percentage of patients meeting the glycosylated haemoglobin (HbA1c) benchmark in this transitional group still remains below recommended levels. The decline in diabetes control and loss of patients to follow-up by both primary and specialist care has an impact on the rate of long-term complications of diabetes such as kidney disease, blindness, cardiovascular disease and neuropathy.

ONE IN NINE PATIENTS ADMITTED TO NSLHD HOSPITALS HAS DIABETES; AND STAY 1.4 DAYS LONGER ON AVERAGE THAN PATIENTS WITHOUT DIABETES.

17.3 Recommendations

CC1 Effectively manage and realise the benefits of the increased uptake of insulin pumps and continuous blood glucose monitoring, as well as the use of mobile apps and new devices.

CC2 Evaluate and review the mental health diabetes clinic developed at Hornsby Hospital to determine the scalability of this service to other facilities and to enable increased access for people with metabolic issues related to the treatment of mental health disorders.

CC3 Develop better access to multidisciplinary transition services for young adults with diabetes to optimise diabetes management into adulthood.

CC4 Work in collaboration with primary care partners to:

- Increase capacity for general practice to manage people with type 2 diabetes (including developing and evaluating a strategy for primary care case conferencing with specialist services).
- Evaluate the training program for primary care nurses provided by diabetes educators and establish a sustainable strategy for ongoing support.

CC5 Maintain current telehealth and face-to-face support to remote NSW endocrinology and diabetes services and:

- Expand the utilisation of telehealth for clinical management, education and corporate use, to increase patient choice in service access and convenience.
- Explore applicability of remote monitoring for service providers to optimise patient outcomes and experiences, clinician experiences and system efficiencies.

CARE FOR PATIENTS WITH DIABETES REQUIRES A COLLABORATIVE APPROACH BETWEEN PRIMARY AND SECONDARY SERVICES WITH UNCOMPLICATED PATIENTS MANAGED PRIMARILY BY THEIR GP.

18 RENAL MEDICINE

18.1 Service Description

The spectrum of renal medicine services includes care of patients with acute renal impairment and chronic kidney disease (CKD), hypertension and kidney stones, acute and maintenance dialysis and dialysis education, renal transplantation and conservative care. A large proportion of medical non-admitted care aims to prevent end stage kidney disease. Services are also provided to manage hypertension and CKD in pregnancy.

The Renal Medicine Service has a strong element of basic science and clinical research with a model aiming to incorporate research into clinical care delivery.

Acute hospital services

- The admitted renal services at Hornsby and Ryde Hospitals are provided as consultative services.
- The Northern Beaches Hospital provides renal care in admitted and non-admitted settings, including high risk pregnancy, in-centre renal dialysis and support for patients on home dialysis.
- The Department of Renal Medicine at RNS Hospital acts as the hub for renal services in NSLHD and provides a comprehensive nephrology service including general nephrology, hypertension, haemodialysis, peritoneal dialysis, renal transplantation and hypertensive and renal disorders of pregnancy. Diagnostic and day procedure services are provided.

Demand for renal dialysis continues to grow despite an increase in transplantation and the development of supportive care pathways

Renal dialysis

- The RNS Hospital hub is responsible for peritoneal and haemodialysis services at the RNS Community Health Centre and provides training and outreach services to home-based dialysis patients, as well as maintaining strong links with the private sector. The satellite dialysis unit that operated at Mona Vale Hospital until October 2018 transferred to the Northern Beaches Hospital. RNS Hospital is the main centre for the Big Red Kidney Bus, a joint venture with Kidney Health Australia that provides opportunities for dialysis patients to receive care while on holiday.

Transplant services

- Transplantation services include donor and recipient work up, pre-operative care, surgery and post-operative and non-admitted care. Referral patterns extend state-wide with outreach services provided to referral areas including Central Coast, southern NSW and the ACT.

Non-admitted services

- Non-admitted services include general nephrology, pre-dialysis vascular and educational support and transplantation clinics. Most clinics are based at RNS Hospital with renal and supportive care clinics provided at Hornsby Hospital. A review of renal care was undertaken in 2017 with directions agreed for future development including a renal clinical nurse consultant contributing to screening referrals and contacting GPs as well as developing an education strategy for clinicians and patients, review of the chronic kidney disease nurse role as a care coordinator, and work with the primary health network to develop renal Health Pathways and provide professional development for GPs.

Renal supportive care

- Renal supportive care, a priority of the Leading Better Value Care program, integrates renal medicine and palliative care to provide a positive non-dialysis pathway for patients with end stage kidney disease and is led by the RNS Hospital Division of Medicine with outreach through the Northern Sydney Home Nursing Service. This clinic has grown from 12 patients in 2014/15 to 78 patients in 2017/18.

18.2 Issues and Opportunities

Renal dialysis

- Public renal dialysis demand continues to rise despite an increase in transplantation and initiation of a supportive care pathway. In the five years to 2017/18, dialysis activity increased by 27 per cent, with out-of-NSLHD patient inflows growing by 181 per cent. Excluding the Big Red Kidney Bus, local growth was 25 per cent and inflow growth 149 per cent. Currently public dialysis is only available from the RNS and Northern Beaches Hospitals. Redevelopment of Hornsby Hospital includes provision of dialysis chairs, and planning has been undertaken to identify chair requirements if Ryde Hospital were to include dialysis. Continued work is required to encourage patients into the most suitable treatment option, including peritoneal or haemodialysis, transplantation and renal supportive care.
- Northern Sydney is unique regarding the high proportion of renal dialysis (over one third of local demand) that is provided in the private sector, at centres at Sydney Adventist and the Mater Hospitals and at the Fresenius centre in Lindfield. Renal dialysis is also provided at the Northern Beaches Hospital for public and private patients. This provision reduces demand on the public sector, but any change to the viability and growth of these units would represent a risk.
- As noted by the Rehabilitation and Aged Care Network, prior to the transfer of services from to the new Northern Beaches Hospital, rehabilitation patients requiring dialysis could access both services at Mona Vale Hospital. Patients admitted for rehabilitation now need to be transported to other hospitals for dialysis but this often extends the time required in rehabilitation or, in some instances, presents a barrier to accessing rehabilitation. Currently transfer arrangements are in place to transport sub-acute patients from Ryde Hospital to RNS Hospital for dialysis.

Kidney trasnplantation

- Kidney transplantation continues to increase at RNS Hospital, from 25 transplants in 2013/14 to 44 in 2017/18. With ongoing incentives to increase organ donation, renal transplant services are predicted to increase by at least 50 per cent over the next five years, with further demands on perioperative and hospital resources, including intensive care.
- Work has begun to review the transition of complex renal patients into palliative or supportive care. This may require additional capacity in palliative services to manage increased demand.

Prevention and early detection

- Strategies are required to reduce patient progression to stage five kidney disease. While physician clinics provide a service to patients with stage three to five chronic kidney disease, there has been minimal nursing staff or educational involvement in this earlier group of patients. Strategies would include the further involvement of renal medicine in prevention and early detection of impaired kidney function (such as the routine review of pathology results) and programs to strengthen clinical co-management of patients, such as with endocrinology.

Multidisciplinary care

- Programs are required to strengthen clinical co-management of patients, including with intensive care (particularly in the non-tertiary hospitals), with general practice through formal pathway development and with cardiology where patients present with both cardiac and renal complications.

Non-admitted care

- Further development of non-admitted care options for a greater number of patients is warranted, including innovative use of telehealth technologies, partnerships with general practice and review of non-admitted models and locations to improve access for the whole population. This would build on the previous review of renal ambulatory care.

18.3 Recommendations

CC6 Improve networking and governance of dialysis services across NSLHD with common clinical pathways, practices and protocols to make best use of resources and to support the flow of patients to the closest, most convenient and appropriate service. This includes vascular access, dialysis education, and support for primary care.

CC7 Develop a strategic plan to guide the staged development of additional dialysis capacity to meet anticipated demand over the next five to 10 years, including consideration of access issues for patients in sub-acute rehabilitation, and workforce requirements for multidisciplinary teams.

CC8 Develop strategies to increase numbers of patients in home dialysis therapies by addressing factors that may prevent people from opting for or continuing with home treatments.

CC9 Develop a renal transplant plan to support the expected growth of services over the next five to 10 years.

CC10 Continue to monitor and evaluate the provision of conservative and palliative care for end stage renal failure patients, act on evaluation findings and ensure equitable implementation across NSLHD.

CC11 Implement recommendations of the review of outpatient and ambulatory care services for patients with renal disease. This includes involvement in development of a CKD Health Pathway, support for the recruitment and education of nursing staff and allied health to focus on this group of patients, better access to distributed multidisciplinary services across NSLHD, and support for community and primary care clinicians.

THE DIALYSIS SERVICE AT RNS COMMUNITY HEALTH CENTRE PROVIDES TRAINING AND OUTREACH SERVICES TO HOME-BASED DIALYSIS PATIENTS, AS WELL AS MAINTAINING STRONG LINKS WITH THE PRIVATE SECTOR.

19 CHRONIC PAIN MANAGMENT

19.1 Service Description

The Pain Management service provides consultative services to admitted patients and non-admitted services linked to a strong research program and a major contribution to NSW pain management planning. The pain service is primarily based at the Michael J Cousins Pain Management and Research Centre at RNS Hospital, and provides:

- Non-admitted services including the ADAPT multidisciplinary intensive pain management program and a clinic for patients fitted with infusion pumps.
- Admitted care, primarily day-surgery, for the provision or testing of implantable pain management devices.

Most presentations are for musculoskeletal and neurological pain, particularly migraine. A back pain pathway has been developed for NSLHD, with the RNS Hospital Pain Management service being a key participant. The service also provides outreach training to health professionals in rural and regional areas through the University of Sydney and PHNs, including to local GPs through the Sydney North Primary Health Network.

There is a solid research program including clinical trials and programs for injured workers. The service has submitted a grant application to NSW Health for translational research to establish a model for care coordination for patients frequently presenting to ED for chronic pain, and to improve care pathways for these patients.

Acute pain management services are generally provided by anaesthesia services in each of the NSLHD hospitals with admitted patient consultative services provided as required.

Chronic pain management services are also provided in the private sector at the Sydney Adventist, North Shore Private, Mater and Macquarie University Hospitals as well as at Greenwich Hospital.

19.2 Issues and Opportunities

Models of care and service planning

- A pain management model is required that outlines services to be provided across the LHD at each site, including management of patients presenting multiple times to the ED and improved consultation for admitted patients at Ryde and Hornsby Hospitals.
- A district pain management plan will provide guidance on the level of service to be provided at each site. Services will need to be assessed against new role delineation standards for chronic pain management released by NSW Health in 2017. Nursing resources will be critical to the success of any model.
- Nearly one-third of pain management admissions at RNS Hospital are for out-of-area patients, with large numbers from Central Coast.

19.3 Recommendations

CC12 Identify gaps in pain management referral pathways across the LHD, particularly with respect to patients identified through ED and acute pain management services, and develop consistent LHD-wide strategies to improve timely access for patients.

CC13 Improve education and clinical links between pain management services and services treating challenging patients, such as mental health and drug and alcohol, and develop appropriate care options.

SURGERY AND ANAESTHESIA

20 SURGERY AND ANAESTHESIA

20.1 Service Description

The overarching goal of the Surgery and Anaesthesia Clinical Network is to set out a framework to guide and support hospitals in the delivery of surgery, the provision of anaesthesia services, and the efficient use of operating theatres and other associated resources (for example surgical non-admitted clinics, pre-admission services, surgical bed capacity, etc). The Network plays a key role in improving access to reliable, validated activity data to support continuous improvement in the quality and safety of patient care and to assist surgical services and hospitals to measure and monitor performance against NSW Health targets and other locally agreed indicators.

Specifically, the Surgery and Anaesthesia Clinical Network has a district-wide role in the development of care systems and governance for:

- Anaesthesia and acute pain management
- Breast and Endocrine
- Ear, Nose and Throat
- General Surgery
- Upper Gastrointestinal
- Colorectal
- Ophthalmology
- Urology

A significant proportion of surgical services are supported through other clinical networks. These clinical networks have responsibility for the development of care systems for patient groups within their remit; they also must engage with the Surgery and Anaesthesia Clinical Network to ensure appropriate access to and efficient use of operating theatres and anaesthesia services. These surgical services are described in more detail in other parts of this Clinical Services Plan including:

- Acute and Critical Care Medicine for diagnostic and procedural gastroenterology, endoscopy and endoscopic retrograde cholangio-pancreatography (ERCP).
- Cardiothoracic and Vascular Health for cardiac, thoracic, vascular and renal surgery; and procedural activity including interventional cardiology, implantation of cardiac pacemakers, bronchoscopy and other diagnostic and therapeutic procedures.
- Musculoskeletal Health, Plastics/Burns, Spinal Cord Injury and Trauma for orthopaedic, hand, spinal, and reconstructive surgery.
- Neurosciences for brain and spinal surgery and neuro-interventional procedures.
- Cancer and Palliative Care for surgical oncology services across all sub-specialties.
- Maternal, Neonatal and Women's Health for obstetrics, gynaecology and gynae-oncology servicesChild Youth and Family Health for paediatric surgery and sub-specialty surgery for children and adolescent.
- Medical Imaging for interventional procedures including interventional neuro-radiology (INR).
- Mental Health Drug and Alcohol for electroconvulsive therapy (ECT) and other procedures.

There are currently 45 operating theatres and 10 endoscopy rooms in NSLHD acute hospitals (Table 18). Not all these operating theatres are currently in use; there is sufficient capacity to accommodate the anticipated growth in demand for several years to come.

Table 18: Current operating theatres and endoscopy rooms

	Hornsby	Northern Beaches (Public and Private)	Royal North Shore (RNS)	Ryde	NSLHD
Operating Theatres	8	14	20	3	45
Endoscopy Rooms	2	4	4	-	10

Source: NSLHD Performance Unit – Ward Setup and consultation with hospitals

Each NSLHD hospital provides surgery consistent with their capabilities and the availability of clinical support services as set out in the Guide to the Role Delineation of Health Services. All hospitals provide a mix of emergency and elective surgery, and provide common and intermediate level surgery for their local catchment:

- Ryde Hospital focuses on the provision of common and intermediate level surgery for patients with low to moderate anaesthetic risk; patients who require more complex surgery or who are higher risk are referred or transferred to Hornsby or RNS Hospitals. With the upgrade of the high dependency unit to a level 4 intensive care service, Ryde Hospital will have improved capabilities to provide selected major surgery for higher risk patients.
- Hornsby and Northern Beaches Hospitals also provide most major surgery and selected complex surgery; patients who require the most complex surgery are referred or transferred to RNS Hospital.
- RNS Hospital provides the most complex surgery or surgery on higher risk patients.

Each NSLHD hospital participates in the training and education of future surgeons; at RNS Hospital, the Surgical Education, Research and Training (SERT) Institute was established as an academic department of the Division of Surgery and Anaesthesia in 2017. Working closely with the University of Sydney Northern Clinical School, the SERT Institute aims to combine academic learning and the professional practice of surgery.

Trends in Activity

The NSLHD resident population demand for surgical services was estimated at over 97,000 episodes in 2017/18. The majority of this activity is provided by private hospitals and day procedure centres. Most of the activity in private hospitals is planned while NSLHD and other public hospitals provide a balanced mix of planned and unplanned services.

In 2017/18 NSLHD hospitals provided 25,288 surgical episodes:

- Children and adolescents (0-15 years) accounted for seven per cent of episodes, older people (aged 75+ years) accounted for 19 per cent and almost three quarters of episodes were for adults aged 16-74 years.
- RNS Hospital provided over half (56 per cent) of all surgical episodes while Ryde Hospital provided eight per cent and the remainder was split between Hornsby and Manly-Mona Vale (MMV) Hospitals. Activity at RNS Hospital is evenly split between planned and unplanned while Hornsby and Ryde Hospitals provide slightly more planned than unplanned care.
- Orthopaedics, part of the Musculoskeletal Health Clinical Network, is the single largest surgical specialty representing 31 per cent of surgical episodes. The surgical sub-specialties of the Surgery and Anaesthesia Clinical Network in combination accounts for 36 per cent of surgical episodes.

Table 19 and Table 20 summarise surgical episodes and bed days by service related group and hospital.

In 2017/18 NSLHD hospitals provided

25,288 surgical episodes.

Over half were provided at RNS Hospital.

Table 19: Surgical episodes by SRG in NSLHD hospitals, 2017/18

	Hornsby	MMV	RNSH	Ryde	NSLHD	% of Episodes
Surgery and Anaesthesia Clinical Network	1,703	1,605	4,793	909	9,010	35.6
54 Non Subspecialty Surgery	662	815	1,440	330	3,247	12.8
44 Upper GIT Surgery	194	222	569	220	1,205	4.8
43 Colorectal Surgery	154	188	380	198	920	3.6
48 ENT and Head and Neck	346	314	731	132	1,523	6.0
52 Urology	260	32	617	18	927	3.7
50 Ophthalmology	-	4	862	-	866	3.4
41 Breast Surgery	87	30	194	11	322	1.3
All other surgery/clinical networks	2,406	3,355	9,351	1,166	16,278	64.4
Total	4,109	4,960	14,144	2,075	25,288	100%
Distribution across NSLHD hospitals	16.2%	19.6%	55.%	8.2%	100 %	

Source: NSLHD Report Central Admitted patient data

Table 20: Surgical bed days by SRG in NSLHD hospitals, 2017/18

	Hornsby	MMV	RNSH	Ryde	NSLHD	% of Bed days
Surgery and Anaesthesia Clinical Network	4,996	4,677	19,013	2,150	30,836	26.2
54 Non Subspecialty Surgery	1,644	2,137	6,831	806	11,418	9.7
44 Upper GIT Surgery	889	860	4,598	503	6,850	5.8
43 Colorectal Surgery	1,122	1,201	2,945	674	5,942	5.0
48 ENT and Head and Neck	472	369	1,369	132	2,342	2.0
52 Urology	724	51	1,772	24	2,571	2.2
50 Ophthalmology	-	4	1,076	-	1,080	0.9
41 Breast Surgery	145	55	422	11	633	0.5
All other surgery/clinical networks	8,365	10,132	64,680	3,896	87,073	73.8
Total	13,361	14,809	83,693	6,046	117,909	100%

Source: NSLHD Report Central Admitted patient data

Over the five years from 2013/14 to 2017/18 surgical activity in NSLHD hospitals grew by 12 per cent (2.4 per cent per year), a similar rate to the underlying population growth:

- Surgery for children and adolescents grew by 19 per cent (295 episodes), adult surgery grew by 13 per cent (2096 episodes) and surgery for older people grew by six per cent (279 episodes).
- The number of patients resident in other local health districts but treated in NSLHD hospitals grew by 14 per cent (926 episodes). Out of area growth was particularly strong at Hornsby Hospital (37 per cent or 353 episodes) for both planned and unplanned activity, and at MMV Hospitals (34 per cent or 117 episodes) mainly in planned activity. Growth in out of area activity at RNS Hospital was more modest at 14 per cent (586 episodes) and Ryde Hospital experienced a net reduction (-13 per cent or -130 episodes) across planned and unplanned care.

- Growth in planned surgery varied by hospital: Hornsby Hospital grew by 25per cent (815 episodes) and RNS Hospital grew by 13per cent (1656 episodes). Northern Beaches grew at a slower rate (six per cent or 284 episodes) and Ryde Hospital had a net reduction of -4 per cent (85 episodes).
- Unplanned surgery grew at a slightly faster rate than planned activity. RNS Hospital provided 61 per cent of all unplanned activity in NSLHD hospitals. Both Hornsby and RNS Hospitals experienced growth but at Ryde Hospital, while planned surgical activity remained stable, there was a net reduction (-10 per cent) in unplanned activity.
- Length of stay varies significantly across hospitals and specialties. 31 per cent of all surgical episodes were provided as same day surgery and a further 28 per cent were discharged within 48 hours. Unplanned episodes tend to have a longer length of stay with 58 per cent staying longer than 48 hours.

20.2 Issues and Opportunities

The Surgery and Anaesthesia Clinical Network has identified its highest strategic priority to be the safest district in NSW to have surgery and anaesthesia. The delivery of good quality care requires constant evaluation of how we deliver services, how we perform against agreed standards, and how successful we are in meeting patient expectations. To achieve this overarching goal the Surgery and Anaesthesia Clinical Network will focus on contemporary models of care, delivering surgical care in clinically appropriate times, improving the quality of surgical data, and embedding the new surgical services governance structures.

Contemporary models of care

The Surgery and Anaesthesia Clinical Network will lead the planning and implementation of contemporary models of care for surgical specialties within its remit including:

- Criteria-led discharge (CLD) eligible patients are identified on admission and discharge criteria are agreed by senior clinicians and the multidisciplinary team. The nurse, midwife, allied health or junior medical staff can then facilitate the discharge of a patient when they have met all the documented criteria. CLD has the potential to improve the patient and staff experience, enhance patient safety and reduce unnecessary length of stay in hospital. It also has the potential to reduce costs, better manage the demand for beds, and make best use of time-poor specialists. CLD criteria have already been developed for patients undergoing thyroidectomy and criteria for other surgical procedures are in development.
- Enhanced recovery after surgery programs are comprehensive perioperative pathways that aim to reduce surgical stress, maintain postoperative physiological function, and enhance mobilisation after surgery. In particular, the aim is to achieve an earlier discharge from hospital for the patient and a more rapid resumption of normal activities after surgery, without an increase in complications or readmissions. This is underpinned by collaboration between surgical and anaesthetic teams. Strategies vary for different surgical procedures. Preoperatively this may reduce prolonged fasting and bowel preparation, inter-operatively it may include short acting anaesthetic agents, no drains and maintenance of normothermia, and post operatively it may include early mobilisation and provision of multimodal analgesia.
- Perioperative medicine is the care of patients prior to, during and after surgery. It is an emerging field of anaesthesia with the first training programs being introduced in Victoria by the Australian New Zealand College of Anaesthetists in collaboration with Monash University and the Alfred Hospital Melbourne. Patients undergoing surgery today are, on average, older and have one or more chronic health conditions and major advances in surgical and anaesthetic techniques, systems and resources support the provision of surgery to patients who in the past would have been considered unfit for surgery. These changes require a greater focus on perioperative care to ensure safe practice and improved patient outcomes. With appropriate investment there are opportunities to develop the specialty in NSLHD hospitals and lead the way in NSW.

- Consultation and referral pathways While not all sub-speciality services are available at all hospitals, patients often require specialist consultation. Current arrangements where patients need to be transferred to another hospital for consultation builds in avoidable delays if a bed is not immediately available and inconvenience for patients. The Clinical Network is working with hospitals to improve the referral pathway to specialist urology consultation for patients at Ryde Hospital (in ED or in the wards). For this and other specialist consultations telemedicine will be explored as a mechanism for providing care and improving the patient pathways.

Delivering surgery in clinically appropriate times

Ensuring that patients undergo surgery within clinically appropriate times is an important aspect of delivering high quality, patient focused care.

- The Clinical Network and NSLHD hospitals use a range of measures to monitor performance against expectations. Measures include the widely reported Elective Surgery Access Performance (ESAP) along with wait list time and overdue patients, emergency surgery performance, and operating theatre metrics including theatre utilisation, first case on time and cancellations on day of surgery.
- In 2018 the Clinical Network established the Elective Surgery and Procedure Transformation (ESaPT) Group to monitor and improve performance in collaboration with surgical specialty groups and hospitals. The Clinical Network has focused on the achievement of triple zero patients overdue in each of the three elective surgery categories. This was achieved by the end of 2017/18 and it is anticipated that, assuming a stable environment, the trend will be sustained with strategies put in place.
- With increasing numbers of patients coming onto surgical waiting lists, further work is required to consistently achieve the recommended timeframes, particularly for category two and three patients in selected specialties, and to reduce the variation in median wait times for each category across hospitals and services.
- For emergency surgery, NSLHD hospitals generally perform well, treating most patients within the recommended timeframes. There are some exceptions mainly in the achievement of the 15 minute and one hour targets for life-threatening conditions. Further work is required to improve the sensitivity of the performance measure and to consistently achieve 100 per cent in these life- threatening categories.

Reducing unwarranted clinical variation

Unwarranted clinical variation has the potential to reduce safety, quality, patient experience, performance effectiveness and efficiency outcomes.

- Programs such as the Royal Australasian College of Surgeons and the private health insurance company *Clinical transparency for improved patient experience* program, and the United Kingdom National Health Service program *Getting It Right First Time (GIRFT)*, along with the ACI and NSW Ministry of Health collaborative partnership with the American College of Surgeons' *National Surgical Quality Improvement Program (NSQIP)* will be explored as approaches to the identification and management of unwarranted clinical variation in the specialty streams of the Surgery and Anaesthetic Clinical Network.

Delivering cancer and other small volume services

A significant proportion of surgery for NSLHD residents is provided in the private sector, sometimes resulting in small volumes of activity distributed unevenly across NSLHD public hospitals with implications for the efficient organisation of operating theatres, accreditation of training programs, and quality outcomes particularly for selected cancer and other complex surgical procedures.

- The NSW Cancer Institute's *Reporting for Better Cancer Outcomes (RBCO) Program* monitors and reports on cancer prevention, screening, treatment and clinical trials to improve cancer outcomes and improve the experience of care for patients with cancer. Working with local health districts, the RBCO Program identifies where there are differences in results between geographical areas and population groups and turns that information into meaningful recommendations that can be used to make improvements in services and outcomes.

- The RBCO Program makes best practice recommendations about minimum volumes for selected cancer surgery and recommends consolidation of several low-volume hospitals within an LHD, noting that the volume of surgical procedures that a hospital performs to treat different types of cancer is an important determinant of a person's outcomes, especially for highly specialised surgical procedures. The Surgery and Anaesthesia Clinical Network will work collaboratively and support the Cancer and Palliative Care Clinical Network in the review and, where necessary, consolidation of low-volume high-acuity cancer surgery in high-volume hospitals. Surgical volumes for pancreas, oesophagogastric and liver cancers have all been reviewed and are now performed at RNS Hospital. Ongoing work is occurring to ensure adequate volumes for rectal cancer: Ryde Hospital is no longer performing this surgery and activity will be consolidated at Hornsby and RNS Hospitals. This work includes the development of a pancreatic cancer centre at RNS Hospital.

Resource utilisation, equipment and technology

Surgical excellence is supported by state-of-the-art equipment and technology and requires regular review of current resource allocation and utilisation.

- Surgical techniques evolve over time but the allocation of theatre time does not always reflect the additional time requirements of new techniques, for example laparoscopic approaches often take longer than open approaches so will require additional operating theatre time for the same number of patients. Operating theatre templates also need to accommodate the additional time that is often required to meet surgical training and teaching commitments. Local operating theatre templates need to be reviewed regularly to ensure that they respond to changes in contemporary operating practices, match the allocation to actual workload, and make best use of the available resource.
- In March 2019 the NSW Ministry of Health released its review of robot-assisted surgery. The report acknowledged that while robotic surgery appears as safe and effective as conventional surgery, the evidence is evolving across a number of clinical specialties and the long-term benefits and risks are yet to be fully understood. The review recommended that robotic surgery be provided under a research/evaluation framework (including standardised data and patient reported measures) to assist with the generation of long-term evidence and that opportunities to partner with private hospitals would be encouraged.
- A number of NSLHD clinical specialities have identified opportunities to introduce new technologies to improve outcomes and efficiency. The Clinical Network in collaboration with RNS Hospital is preparing a business case to assess the viability of a robotic surgery program for NSLHD across a range of specialties. The program would have a strong focus on academic excellence in collaboration with private hospitals and would need to be cost-neutral or funded from alternative sources.

Data governance and quality

The provision of safe and high quality evidence-based surgical care is dependent on access to accurate data and information. Access to consistent and accurate data will support the Clinical Network, specialty streams and hospitals to identify variation and compare outcomes and changes in performance over time and against each other, or against peer hospitals.

- The recent development of the theatre information management system (TIMS) and the Elective Surgery Waitlist Dashboard have improved access to information that is useful to clinicians and other frontline staff and have been critical for the engagement of specialty streams in the identification and management of solutions for patients at risk of breaching the clinically appropriate waiting times and the achievement of "triple 000" targets.
- To maximise the value of these and other tools in development, each surgical service and hospital needs to comply with agreed data collection standards and participate in regular audits for completeness, accuracy and timeliness.
- Further work is required to refine and embed a comprehensive data governance structure with key accountabilities at service delivery, hospital and Clinical Network levels.

Surgical services governance

Many of the issues, challenges and opportunities identified cannot be resolved or managed by a single hospital, division of surgery or surgical speciality. To date, the current organisational framework has meant that each hospital operates in relative isolation with their own arrangements and accountabilities for service delivery and performance and with limited opportunity to support each other.

To address complex problems the Surgery and Anaesthesia Clinical Network proposed and assumed overarching responsibility for monitoring the performance of surgery across all hospitals and for bringing together hospital surgery management teams and specialty streams to improve the delivery of patient-focused surgical care. As part of the new governance structure:

- The Clinical Director and Service Development Manager meet monthly with the Chief Executive and LHD and hospital executive teams to agree on strategic priorities, agree on approaches and solutions to issues, and review progress and achievements.
- The Clinical Network has established a collaborative with the clinical directors and service development managers of each clinical network with significant surgical components to consider district-wide clinical standards and evidence-based practice. It also considers what surgical services should be provided where, and advising on investment, disinvestment and development of services.
- Specialty surgical working groups will be established, as required, to explore and consider service changes or developments.

The success of this approach is dependent on clinician engagement, particularly senior surgical and anaesthetic teams, and a bottom-up consultative and collaborative approach to the exploration of issues, with discussions and decision making based on robust and accurate data as well as consideration of training and research commitments and structural constraints.

20.3 Recommendations

SA1 Implement contemporary models of care including, for example, criteria-led discharge, enhanced recovery after surgery, and perioperative medicine.

SA2 Achieve and sustain zero overdue planned surgery patients in all three clinical priority categories.

SA3 Achieve and sustain unplanned surgery performance targets across all six clinical urgency categories.

SA4 Improve access to regular, accurate and consistent surgical activity data to support clinical decision making, improve service delivery, and manage unwarranted clinical variation.

SA5 Optimise the performance of each surgical specialty in the provision of appropriate, consistent, timely and equitable surgical care.

SA6 Support the NSLHD review of the distribution of admitted patient activity to make best use of available capacity and capabilities across an integrated hospital network, and to develop sustainable and efficient services to meet future need.

A NUMBER OF NSLHD SURGICAL SPECIALTIES HAVE IDENTIFIED OPPORTUNITIES TO INTRODUCE NEW TECHNOLOGIES TO IMPROVE PATIENT OUTCOMES AND SERVICE EFFICIENCY.

CARDIOTHORACIC AND VASCULAR HEALTH

21 CARDIOLOGY AND VASCULAR HEALTH

21.1 Service Description

Cardiology services

Cardiology services are provided at Hornsby, Northern Beaches, RNS and Ryde Hospitals. Services span the full continuum of care from initial presentation, acute and sub-acute care, rehabilitation and follow-up. Services are provided from clinics, angiography suites, coronary care units, dedicated telemetry beds, step-down admitted beds and in community settings.

- Rapid Access Chest Pain Clinics have been established at both RNS and Hornsby Hospitals. The clinics provide access to cardiology diagnostic services and specialist consultation within 24-72 hours of patients with intermediate risk chest pain being discharged from EDs.
- Cardiac rehabilitation services are provided across all acute hospital sites and includes group-based physical rehabilitation and education programs.
- The NSLHD Heart Failure Redesign Project developed a best practice model of care for the prevention, identification, treatment, rehabilitation and on-going management of patient's with heart failure. The model has been mapped through the four key phases of a patients journey: clinically stable, decompensating (deteriorating), compensated (acute admission), and stabilising (post-acute follow-up). The model involves multidisciplinary coordination of care across acute and primary care providers to support self-management and prevent acute episodes.

Tertiary and interventional cardiology

RNS Hospital, in addition to providing secondary services to its local catchment population, provides tertiary cardiology services across NSLHD and other parts of NSW.

- Diagnostic services including cardiac ultrasound, computerised tomography coronary angiography, medical resonance imaging (MRI), and cardiac electrophysiology studies (EPS) which is a growing sub-specialty that involves diagnosing and treating electrical disturbances of the heart.
- Interventional cardiology services encompass angiography and angioplasty procedures catheter ablation for arrhythmias and pacemaker or defibrillator implantation, and percutaneous cardiac valve procedures (trans-catheter aortic valve implantation (TAVI)) for selected patients who are unsuitable for open heart surgery. Services are provided in a collaborative arrangement with North Shore Private Hospital. The combined public-private activity volume maintains the skills of proceduralists and nursing staff.

A small number of cardiac pacemaker insertions are provided at Hornsby Hospital. There are two cardiac catheter laboratories at the Northern Beaches Hospital and a number of private laboratories at Sydney Adventist, Mater Private and Macquarie University Private Hospitals.

Cardiothoracic/thoracic surgery

Cardiothoracic/thoracic surgery includes coronary artery bypass surgery, major chest procedures, cardiac valve procedures as well as management of chest trauma, operative management of lung lesions, and pneumothorax. Cardiothoracic surgery and cardiology departments work collaboratively in the provision of structural heart disease services, including TAVI.

The NSLHD Heart Failure Redesign Project developed a best practice model of care for the prevention, identification, treatment, rehabilitation and ongoing management of patients with heart failure.

- All hospitals care for patients with pneumothorax including the insertion and management of intercostal drains, while patients requiring more complex or specialist cardiothoracic services are transferred or referred to RNS Hospital.
- RNS Hospital provides cardiac and specialist thoracic surgery for NSLHD and for patients referred from Central Coast LHD.
- There are also a number of private providers of cardiothoracic surgical services within NSLHD including North Shore Private, Mater Private, Macquarie University Private and Sydney Adventist Hospitals.

21.2 Issues and Opportunities

Heart failure

- Implementation of the *new integrated model of care for heart failure* across acute (admitted and non-admitted), sub-acute (rehabilitation and palliative care) and community health services, in collaboration with specialist and primary care providers.

Managing service demand

- Managing continued growth in demand for cardiology services. It is anticipated that there will be continued growth in demand for cardiac services, particularly among the older population related to factors which contribute to cardiac disease, such as diabetes, renal disease, obesity, and hypertension. In addition to determining the required capacity and capabilities (including any change in role delineation) of acute hospital services, a comprehensive review will need to consider preventative programs, community partnerships and hospital avoidance programs, to ensure patients receive the right care in the right place at the right time.

Electrophysiology services

- Electrophysiology services report increase in demand in recent years associated with increased population and clinical indications for EPS. A comprehensive review of cardiology diagnostic and interventional services would support the planning and provision of services across the network of acute services in NSLHD hospitals.

Structural heart disease

- There are an increasing number and range of structural heart conditions that can be managed/treated using interventional cardiology and minimally invasive cardiothoracic approaches. The volume of interventions/procedures that a hospital performs is an important determinant of patient outcomes, and is important in the training of interventional cardiology and cardiothoracic surgical specialists. A comprehensive review of the demand for TAVI and other structural heart interventions, along with consideration of collaborative arrangements between public and private providers, would support the planning and provision of services over the next five years. The work already underway to develop an integrated service model and streamline referral, access and comprehensive patient assessment and management across non-admitted and admitted care settings could also be progressed through this review.

Cardiology training

- Cardiology training across NSLHD is currently fragmented with variation in the depth and breadth of experience and exposure for advanced trainees across tertiary and non-tertiary settings. Opportunities to develop a district-wide rotational program in collaboration with private hospitals could be explored.

21.3 Recommendations

CV1 Implement the new NSLHD model of care for the management of patients with heart failure and evaluate patient, clinical and organisational outcomes.

CV2 Review cardiac rehabilitation services and develop a standardised approach to enable equity of access, service and staffing profiles at each site.

CV3 Review the demand for cardiology and electrophysiology and other diagnostic services and develop a five year expansion and service delivery plan.

CV4 Review the demand for and organisation of the interventional cardiology and cardiothoracic structural heart disease programs and develop a five year expansion and service delivery plan.

CV5 Review advanced cardiology training and research programs across NSLHD public and private hospitals.

22 RESPIRATORY MEDICINE

22.1 Service Description

Respiratory Medicine includes a range of admitted and non-admitted care services for asthma, chronic obstructive pulmonary disease (COPD), acute respiratory failure, respiratory infections, interstitial lung disease, tuberculosis, respiratory oncology, sleep breathing disorders, and other conditions of the lungs and airways. Treatment comprises acute care in the admitted setting, consultation and follow-up services in non-admitted settings, and non-admitted/community-based rehabilitation programs. The service also includes ongoing care for patients requiring non-invasive positive pressure ventilation.

Services are provided at all acute hospitals, with tertiary level services only provided at RNS Hospital. A large proportion of respiratory medicine services are provided on a non-admitted basis through medical and allied health clinics. Most non-admitted clinics are provided at RNS Hospital.

- Diagnostic services include bronchoscopy and endobronchial ultrasound, respiratory function laboratory services, and overnight sleep laboratory services. All hospitals have access to basic admitted physiology (spirometry), sleep monitoring and bronchoscopy services. RNS Hospital provides access to endobronchial ultrasound procedures and sleep laboratory services. These services are also provided at a number of private hospitals and home-based sleep study providers across NSLHD.
- The tuberculosis service provides non-admitted/outreach care from a hub at RNS Hospital with satellite services located at Hornsby Hospital and Mona Vale Community Health Centre.
- A district-wide pulmonary rehabilitation program is provided by the Chronic Disease Community Rehabilitation Service under the directorate of Primary and Community Care.

22.2 Issues and Opportunities

Managing service demand

- While NSLHD has lower rates of smoking compared to other NSW LHDs, population-based health promotion/smoking cessation programs will continue to be required and it is likely that the demand for respiratory services will continue to increase. The rates of lung disease secondary to smoking can be expected to continue to increase for the next ten to fifteen years before the impact of the declining smoking rates since the 1980s and 1990s becomes apparent.
- The spectrum of sleep breathing disorders (including obstructive sleep apnoea and nocturnal hypoventilation) are projected to increase in line with increasing obesity.

Value-based health care

- As long-term respiratory illness/conditions continue to grow in the population, including progressive (and acute) respiratory failure and pulmonary infection, the Network is committed to implementing the principles of value-based health care. This work is best described by looking across the continuum of care from prevention, diagnosis, management and palliation through multidisciplinary care provision. By enhancing the entire patient journey and utilising community and home-based services, the LHD will be able to manage demands into the future.

NSLHD has lower smoking rates compared to the rest of NSW.

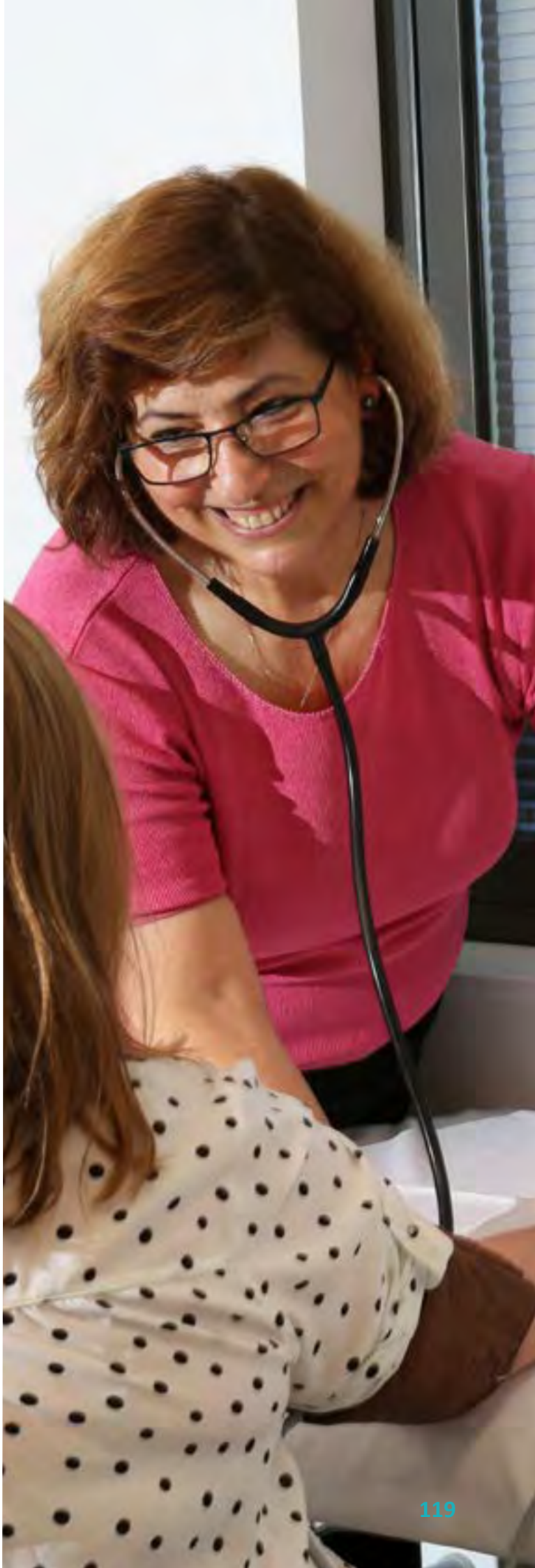
- Clear pathways for key conditions such as interstitial lung disease, bronchoscopy services and endobronchial ultrasound will support best practice standardised care and LHD-wide equity of service provision.
- The Leading Better Value Care/Agency for Clinical Innovation (ACI) audit of COPD services at Ryde and Hornsby Hospitals indicated variation in care provided and opportunities to develop a standardised pathway of care in line with best practice standards. Through this initiative, pulmonary post discharge follow-up and pathways to avoid ED presentations will be reviewed and a standardised LHD approach established.

22.3 Recommendations

CV6 Reduce clinical variation in chronic obstructive pulmonary disease, informed by the *Leading Better Value Care* initiative framework.

CV7 Review the demand for respiratory services, including diagnostic, non-admitted, admitted, consultative and support services, and develop a five year expansion and service delivery plan for NSLHD.

LUNG DISEASE SECONDARY TO SMOKING CAN BE EXPECTED TO CONTINUE TO INCREASE FOR THE NEXT 10 TO 15 YEARS BEFORE THE IMPACT OF DECLINING SMOKING RATES SINCE THE 1980S AND 1990S BECOMES APPARENT.



23 VASCULAR SURGERY

23.1 Service Description

The Vascular Surgery service provides treatment and care of patients with vascular disease of the arteries, veins and lymphatic circulation through medical therapy and traditional vascular surgical and endovascular (minimally invasive) treatments. The service has strong links with cardiology services for patients with hypertension and ischaemic heart disease, and with endocrinology for patients with diabetes and associated complications including foot and lower limb ulcers. There are close links with the Renal Medicine Service for patients requiring fistula formation for renal dialysis, or as part of the renal transplant surgical team.

- Hornsby Hospital provides vascular surgical services, which include admitted consultations, with non-admitted consultations provided in specialists' private rooms. Referral pathways are established from the Hornsby Ku-ring-gai High Risk Foot Service to enable vascular involvement and consultations. Non-invasive vascular imaging and ultrasound services are available and the operating suite has a hybrid theatre equipped for vascular surgical procedures.
- Northern Beaches Hospital provides vascular surgery services, replacing the services previously provided at Manly and Mona Vale Hospitals.
- RNS Hospital provides comprehensive vascular surgical services including elective and emergency admitted care and non-admitted clinics. Non-invasive vascular imaging and ultrasound services are available along with angiography, CT (computed tomography) and MR (magnetic resonance) angiography. The service provides haemodialysis vascular access, plays a key role in the provision of renal transplant (living and deceased donor) programs, and combined surgical care with multiple specialties including cardiothoracic surgery, endocrine surgery, neurology (stroke care), urology, neurosurgery/orthopaedic spinal surgery, complex upper gastrointestinal surgery, and Major Trauma services. The service is also involved in the High Risk Foot Service for diabetics at RNS Hospital.
- Ryde Hospital accesses consultative and emergency support by the vascular surgery team at RNS Hospital. Patients requiring vascular surgery investigations and intervention are transferred there.

23.2 Issues and Opportunities

Managing demand for complex vascular care

- There is an increasing demand for more complex vascular care due to the significant advances in minimally invasive techniques/procedures and a growing ageing population with chronic disease. Conditions such as diabetes and chronic kidney disease require vascular support, and have resulted in an increase in services requiring combined surgical care for haemodialysis access and renal transplant.
- There is increasing demand for non-admitted and admitted non-invasive vascular imaging services as well as input from vascular specialists into a range of non-admitted clinics.

Hub and spoke service model

- It is important that adequate volumes of patients are seen by teams in NSLHD to maintain specialist skills. To ensure this occurs, a hub and spoke model for vascular surgery will be considered to enable the district to deliver services locally to patients and provide specialist medical interventions for vascular conditions.

Data analytics

- Reliable and transparent data is required to support strategic service planning and clinical decision making. This includes data that can be used to evaluate specialised services including vascular ultrasound and non-admitted clinics, and operational considerations such as workforce planning, procurement and medical training.

23.3 Recommendations

CV8 Establish a vascular surgery network encompassing all specialist medical, nursing and allied health staff.

CV9 Establish reliable data collection and information sharing through a clinical and operational dashboard related to vascular surgery outcomes.

CV10 Develop a consistent approach to vascular service provision and workforce (including the High Risk Foot Service) across the district, with consideration of a hub and spoke model.

MUSCULOSKELETAL HEALTH, PLASTICS/ BURNS, SPINAL AND TRAUMA

24 MUSCULOSKELETAL HEALTH, PLASTICS/BURNS, SPINAL AND TRAUMA

24.1 Service Description

The Musculoskeletal Health, Plastics/Burns, Spinal and Trauma (MHPBST) Network has two distinct streams: the Musculoskeletal Stream which includes specialist rheumatology, orthopaedic and hand surgery services, and the Injury Stream which includes the supra-LHD services for severe burn injury, spinal cord injury and major trauma, as well as plastic and reconstructive surgical services.

Rheumatology

- The Department of Rheumatology at RNS Hospital provides admitted and non-admitted services aimed at diagnosis and management of musculoskeletal and inflammatory conditions including arthritis, osteoporosis and gout, and fibromyalgia. Referrals are received from across NSLHD as well as from Central Coast LHD (where there are no public non-admitted services) for the Rapid Access Clinic and other rheumatology clinics. An after-hours on-call consultation service is provided for all NSLHD hospitals.
- An admitted consultation service for patients admitted under other specialties is provided at Hornsby and Ryde Hospitals by visiting medical officers, while patients requiring non-admitted care are referred to RNS Hospital.

Orthopaedics

- The orthopaedic service focuses on the diagnosis, treatment and prevention of injuries, disorders and diseases of the body's musculoskeletal system.

NSLHD orthopaedic fracture clinics saw 7,875 patients over 26,850 occasions of service in 2017/18.

- Orthopaedic admitted surgery and non-admitted fracture clinics are provided at Hornsby, Northern Beaches, RNS and Ryde Hospitals. Orthopaedic surgery for paediatric patients is provided at Hornsby, Northern Beaches and RNS Hospitals but not at Ryde Hospital.
- The majority of major orthopaedic trauma surgery, including limb salvage surgery, is performed at RNS Hospital, reflecting its major trauma service role.
- The orthopaedic departments are involved in the teaching programs of University of Sydney and the Australian Orthopaedic Association. Many of the orthopaedic surgeons work in the private and public sectors in NSLHD, and participate in joint education and other projects.

Hand surgery

- The Department of Hand and Peripheral Nerve Surgery and the Integrated Hand Unit (IHU) at RNS Hospital is a tertiary referral centre for injuries and diseases of the hand, and an integral part of the major trauma service. RNS is the only hospital in NSW to provide microsurgical hand reconstruction associated with complex multi-trauma. Clinical services encompass hand and upper limb surgery, congenital hand surgery clinics, spinal and brain injury services, cerebral palsy clinics, brachial plexus and peripheral nerve surgery, complex wrist surgery and reconstruction of the arthritic hand.
- The Hand Surgery department also provides a service for spinal cord injured patients in the tetraplegia hand clinic during their initial phase of care, and long-term or life-time follow up care after their injury to assess for potential functional improvement through tendon transfers.

Spinal cord injury

- The *State Spinal Cord Injury Service (SSCIS)* is responsible for the acute management of people who have sustained a traumatic spinal cord injury (SCI). RNS Hospital is one of two adult SCI services in NSW, with its catchment including the Central Coast, Western Sydney, Western NSW, Far West, Hunter New England, Northern NSW, and Mid North Coast Local Health Districts. RNS Hospital is also a designated *NSW major trauma service*.
- The SCI Service at RNS Hospital has 18 beds admitting both new and established SCI patients. Management of established SCI patients comprises the bulk of SCI admitted activity at RNS Hospital.
- Specialist SCI admitted rehabilitation is provided from 20 beds at Royal Rehab while the RNS Hospital *Department of Spinal Cord Injury Medicine* provides non-admitted SCI rehabilitation clinics including spinal plastics, tetraplegia hand, spasticity, colorectal, sexuality, and fertility clinics. The tetraplegia hand clinic is the only one of its kind in NSW and also provides a service for patients from Prince of Wales Hospital SSCIS catchment. Specialised non-admitted outreach care services are limited in rural and regional areas, and this causes delays in discharge of patients.
- Patients with spinal cord injury usually have a life-time association with RNS Hospital SCI service regardless of where they live. Other clinical services that play a role in the management of the comorbidities present in people with SCI (for example plastic surgery, colorectal, respiratory and urology) are not supra-LHD services but may continue to support these patients throughout their lives. Discharge planning is more complex for these patients, as they may require transfer to a facility outside NSLHD for ongoing acute or sub-acute care, as well as having to return to NSLHD for specialist non-admitted appointments. The service works closely with the supra-LHD Spinal Outreach Service and community organisations.

Severe burn injury

- The *Statewide Burn Injury Service* is a specialised service provided in three designated NSW centres: RNS Hospital and Concord Repatriation General Hospital for adults, and The Children's Hospital at Westmead for children. Services for patients with minor burns are provided at Hornsby, Northern Beaches, RNS and Ryde Hospitals.
- The RNS Hospital Specialised Burns Unit is responsible for acute transfers within the catchment of Northern Sydney, Central Coast, Hunter New England, Northern NSW and Mid North Coast LHDs in NSW. As a designated trauma service, RNS Hospital also accepts patients with burn injuries from multi-trauma from across NSW. The 12-bed Severe Burns ward accommodates patients with burn injuries or requiring plastic and reconstructive surgery. Severely burn injured patients frequently have stays in ICU with specialist nursing/dressings and allied health input from the burn unit clinical staff.
- Admitted rehabilitation services for severe burn injured patients are provided at *Graythwaite Rehabilitation Centre* at Ryde.
- A digital referral and advice service is provided through a dedicated burn consult email address serviced by both nursing and medical staff. Non-admitted services include wound progress reviews, dressings and allied health review and therapy. With improvements in treatment modalities, severe burn injured and other complex patients can increasingly be managed on a non-admitted care basis, reducing the need for long admitted hospital stays.

Trauma

- The *NSW Institute of Trauma and Injury Management* oversees, coordinates and supports the *NSW trauma system*, an inclusive networked system of hospitals designated to provide various levels of trauma management capability across metropolitan, regional and rural settings.
- Each major trauma service is networked with regional trauma services and associated referring LHDs. RNS Hospital is designated as a major trauma service, and is networked with Gosford Hospital and Central Coast LHD. The service provides treatment for severely injured patients. RNS Hospital receives minor as well as major trauma patients, and is the busiest adult major trauma centre in NSW. Hornsby, Northern Beaches and Ryde Hospitals receive minor trauma patients.
- RNS Hospital trauma service was the first in NSW to implement the Prevention in Alcohol and Risk Related Trauma in Youth (P.A.R.T.Y.) program, a multidisciplinary trauma prevention program that educates youth about the consequences of risk-taking behaviours.

Plastics and reconstructive surgery

- Minor plastics and reconstructive procedures are provided at Hornsby and Ryde Hospitals while more complex patients and procedures are managed at RNS Hospital. The RNS Hospital Plastics and Reconstructive Surgery service is an integral component of the trauma, spinal cord injury, burn injury, and cancer services provided at the hospital. Plastic surgeons also provide surgical management of complex pressure injury wounds in people with spina bifida, as there are limited services for these patients in NSW.

24.2 Issues and Opportunities

Distribution of services

- Access to specialist non-admitted care: non-admitted services, apart from fracture clinics, are concentrated at RNS Hospital. There is high demand for services particularly from patients with chronic rheumatology conditions who cannot afford the out-of-pocket costs associated with private specialist care.
- Distribution of surgical services: MHPBST surgical services accounts for approximately 35 per cent of surgical episodes across NSLHD hospitals, with 47 per cent of that surgery provided at RNS Hospital. Some surgery could be provided at Hornsby and Ryde Hospitals building on their existing capabilities and developing comprehensive local services. The establishment of a surgical-geriatric service at Ryde Hospital remains a focus for the network. A comprehensive review, in collaboration with the Surgical and Anaesthesia Clinical Network, would inform decisions on the best distribution of services across NSLHD hospitals.
- Allied health resources: Psychology/psychiatry services to support the provision of admitted, non-admitted and follow up care for patients with severe burn injuries, tetraplegia and spasticity and other complex tertiary care needs should be reviewed and deficiencies addressed.

3,566

NSLHD residents had a knee or hip joint replacement in 2017/18. Almost 25% were provided in public hospitals and over 75% in private hospitals.

Delivering supra-LHD services

- Managing the "spine effect": In addition to its role as a supra-LHD provider of specialist care for SCI, RNS Hospital also receives referrals for patients with non-traumatic SCI, spinal and neurological cancer, spinal column injury, spinal plastics, orthotics, deformity correction, spina bifida, multiple sclerosis and motor neurone disease. Improving patient care requires clear clinical governance of services and development of models of care for patient groups not defined by supra-LHD services.
- Delayed discharge from supra-LHD services are associated with limited access to rehabilitation, difficulties transferring patients to their local hospital with ongoing sub- or non-acute care needs, and processes associated with the NDIS and Lifetime Care and Support schemes. Access to step-down accommodation could free up acute beds in RNS Hospital.
- Ongoing care for supra-LHD services: Currently patients must return to RNS Hospital for specialist follow up for supra-LHD services. This may not be necessary with new models of care which could include care pathways and integration of care across services and hospitals, non-admitted outreach services, continuity of medical records between hospitals and telehealth consultations and support for clinicians at other hospitals once patient has been transferred.

Transitioning from child to adult services

- Young people with chronic musculoskeletal, spinal, injury or congenital related disorders (spina bifida, spinal cord injury, juvenile arthritis, scoliosis, hand deformities) are transitioning from child to adult services. Strategies to meet the unique needs of these patients need to be developed and implemented.

Leading Better Value Care (LBVC)

- The MHPBST Network has been overseeing the roll-out of two Tranche 1 initiatives in the LBVC program: Osteoarthritis Chronic Care and Osteoporotic Refracture Prevention initiatives, and will be supporting the rollout of Tranche 2 initiatives including hip fracture care.

Data management

- There is a need to improve the capture and management of information in the electronic medical record, particularly for patients who require transfer to regional or local hospitals from supra-LHD services, or who have ongoing or life-time care needs.

Supporting principles

Improved patient care can be achieved through:

- Flexible service models which are integrated and consider the patient in the provision of services.
- Collaborating with other relevant clinical networks in NSLHD, PHNs, Community and NGO sectors and other LHDs to deliver innovative or alternative approaches to service delivery, including telehealth.
- Timely access to rehabilitation/community services.
- Improved data governance (data collection, automation and integration of medical records).
- Investigating emerging evidence and translating this into clinical practice.
- Examining avenues to support innovation and invest in education and research opportunities.

24.3 Recommendations

MS1 Develop service delivery and sustainable workforce models, for all services in the Network, that take into consideration the patient journey through the continuum of care (acute, rehab, community), and distribution of workload across NSLHD facilities.

MS2 Develop an integrated Spinal Service for all spinal conditions (spinal cord injury, cancer spine, non-traumatic spinal cord injury, spinal plastics, urology, orthotics, and deformity correction) .

MS3 Agree on clear NSLHD data governance, collection and reporting systems, which are consistent with supra-LHD initiatives and supports individual services in quality review.

MS4 Support the roll-out of Leading Better Value Care Tranche 2 initiatives relating to Musculoskeletal Health, Plastics/Burns, Spinal and Trauma Network services.

MS5 In partnership with the Child Youth and Family Clinical Network, develop and implement strategies to address the transitional care needs of young people with chronic musculoskeletal, spinal or injury related disorders (spina bifida, spinal cord injury, juvenile arthritis, and scoliosis) together.

ORTHOPAEDICS IS THE SINGLE LARGEST SURGICAL SPECIALTY REPRESENTING 31% OF ALL SURGICAL EPISODES IN NSLHD HOSPITALS.

NEUROSCIENCES

25 NEUROSCIENCES

25.1 Service Description

The Neurosciences Clinical Network brings together clinicians providing both admitted and non-admitted services focusing on the prevention, diagnosis and treatment of disorders and injuries affecting the brain, spinal cord, central and peripheral nervous system and muscles. Services encompass:

Stroke services

Stroke services include acute and ongoing management of intracranial haemorrhage and neurovascular diseases such as ischaemic stroke and transient ischaemic attack (TIA). There are four stroke units in NSLHD: Hornsby, Northern Beaches and Ryde Hospitals provide primary stroke services that is non-thrombolysis/non-interventional care in dedicated stroke units, and RNS Hospital provides primary and hyper-acute (thrombolysing and endovascular interventions) care for acute ischaemic stroke and surgical management of haemorrhagic stroke. Public stroke specific rehabilitation is provided at Hornsby, Mona Vale and Ryde (Graythwaite) Hospitals.

Over

1,000

patients were admitted to NSLHD hospitals following stroke in 2017/18.

NSLHD provides four dedicated stroke units located at Hornsby, Northern Beaches, RNS and Ryde Hospitals.

Neurology services

Neurology services focus on patients with epilepsy, neuro-degenerative and genetic disorders, movement disorders, inflammatory, autoimmune and infective conditions, and paraneoplastic conditions. At RNS and Hornsby Hospitals patients are admitted under the care of specialist neurologists; at Ryde Hospital patients are admitted under the care of general physicians with specialist neurology consultation. The Northern Beaches Hospital will provide services for common neurological conditions. A rapid access clinic for TIA and stroke is provided at RNS Hospital along with general neurology and selected specialty and clinics. Non-admitted services are not currently provided at Hornsby or Ryde Hospitals.

Neurosurgery services

Neurosurgery services are provided at RNS Hospital for complex conditions including neurovascular, neuro-oncology, trauma, stroke and spinal care. As part of the NSW Health supra-LHD major trauma system and Spinal Cord Injury Service, RNS Hospital neurosurgery receives referrals from Northern Sydney, Central Coast, Hunter New England, Northern NSW and Far West LHDs. Neurosurgical consultative services are provided to Central Coast as well as Northern Sydney LHD hospitals. Patients with traumatic head injuries requiring surgical intervention are transferred to RNS Hospital, while minor head injuries are managed at Hornsby, Northern Beaches and Ryde Hospitals under the care of general medicine physicians. RNS Hospital has a dedicated neurosurgical ward, intensive care and step-down high dependency units. Multidisciplinary non-admitted clinics are provided and there are close links with the upra-LHD brain injury rehabilitation service at Royal Rehab. The neurosurgical service is a major training centre for the Royal Australasian College of Surgeons Surgical Education and Training Program, and associated fellowship programs.

Interventional Neuroradiology services

Interventional Neuroradiology (INR) services are provided at RNS Hospital and are managed as part of the Division of Surgery and Anaesthesia. The service uses image-based minimally invasive techniques including coiling of cranial aneurysms, embolisation (selective occlusion of blood vessels in the brain), vascular reconstruction or angioplasty using balloons or stents for ischaemic disease or vasospasm, and endovascular clot retrieval (ECR) for stroke caused by large vessel occlusion. ECR is provided at six hospitals across NSW with two providing a 24/7 service, while others provide limited hours services. RNS and Westmead Hospitals currently provide a weekday and alternate weekend, business hours (8am-5pm) service in a collaborative, day arrangement with a centralised referral system. Efforts to extend this service are currently being pursued.

Neurophysiology and diagnostic services

Neurophysiology and diagnostic services at RNS Hospital include advanced imaging (CT, MRI, digital subtraction angiography (DSA), and nuclear medicine) as well as nerve conduction studies, electroencephalography (EEG), evoked potentials, thermal threshold studies, reflex studies, electromyography (EMG). The neurophysiology service is provided to admitted and non-admitted patients during standard business hours. Hornsby Hospital offers a limited range of neurophysiology services including EEG and nerve conduction studies (under contract with a private provider). Northern Beaches Hospital will provide a similar range of neurophysiology services. Patients at Ryde Hospital are referred to RNS Hospital for neurophysiology services.

Neurogenetic service

Neurogenetic service at RNS Hospital provides a tertiary referral service for neurogenetic disorders for adults and cares for adolescents transitioning to adult services, with particular expertise in Parkinson's disease, mitochondrial disease, hereditary spastic paraplegia and other familial movement disorders. A weekly non-admitted clinic facilitates access to comprehensive diagnosis, including the use of biomarkers and next-generation sequencing methods, and offers multidisciplinary care. The clinic has direct access to research facilities in the Kolling Institute of Medical Research facilitating access to clinical trials and contributing to the development of genomic technologies that target the unique genetic makeup of individual patients.

25.2 Issues and Opportunities

The Neuroscience Clinical Network will focus on improving patient care through:

- Implementation of patient reported outcome measures such as the International Consortium for Health Outcomes Measurement data sets
- Investigating and translating emerging evidence into clinical practice and developing research capabilities through closer co-operation with the Kolling Institute
- Focusing efforts on prevention and health promotion strategies in relation to stroke, head injury, traumatic brain injury and dementia

Stroke services

- Local service structures, workforce and physical resources across NSLHD hospitals have led to variance in care in relation to management of patients with neurological and neurosurgical conditions. Standardising and streamlining services at each hospital provides aims to improve access to high quality care and better outcomes and experiences for all patients. This will include the development over time of the recently opened stroke unit at Ryde Hospital, timely access to hyper-acute care (thrombolysis and ECR) for eligible stroke patients, and access to rehabilitation for all stroke patients.

Non-admitted services

- The number of patients presenting to EDs with headache, vertigo, epilepsy and other neurological disorders has increased in recent years, and patients are often admitted for monitoring or to facilitate access to diagnostic services. The expansion of selected neurology clinics at Hornsby and Ryde Hospitals would provide more efficient and complete care for a large group of neurological conditions, reduce hospital admissions, and avoid the need for some patients to travel to RNS Hospital to access non-admitted services. There are also opportunities for RNS Hospital to develop improved management models for patients who have presented with concussion.

Diagnostic services

- Planning for non-admitted clinics and expansion of admitted services will also require consideration of access to diagnostic services including advanced imaging capabilities (CT and MRI) and neurophysiology services, particularly at Hornsby hospital.

Transitional services

- Transitional services for young people with chronic neurological disorders: In partnership with the Child Youth and Family Clinical Network, transitional care needs of young people with chronic neurological disorders need to be explored and strategies implemented to ensure that these are addressed.

Neurosurgical services

- A significant proportion of RNS Hospital neurosurgical patients live in regional and rural NSW. Follow up or ongoing care can be onerous for patients if they have to travel some distance to Sydney post discharge. The development of outreach and telehealth services would support earlier discharge or transfer to a hospital closer to home; support staff in other hospitals to care for post-neurosurgical patients, and reduce the need for frequent travel for follow up consultations. The service is also seeking opportunities to streamline admission processes and improve access to step down to reduce hospital length of stay and improve patient flow.
- The RNS Hospital is seeking opportunities to develop a neurosurgery pain service and a functional neurosurgery service to treat patients with resistant neurological disorders including epilepsy, Parkinson's disease, chronic pain and spasticity, with a variety of interventions including ablative surgery, deep brain stimulation, and drug or electrical device implantation. These services are predominantly provided in the private hospital sector at this time.
- The neurosurgical service recognises the importance of developing structured training and programs for all disciplines to support the development and delivery of contemporary, evidence-based care.

INR services

- The demand for ECR (and other INR procedures) is increasing and the service is seeking opportunities to expand to a full 24/7 hour service at RNS Hospital. Expansion will need to consider access to resources including operating theatre time and anaesthetic support, capacity of advanced imaging (CT/MRI and DSA), intensive care services, and medical, nursing, allied health and other workforce profiles. Further work is required to optimise outcomes for patients, reduce symptom onset to treatment times for eligible stroke patients, develop measurable and objective performance indicators, and improve the classification of ECR procedures in the current coding system (Australian Refined Diagnostic Related Groups).

Neuro-genetic services

- The *NSW Health Genomics Strategy 2017* outlines the importance of applying genomic technologies to improve diagnosis, prognosis and disease risk as well as inform treatment and management of patients with rare neurological diseases. NSW Health is currently negotiating a brokerage system for genetic tests (currently sent to a private lab, overseas or interstate) to be accessed through NSW Health Pathology.
- Further development of the neuro-genetics service will position NSLHD as a state leader in genomics research, investment and technology. The neuro-genetics service proposes to develop a framework to integrate the use of genomics that may be applied in similar clinics for endocrinology, haematology, ophthalmology and immunology. Using telehealth and other modalities, the neuro-genetics service also aims to provide greater access to specialist consultation, assist GPs in the care of their patients, and minimise the time it takes to diagnose a patient with mitochondrial disease.

Data governance

- There is considerable variation between hospitals in the collection of patient related clinical data, as well as an onerous workload associated with the manual capture and duplication of data from the electronic medical record (eMR) for disease registries and other reporting requirements. The integrity of data can be compromised, as the eMR does not support the ability to restrict who can enter highly specialised information. There is a proliferation of locally developed databases that are not readily accessible either within individual services or across NSLHD. There is limited inter-operability of data systems between hospitals and services both within and outside NSLHD, which poses risks and delays when patients are transferred to another hospital. The development of clear governance and accountabilities for the collection and access to patient related clinical data is a high priority for neuroscience services.

HYPERACUTE STROKE SERVICES, INCLUDING THROMBOLYSIS AND ENDOVASCULAR CLOT RETRIEVAL, ARE PROVIDED AT RNS HOSPITAL.

25.3 Recommendations

NS1 Standardise stroke models of care (spanning prevention, hyper-acute care and rehabilitation) across NSLHD, with specific roles for each NSLHD hospital.

NS2 Expand the interventional neuroradiology service at RNS Hospital to a 24/7 service.

NS3 Develop guidance on the selection of appropriate imaging and diagnostic tests in the ED for patients presenting with neurological/neurosurgical symptoms.

NS4 Develop non-admitted services for investigation, management and follow up of patients presenting with headache, dizziness, epilepsy, and other general neurological conditions at non-tertiary hospitals (Hornsby and Ryde Hospitals).

NS5 Develop a model of care for Parkinson's disease and other movement disorders including demand for, access to, and provision of diagnostic and highly specialised treatment services.

NS6 Develop a framework for the provision of neurogenetic services including genomic diagnostics and new therapeutic approaches to Parkinson's disease, mitochondrial disease, hereditary spastic paraplegia and other familial movement disorders.

NS7 Streamline the neurosurgical patient journey from referral to post discharge follow-up.

NS8 Develop a strategy to collect, access and use clinical data to support service delivery, monitoring and improvement in clinical care.

CANCER AND PALLIATIVE CARE

The Cancer and Palliative Care Network includes medical oncology, radiation oncology, cancer genetics and palliative care. Haematology is a major partner in cancer care but is not officially part of the Cancer and Palliative Care Network. Communication with surgical oncology occurs through the Directorates and multidisciplinary teams, but there is no formal governance for surgical oncology.

26 CANCER CARE

26.1 Service Description

Prevention services

Cancer care includes prevention, screening, early detection, treatment, ongoing symptom management and end of life care. Prevention services are generally provided at a supra-LHD level and include tobacco control and sun exposure programs. The national bowel, breast and cervical screening programs are managed at a supra-LHD level and are delivered locally under Primary and Community Health services (BreastScreen and cervical cancer screening) and through GPs (cervical screening). National bowel cancer screening kits are delivered directly to people's homes.

Treatment services

Treatment services include systemic therapies (chemotherapy and other infusions), radiation therapy and surgery. Surgical oncology is not part of the Cancer and Palliative Care Network but is a key component of the care process. Most public cancer related services within NSLHD are provided at the Northern Sydney Cancer Centre at RNS Hospital, with some cancer surgery provided at the other acute hospitals. RNS Hospital sponsors a *Pancreatic Cancer Centre* as a joint project with Surgery and Anaesthesia and North Shore Private Hospital, and which commenced in 2019.

- **Medical oncology services** are provided via nine tumour streams (head and neck, hepatobiliary, neuroendocrine, upper gastrointestinal, colorectal, urological, breast, lung and sarcoma/endocrine); involving multidisciplinary team meetings and cancer care coordinators based at RNS, Hornsby and Ryde Hospitals. Non-admitted clinics are based on tumour streams at RNS Hospital. A cancer genetics service is based at RNS Hospital. Support services include psycho-oncology and a telephone help line.
- **Chemotherapy and other infusion services** are provided at RNS and Northern Beaches Hospitals. Chemotherapy services for selected Hornsby Hospital patients are provided by the Sydney Adventist Hospital under a service agreement.
- **Radiotherapy services** are provided through three linear accelerators for external beam treatment at RNS Hospital, and include superficial and brachytherapy services. The Northern Beaches Hospital provides a radiotherapy consultation service for public patients.
- **Home support** for public cancer patients is provided through the Northern Sydney Home Nursing Service. Care provided includes medication administration, care and maintenance of central venous access, assistance with subcutaneous and intrathecal pumps, pain management, postoperative wound care and equipment loan. Home care is also provided by the Acute Post-Acute Care (APAC) service.

Private services

The private health sector is a major provider of cancer care, including both medical and radiation oncology, and provides the majority of cancer surgery for Northern Sydney residents. Private facilities include North Shore Private Hospital, Northern Cancer Institute (Frenchs Forest and St Leonards), Mater Hospital (including the Melanoma Institute of Australia), Sydney Adventist Hospital and Macquarie University Hospital. The Northern Beaches Hospital provides a mix of public and private service provision. The Dexus North Shore Private Medical Centre, currently under construction on the RNS Hospital campus, is likely to include some ambulatory cancer services.

Table 21 summarises the public and private chemotherapy and radiotherapy resources across Northern Sydney.

Table 21: NSLHD and Private Sector Chemotherapy and Radiotherapy Resources

Resource	RNS Hospital	Northern Beaches Hospital	Mater Hospital	Macquarie University Hospital	NCI/CCA St Leonards	NCI/CCA Frenchs Forest	Sydney Adventist Hospital	Total
Infusion spaces	36	12	13	15	27	11	34	148
Linear accelerators	3		2	2		1	2	10
Brachytherapy [1]	1		1					2
Gamma knife [2]				1				1
Tomotherapy [3]							1	1

Source: NSLHD Cancer and Palliative Care Network Note: Northern Cancer Institute / Cancer Care Associates (NCI/CCA)
[1] Brachytherapy uses a sealed radiation source, or "seed", to deliver treatment directly to the area requiring treatment.
[2] A gamma knife is a high intensity gamma radiation therapy used to treat brain tumours.
[3] Tomotherapy is a form of computed tomography (CT) guided intensity modulated radiation therapy requiring a specialised linear accelerator.

Research

Research, including clinical trials, is a core component of cancer and palliative care. Sydney Vital is the translational cancer research centre-based at RNS Hospital and is funded by the Cancer Institute of NSW and the University of Sydney. The Northern Sydney Cancer Centre is a leader in immunotherapy treatment and research.

Non-government organisations

A number of non-government organisations (NGOs) provide support services and/or forums for patients with a cancer diagnosis and their carers. These organisations include Cancer Council, CanRevive (support for the Chinese community) and tumour specific groups such as the North Shore Prostate Cancer Support Group. The McGrath Foundation provides funding to NSLHD to employ breast care nurses to support patients with a breast cancer diagnosis receiving treatment and support at NSLHD hospitals.

26.2 Issues and Opportunities

Navigating public and private services

- A challenge is how best to provide care across both sectors that is patient-centred but also manages potential conflicts of interest for providers. Boundaries between public and private services for example in the deployment of cancer care coordinators are not always clear and have financial implications such as the engagement of public resources for private patients.
- Chemotherapy at Hornsby Hospital is currently provided under a contract with Sydney Adventist Hospital (SAH).

High out-of-pocket costs

- Patients using private cancer services experience higher costs for specialised imaging, for drugs not funded under the Medicare Benefits Scheme (MBS) or Pharmaceutical Benefits Scheme (PBS) and for other services. While most chemotherapy is provided to patients without an insurance gap, patients are often on a range of expensive medications to manage symptoms which may not be on the PBS (public patients receiving chemotherapy at Sydney Adventist Hospital as part of the NSLHD contract report referral to private rather than public support services with greater out-of-pocket costs than in the public sector).

Patient and treatment complexity

- The increasing complexity of patients and treatments combined with increased survival rates can lead to increased hospital readmissions and re-presentations to EDs, requiring skilled management in those settings or adoption of alternative service models.
- Demand for psycho-oncology services both during and after treatment exceeds ability to provide. Staff estimates that around 20per cent of cancer patients will require psychological support.
- A range of new treatments in areas such as immunotherapy and cancer genetics have the potential to change care options available.

Service concentration at RNS Hospital

- Patients managed in RNS Hospital could, in some cases, be transferred to a lower acuity environment closer to home with support by general physicians or community health services. This would require strong relationships with the Primary and Community Health directorate to embed community support into the cancer model of care.
- The provision of a wider range of cancer services at or near the Northern Beaches Hospital will have an impact on referral to RNS Hospital.
- Outreach, telehealth and home support models have been proposed to enable NSLHD residents to receive elements of their cancer care closer to home. Chemotherapy provision is being planned into the redevelopment of Hornsby Hospital.
- Patients referred from other parts of NSW to NSLHD for treatment often encounter difficulties in obtaining home support locally and arranging this can be problematic for NSLHD staff.

Infrastructure requirements

- Radiation oncology provision at RNS Hospital operates under high demand. The Dexus North Shore Private Medical Centre development adjacent to RNS Hospital and the redevelopment of Concord Hospital may result in some temporary reduction in demand at RNS Hospital. Planning is required to ensure access to public provided services without unnecessary duplication.
- Public chemotherapy chair requirements are projected to increase from 39 to 44 chair equivalents by 2026, excluding capacity currently used for haematology and other infusions. Six additional chairs are planned for Hornsby Hospital. Home based chemotherapy is offered in some jurisdictions and in the private sector, but requires a nurse in attendance during the entire procedure.
- Constrained clinic space at the Northern Sydney Cancer Centre limits ability to manage growth in demand and to maintain quality and service coordination in light of ongoing haematology demand.

Service quality and gaps

- Regular quality reports from the *Cancer Institute (Reporting for Better Cancer Outcomes)* and the Bureau of Health Information have raised issues such as low-volume surgery and unwarranted clinical variation. Action is underway to address patient reported issues, coverage of multidisciplinary teams, variations in certain surgery rates and volumes, radiotherapy regimens, screening and prevention and clinical trials recruitment. Best practice needs to be standardised to continue to address these variations.
- There is variation in patient cases considered by multidisciplinary teams (MDT) and no melanoma MDT in Northern Sydney. Most melanoma care is provided by a private specialist unit associated with the Mater Hospital.

Information management

- Data management in cancer and palliative care has been a problem, with challenges in extracting accurate, consistent and detailed data on cancer services in NSLHD. There have been a range of disparate data systems with limited interoperability of data, meaning data is siloed in service areas with limited opportunity for data collaboration and system reporting (for example to accurately determine demand and workload and inform future infrastructure requirements). The challenges are largely due to resourcing, information system and governance issues but these issues are being improved by the rollout of the *Medical Oncology Information System (MOSAIQ)*.

Clinical trials

- Clinical trials should be a core component of cancer treatment. NSLHD is currently below the NSW state benchmarks in enrolling patients into clinical trials. There is potential for increased trials as new treatments become available. Clinical trials provide an opportunity for service revenue, but require ability to employ staff in a timely way and provision of space for interviews and treatment. Improved governance is required around clinical trials.

CANCER CARE INCLUDES PREVENTION, SCREENING, EARLY DETECTION, TREATMENT, ONGOING SYMPTOM MANAGEMENT, AND END-OF-LIFE CARE.

26.3 Recommendations

CP1 Develop a NSLHD Cancer Plan that sets direction for cancer services into the future.

CP2 Review the provision of psycho-oncology services across NSLHD against documented best practice and with consumer input, and identify strategies to maximise access within resources.

CP3 Develop an operational plan for non-admitted Cancer Services across the Northern Sydney Local District, to include a hospital-based plan for referrals, multidisciplinary team meetings, service provision, models of care and hospital governance.

CP4 Develop and implement strategies to enhance clinical trials for NSLHD which draw on volume of clinical trials, activity, staffing and resource requirements (day therapy, ethics, pharmacy), to optimise patient benefit and participation and coordinate with private providers.

CP5 Progress the implementation of the MOSAIQ medical oncology information system and embed it as business as usual within cancer and haematology services and promote continuous improvements for users.

CP6 Standardise best practice care by addressing unwarranted clinical variation identified as part of annual Reporting for Better Cancer Outcomes produced by the Cancer Institute NSW.

A NEW 10-BED PALLIATIVE CARE UNIT CURRENTLY UNDER CONSTRUCTION AT MONA VALE HOSPITAL WILL ENABLE PEOPLE TO BE CARED FOR CLOSER TO HOME.

27 HAEMATOLOGY

27.1 Service Description

Although Haematology is not formally part of the Cancer and Palliative Care Network, it is important to identify the service details and requirements given their high cancer workload and shared use of the day treatment centre at RNS Hospital. It is being included in the Cancer and Palliative Care chapter with its location in the network structure to be decided.

Diagnostic and clinical haematology services treat patients with a range of malignant blood disorders including leukaemia, lymphoma and myeloma, along with non-malignant disorders such as clotting and bleeding problems, low blood counts and impaired immunity. RNS Hospital conducts autologous and allogeneic (related and unrelated) bone marrow transplants and provides both admitted and non-admitted care. It is one of six sites in NSW that undertakes both forms of bone marrow transplantation.

The Day treatment unit at RNS Hospital is shared with medical oncology. It provides chemotherapy, transfusions, apheresis and venesection. The haematology team provide a consultation service across the NSLHD, and relationships are maintained with a number of rural centres.

Public non-admitted services are provided at RNS Hospital in the Northern Sydney Cancer Centre, with consultants also seeing some patients in private rooms in the North Shore Private Hospital.

Iron-deficient patients are able to receive Ferrinject injections at home through the Acute Post-Acute Care (APAC) service.

The Northern Beaches Hospital offers haematology at role level 5, including admitted patient consultation, day therapies and non-admitted services.

27.2 Issues and Opportunities

Increasing workload of older patients

- Patients are increasingly surviving blood cancers, particularly myeloma, and returning for further treatment, leading to an increase in average patient age and an increasing workload. The haematology department reports a high level of stress in meeting documentation requirements along with a growing workload.

Shift in activity from admitted to non-admitted settings

- Capacity in the day treatment unit is managed on a day-to-day basis, with patients allocated to 26 chairs with the ability to flex up and down depending on demand. Haematology is reported to account for a large proportion of day therapy unit chair requirements, which is now an operational issue for both haematology and oncology. Patients awaiting blood transfusion due to space limitations in the Day Treatment Unit sometimes deteriorate and are admitted to a bed through ED.
- The haematology non-admitted workload is limited by staff available. There is the potential to manage more patients at home with safe protocols and skilled staff, although this has not been broadly undertaken in NSW. Currently APAC do iron infusions, removing some demand from the day unit.
- The general shift in treatment from the admitted to the non-admitted environment (for example stem cell harvesting, transfusions) has required employment of skilled nursing and medical staff in the day treatment environment, but this has not always occurred. Establishment of a haematology nurse care coordinator will improve coordination of care between admitted, non-admitted and the community; prevent hospital admissions and enhance patient satisfaction and quality of care.

Multidisciplinary teams

- Multidisciplinary teams have not been formally established in haematology, although coordination is mainly required across nursing and allied health rather than with other medical or surgical specialties. However, weekly meetings review pathology, imaging and clinical cases.

Information management

- As with chemotherapy, there are major data issues with day therapy procedures for haematology and electronic reporting is not available. This makes it difficult to quantify current throughput and distinguish trends, or to project future demand. The recently implemented MOSAIQ information system will provide more comprehensive activity information.
- Increasing documentation requirements and accreditation demands are reported to place pressure on clinicians, with electronic medical record and prescription systems being more time consuming. This has placed stress on the work balance and cohesion of the staff specialist workforce.

Costs of treatment

- Haematology patients tend to be expensive due to longer stays (especially bone marrow transplants), a lower proportion of shorter-term palliative patients and high need for often costly drugs as well as transfusion support.

Haematology Clinical Network

The Cancer and Palliative Care Network does not currently formally include responsibility for haematology. The haematology department at RNS Hospital is currently working to improve integration with palliative care and infectious diseases departments.

27.3 Recommendations

CP7 Identify a clinical network location for haematology and integrate governance accordingly.

CP8 Prepare a service delivery plan for malignant haematology across NSLHD to address growth in demand, multidisciplinary team care and service integration, consistent with NSW cancer care guidelines.

28 PALLIATIVE CARE

28.1 Service Description

The Cancer and Palliative Care Network oversees the planning and provision of palliative care services for the population of NSLHD in line with the *NSW Ministry of Health policy*. Palliative care sub-acute admitted care, consultation and community services have been provided to NSLHD residents by HammondCare under a service level agreement since 2009. Current NSLHD services include:

Acute care

- HammondCare palliative care specialists and nurses provide consultation and inreach at Hornsby from Neringah Hospital and at Ryde from Greenwich Hospital. End of life care nurse coordinators are located at Hornsby and Ryde Hospitals, although separate from specialist palliative care service. The RNS Hospital Palliative and Supportive Care Department works collaboratively with HammondCare to meet essential needs of acute patients admitted under medical and surgical teams at RNS Hospital (there is no planned palliative care service at the Northern Beaches Hospital, with referral of identified patients to non-admitted HammondCare services based at Mona Vale Hospital).

Sub-acute care

- Sub-acute care is provided by HammondCare from 22 beds at Greenwich Hospital and 19 beds at Neringah Hospital. A 10-bed palliative care unit at Mona Vale Hospital is currently under construction and is due to open in 2019/20.

Non-admitted services

- Non-admitted services include medical and allied health clinics at Greenwich, Neringah and Mona Vale Hospitals. There is also a nurse practitioner clinic at Greenwich Hospital and two palliative care clinics at RNS Hospital to integrate care for patients with upper gastrointestinal or lung cancer, with plans for a weekly nurse practitioner clinic to support early integration of palliative care in the patient journey.

Community (at home) care

- Care co-ordination, specialist palliative care advice and hands-on care provided by HammondCare and Northern Sydney Home Nursing Service (NSHNS) from bases at Greenwich, Neringah and Mona Vale Hospitals.
- Palliative Care home support packages available for 48 hour care at the very end of life, provided by HammondCare.
- Palliative care patients in residential aged care facilities are supported by an Aged Care Link Nurse.

Bereavement counselling

- Bereavement counselling is available for families of patients of HammondCare.

Adolescent and young adult hospice

- An adolescent and young adult hospice has been approved for development on the old Manly Hospital site from 2020.

Proposed service delivery model

- The palliative care service across NSLHD is proposed to include the following components:
  - Patient management under specialist palliative care physician and multidisciplinary teams in acute hospitals (apart from the Northern Beaches Hospital), community and the sub-acute units.
  - Inreach to acute services including capacity to admit palliative care patients to acute hospitals and provide consultation support.
  - Provision of care in hospital-based clinics in conjunction with other specialties, in the patient's place of residence or other community setting.
  - Supportive care at home in collaboration with GPs, nurses and allied health
  - Advance care planning.
  - Grief and bereavement support and counselling.
- NSLHD proposes to provide palliative care under a three hub model. Hubs will service the geographic areas of Hornsby Ku-ring-gai, North Shore Ryde and Northern Beaches. Each hub will encompass in-reach to acute care, access to sub-acute beds, non-admitted and home care and access to respite care. The hubs will be governed and supported by an operational team comprising medical, nursing and allied health managers, with strategic oversight provided by the Cancer and Palliative Care Network.

28.2 Issues and Opportunities

Vision for palliative care

- The lack of an agreed vision and organisational structure for palliative care has been an issue in the past, although work has been underway to improve this through a process including HammondCare, the Sydney North Primary Health Network and the Primary and Community Health directorate to articulate a shared vision of palliative care services in NSLHD. The palliative care agreement with HammondCare requires review towards an agreed LHD-wide service model.
- The vision, which aligns with NSW Health policy, is that all patients who require it will receive seamless access to high quality, integrated palliative care that is adaptive and responsive to their needs and to those of their families and carers. A model of care has been proposed including five key components of the patient journey including referral, access and initial contact; assessment; service delivery; transfer of care; and family/bereavement. The Cancer and Palliative Care Network's direction for palliative care is to develop a seamless service that considers outcomes that matter to patients, the experience of receiving care, the experience of providing care and the most effective and efficient care provision.
- It will be important for a palliative care clinical services plan and operational plan to address:
  - Numbers of care providers appropriate to population need, taking into account private sector provision.
  - How such a service will integrate with private hospitals and care providers.
  - Incorporation of innovative approaches to care such as telemedicine as usual care.
  - Integration of research, teaching, education and quality improvement as core activities across palliative care in NSLHD.

Compassionate hospitals program

- This program aims to support patients who die in hospital and is managed through Clinical Governance and the End-of-life committee, based on guidance from the *NSW Clinical Excellence Commission*. Program components are being finalised and staff education will commence in 2019.

Mona Vale Hospital

- A priority for the Network will be the establishment of the new sub-acute unit on the Mona Vale Hospital site and the articulation of its interface with existing palliative care services and the Northern Beaches Hospital. Clarity is required on how the Northern Beaches Hospital will provide palliative and end-of-life care and on the referral process from the new hospital to the unit at Mona Vale Hospital.

Bereavement

- While bereavement services are currently provided through HammondCare, a NSLHD Bereavement Committee seeks to develop further services in the case of complex bereavements. The management of bereavement will be a component of the NSLHD palliative care plan.

28.3 Recommendations

CP9 Develop a palliative care clinical plan for NSLHD based on an agreed model of care across the LHD and networked with public, non-government and private sector partners. This will include an endorsed corporate and clinical governance model, formal contract management with service partners and agreed care processes.

CP10 Prepare a palliative care operational plan from the clinical plan that identifies annual goals for funding requirements, staffing, education and participation in clinical trials, along with other components to implement strategic directions in the clinical plan.

CP11 Expand the Compassionate Hospitals Program to support patients who die in hospital and their families and carers, in partnership with RNS Hospital Intensive Care services, NSLHD Clinical Governance and the End-of-life committees.

CP12 Establish network guidance on the establishment and operation of the Mona Vale palliative care unit consistent with an LHD model of care and referral pathways, in partnership with Mona Vale Hospital.

REHABILITATION AND AGED CARE

29 REHABILITATION

29.1 Service Description

Rehabilitation Medicine is the specialty responsible for diagnosis, assessment and management of an individual with a disability due to illness or injury. Inpatient and non-addmitted rehabilitation services are provided from Hornsby, Mona Vale, RNS, and Ryde Hospitals as well as at Royal Rehab. Some public rehabilitation from Greenwich Hospital.

Admitted rehabilitation services

- Two 20-bed wards at Hornsby Hospital, with an increase to 56 beds planned as part of the hospital redevelopment.
- Two wards totalling 56 beds at Mona Vale Hospital.
- The 64-bed Graythwaite Rehabilitation Unit at Ryde Hospital, including rehabilitation for severe burns patients from other LHDs.
- An in-reach rehabilitation model of care at RNS Hospital which provides support for early rehabilitation to suitable patients in the acute setting.
- 20-bed spinal cord injury and 16-bed brain injury specialist rehabilitation wards at Royal Rehab, serving a catchment beyond NSLHD as a supra-LHD service.

Non-admitted services

- Non-admitted services have developed with varying models in place across the Local Health District as a result of variations in leadership and governance:
- Hornsby, RNS and Ryde Hospitals operate a range of general and specialised non-admitted clinics, while there is no non-admitted rehabilitation services currently provided at Mona Vale. Generalist rehabilitation clinics include those for stroke or orthopaedic rehabilitation, reconditioning and continence. Specialist clinics include those for traumatic brain or spinal cord injury at Royal Rehab, refracture prevention and sexuality at Ryde and for spasticity, services for amputees and Parkinson's disease at Hornsby Hospital.
- Home-based rehabilitation services are provided by Royal Rehab to NSLHD residents while Greenwich Hospital provides home-based rehabilitation services to residents of the Lower North Shore.

Assistive Technology and Seating Service

- The Northern Sydney LHD Assistive Technology and Seating Service, based at Macquarie Hospital, is a part of the NSLHD Clinical Technology Service staffed by rehabilitation engineers, seating therapists (occupational therapist or physiotherapist), and rehabilitation engineering technical officers. Services mostly relate to wheelchair and specialised seating systems, but other assistive devices are covered as well. The service, coordinated by the State Spinal Cord Injury Service, has a supra-LHD role for adults with spinal cord injury. Metropolitan residents with specialist medical reviews at RNS Hospital or Royal Rehab are eligible for this service.

General inpatient rehabilitation services are located at Hornsby, Mona Vale and Ryde Hospitals, and specialist rehabilitation is located at Royal Rehab.

29.2 Issues and Opportunities

Private sector supply

- Private hospitals accounted for just under 70 per cent of all overnight rehabilitation episodes for Northern Sydney residents in 2017/18. Ryde Hospital was the second highest but accounted for one-tenth of the volume of private hospitals. The private share continues to grow with the opening of new facilities, including private beds at Greenwich Hospital and Royal Rehab. Public facilities tend to have higher proportions of patients with stroke and brain dysfunction, along with orthopaedic fractures.

Standardisation of Models of Care

- Both admitted and non-admitted rehabilitation services have developed with inconsistencies in access and different models in place across NSLHD as a result of variations in leadership and governance. Rehabilitation for chronic disease, such as respiratory and cardiac illnesses, is managed separately through the Primary and Community Health directorate. Specialist inpatient and non-admitted rehabilitation services are provided by the Affiliated Health Organisations Royal Rehab and HammondCare through service agreements. Recent consultations indicated the need to:
  - Improve patient-centred care in areas such as better engagement of carers, service provision hours that match patient and carer needs, improved access to home-based rehabilitation services and improved coordination of care between hospital and community models.
  - Address specific service gaps such as reconditioning services for frail patients, rehabilitation services for younger (aged under 65 years) patients, mental health services for older patients, input from palliative care, and improving information on services available for consumers.
  - Manage discharge to reduce delays under My Aged Care and the NDIS with timely transfers to rehabilitation, including to private providers and for patients who live outside NSLHD.
- The recommended service model is to have in each sector a critical mass of centre-based day rehabilitation, home-based rehabilitation, non-admitted clinics, and specialist rehabilitation clinics or programs. It will be important to continue to work towards a standardisation of best practice rehabilitation models of care across all NSLHD services, including referral guidelines, pathways and transfer processes, consistent with NSW service principles and models of care. It will be important to work with the Northern Beaches hospital in relation to the continuum of care between the acute and community services.

Rehabilitation and Dialysis

- A review of admitted patient activity highlighted an average of 25 rehabilitation admissions per year across NSLHD acute hospitals of patients with kidney disease requiring dialysis. In 2016/17, the incidence grew to 61 admissions with each patient staying an average of 16.2 days. This may underestimate the number of patients who would benefit from admitted rehabilitation but were not admitted due to dialysis requirements.
- Prior to the transfer of services from to the new Northern Beaches Hospital, rehabilitation patients requiring dialysis could access services at Mona Vale Hospital. Patients admitted for rehabilitation now need to be transported to other hospitals for dialysis but this often extends the time required in rehabilitation or, in some instances, presents a barrier to accessing rehabilitation.

29.3 Recommendations

RA1 Standardise best practice admitted, non-admitted and home-based rehabilitation models of care across all NSLHD services, including referral guidelines, pathways and transfer processes, consistent with NSW service principles and models of care.

RA2 Implement strategies that support access to rehabilitation for patients who require dialysis.

30 AGED CARE

30.1 Service Description

The acute hospitals within NSLHD provide a range of admitted and non-admitted aged care services. Acute hospital services operate on a model of collaborative multidisciplinary geriatric care with local provision of the core services encompassing:

Acute care

Acute services include shared care or dedicated aged care ward, stroke unit, geriatric consultation service, orthogeriatric service, and access to psychogeriatric consultation:

- Older patients presenting to ED may be seen by the Aged Services Emergency Team (ASET) who undertake multidisciplinary assessments and care planning. At Ryde Hospital this function is provided by the Acute Post-Acute Care service.
- Orthogeriatric models (for the care of frail, older orthopaedic patients) have, to varying degrees, been developed at Hornsby and RNS Hospitals, and a limited orthogeriatric service operates at Ryde Hospital.
- There are different models of acute admitted geriatric care in NSLHD hospitals:
  - At Hornsby Hospital, the acute care of the elderly (ACE) model of shared care sees patients admitted into an ACE ward (or beds) and jointly cared for by the geriatric team and the admitting specialty team.
  - At Ryde Hospital, for patients requiring specialist geriatric advice or management, the admitting team requests consultation services from the geriatric team. This automatically occurs for orthopaedic admissions where the patient is aged over 65.
  - At RNS Hospital patients are admitted into an acute geriatric ward under the care of specialist geriatricians; geriatric consultation and liaison services are offered to patients admitted under other specialty services.
  - The Northern Beaches Hospital is required to provide emergency, admitted and non-admitted geriatric care to public patients with management by a geriatrician and a multidisciplinary team.

Hospital avoidance

Hospital avoidance programs include targeted interventions to keep people well and out of hospital, such as osteoporosis re-fracture prevention and falls prevention clinics and groups.

- There is a specialist geriatric outreach service to residential aged care in each sector: the Geriatric Rapid Acute Care Evaluation (GRACE) program at Hornsby, the Aged Care Rapid Response Team (ARRT) at RNS and Ryde Hospitals, and the Beaches Rapid Access to Care of the Elderly (BRACE) program based on the Mona Vale hospital campus. The ARRT and BRACE services also provide support to people in their own home.

Non-admitted care

Non-admitted care services include hospital-based, community and home-based services:

- Geriatric clinics are provided at Hornsby, RNS and Ryde Hospitals and at the Brookvale and Mona Vale community health centres including clinics for geriatric assessment, falls risk assessment and management, memory (for assessment for dementia) and continence.

- Commonwealth Home Support Program-funded nursing and allied health services are provided by Northern Sydney Home Nursing Service and community-based allied health providers. Community Packages (or Compacks) provide a short-term package of care designed to help patients gain independence and prevent admission to hospital. Transition Care services provide care either in the home or in a residential setting in an aged care facility.

Subacute services

- While there are currently no designated sub-acute aged care services in NSLHD, a 10-bed geriatric evaluation and management (GEM) service will be collocated with a new palliative care unit as part of the Mona Vale hospital campus redevelopment. A maintenance level of care is provided in all hospitals where a patient is awaiting residential aged care placement, while a significant proportion of rehabilitation admissions are for "restorative" care.

Aged care research

- The National Health and Medical Research Council (NHMRC) Cognitive Decline Partnership Centre, led by Professor Sue Kurrle at Hornsby Hospital, focuses on improving the care of people living with dementia.
- The Curran Ageing Research Unit, embedded within the Rehabilitation and Aged Care Service at Hornsby Hospital, is involved in several international clinical drug trials for dementia.
- The John Walsh Centre for Rehabilitation Research, based at the Kolling Institute and led by Professor Ian Cameron, focuses on research and education in rehabilitation and injury-related disability and recovery from injury in older people, falls prevention, rehabilitation after hip fracture and assessment of quality of life in frail older people.
- The Penney Ageing Research Unit at RNS Hospital and the Kolling Institute, led by Professor Sarah Hilmer, conducts basic, clinical, population and implementation research to optimise quality use of medicines by older people.

By 2026 the NSLHD population aged over 70 years will have increased by 35.4% and those aged 85 years and over will have increased by 20.7%.

30.2 Issues and Opportunities

Population growth and ageing

- The older population of Northern Sydney continues to grow and Ryde Hunters Hill stands out as an area of particular need.
- By 2026 the Northern Sydney population aged 70+ will have increased by 35.4 per cent and those aged 85 and over will have increased by 20.7 per cent. The fastest growth has been in Ryde Hunters Hill. According to the 2016 census the proportion of the population aged 65 and over with a profound or severe disability ranged from 14.5 per cent on the Lower North Shore to 21.8 per cent in Ryde Hunters Hill.
- Dementia is now the second leading cause of death nationwide, and the first for females. The estimated NSLHD population with dementia is projected to increase by over one-quarter from 14,623 in 2016 to 18,530 by 2026.
- NSLHD EDs receive an average of 45 patients aged 85 and over per day, which represents a population presentation rate of 640 per 1,000 population aged 85 and over.
- The proportion of admitted acute bed days accounted for by patients aged 85 and over in 2016/17 ranged from 16 per cent at RNSH to 43 per cent at Ryde (where three-quarters of all acute beds are occupied by patients aged 70 and over, despite that hospital having a small geriatric workforce).

Partnerships for complex health needs

- The Rehabilitation and Aged Care Clinical Network has worked in partnership across the LHD and with a number of external agencies particularly the Sydney North Primary Health Network (SNPHN) and other clinical networks.
- The Hospital Avoidance Programs for Older People working group is a partnership between each of the specialist geriatric outreach services to residential aged care in NSLHD, together with APAC, Northern Sydney Home Nursing Service, SNPHN and NSW Ambulance. The group has established a common dataset and tools to monitor and evaluate hospital avoidance programs and is now working with the Acute and Critical Care Medicine Clinical Network towards better understanding any variation in interactions of over 9,000 residents of aged care facilities with NSLHD hospitals, using an analytics tool developed for this purpose.

- Other partnerships have addressed the health journeys of people with dementia and their carers and implementation of the Asia Pacific Clinical Guideline for Frailty as part of the integrated care approach. This work is being conducted in partnership with SNPHN and is linked with falls prevention and health promotion in NSLHD. The work will include initiatives in primary care and community-based services, pre-admission for surgery, as well as for other admitted patients.
- It will be important for the RACS Network to continue partnerships to improve the health journey for older people with complex health needs (including frailty, cognitive impairment and dementia) and their carers, consistent with NSW policy including the Dementia Service Framework.

Specialist geriatric outreach

- The BRACE specialist geriatric outreach service to residential care for Northern Beaches residents was established and linked to falls prevention initiatives as a result of the Hospital Avoidance Programs for Older People working group partnership. The hospital avoidance program will need to establish a working relationship with the Northern Beaches Hospital and manage emerging issues. The development of a model of care and subsequent evaluation of this program will inform the development of a standardised, efficient and effective model of care for specialist geriatric outreach services for older people living in the community.

Management of dementia and delirium

- Recent consultation noted there has been an Increase in patient complexity such as dementia, delirium or drug or alcohol dependence requiring greater time and resources for care planning and support. It will be important to implement best-practice principles and models of care to improve the experiences and outcomes of patients with dementia and confused hospitalised older persons across NSLHD.
- The NSLHD Delirium clinical guidelines were implemented following an initial 2012 audit of the treatment of patients with delirium and dementia in NSLHD hospitals. By 2018, a follow-up audit found there has been a notable improvement in the recognition, investigation and management of delirium for patients while in NSLHD hospitals. The NSLHD Rehabilitation and Aged Care Network has worked in partnership with Sydney North Primary Health Network, Community Care Northern Beaches and Dementia Australia to improve the health journeys of people with dementia and their carers through the establishment of the Northern Sydney Dementia Collaborative. This will involve working with local councils to establish dementia friendly communities as promoted by Dementia Australia.

Geriatric evaluation and management (GEM)

- GEM is defined as sub-acute care in which the primary clinical purpose or treatment goal is improvement in the functioning of a patient with multidimensional needs associated with health conditions related to ageing, and aims for the person to be able to live at home independently for as long as possible. Development of a model of care and subsequent evaluation of the implementation of the GEM unit at Mona Vale hospital from 2020 will also provide insight into its contribution to the broader aged care services.

30.3 Recommendations

RA3 Continue partnerships to improve the health journey for older people with complex health needs (including frailty, cognitive impairment and dementia) and their carers, consistent with NSW policy including the Dementia Service Framework.

RA4 Refine and monitor a standardised, efficient and effective model of care for specialist geriatric outreach (hospital avoidance) services for older people living in the community (including residential care) across NSLHD in order to respond to growth in demand. This will include establishing a new working relationship with the Northern Beaches Hospital and managing emerging issues.

RA5 Implement best-practice principles and models of care to improve the experiences and outcomes of patients with dementia and confused hospitalised older persons across NSLHD.

RA6 Plan for and commission a geriatric evaluation and management (GEM) unit at Mona Vale Hospital consistent with NSW models of care, monitor its contribution to broader aged care services and determine appropriateness of the model for implementation elsewhere in NSLHD.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HOSPITALS AND AFFILITED HEALTH SERVICES

HOSPITALS

31 HORNSBY KU-RING-GAI HOSPITAL

31.1 Service Description

Hornsby Ku-ring-gai Hospital, with a total of 308 beds, is classified as a major metropolitan hospital and provides acute, sub-acute, mental health and community health services. When the hospital redevelopment is completed in 2021, Hornsby Hospital will have a total of 381 beds.

Hospital and health services

- Acute services include emergency, maternity, paediatrics, and adult medical and surgical services. Most acute services are provided at role delineation level 4 although core services are resourced to provide level 5 to support geriatric medicine, rehabilitation and selected surgical sub-specialties (ear, nose and throat (ENT), general surgery, orthopaedic surgery, and urology).
- Some medical oncology services (chemotherapy) for public patients are purchased from Sydney Adventist Hospital.
- The Rehabilitation and Aged Care service has a strong research focus and a national reputation in the area of cognitive decline.
- The Mental Health Services include a psychiatric emergency care centre (PECC, 4 beds), an adult acute admitted service (35 beds), the Brolga unit for children and adolescents (12 beds), and the intensive care service (12 beds). The latter two units have a supra-LHD role providing services to Central Coast as well as NSLHD residents.
- Community health services are located on the Hornsby Hospital campus, at Pennant Hills and Turramurra (Hillview) and in smaller centres at Galston, Berowra, Brooklyn, and Wisemans Ferry.
- Early Childhood Health Centres are located at Hornsby, St Ives, Berowra, Galston and Pennant Hills with the latter three collocated with the Community Health Centres. In addition, the Koala Family Care Centre is located at Hornsby Hospital and provides secondary level services for the catchment area.
- Oral Health and BreastScreen are located on the Hornsby Hospital campus along with the NSLHD Public Health Unit, a General Practice Training Unit and its associated Aboriginal Health Clinic (Bungee Bidgel).

Private health care in Hornsby Ku-ring-gai

In addition to the public hospital and services, private acute hospital services are provided by the Sydney Adventist Hospital (524 beds) in Wahroonga. Private sub-acute rehabilitation services are provided at Lady Davidson (115 beds) and Mt Wilga (119 beds) private hospitals. There are 37 residential aged care facilities with a total of 2,549 beds in the Hornsby Ku-ring-gai catchment.

Catchment and activity

The nominal catchment of the hospital is the local government areas of Hornsby and Ku-ring-gai. Most of the acute medical and surgical activity is for patients who live in these two LGAs; located in the north west of the district, Hornsby Hospital also attracts patients from Western Sydney LHD (predominantly from Baulkham Hills LGA) accounting for 10.1 per cent of unplanned and 15.7 per cent of planned episodes. Central Coast residents also access selected services at Hornsby Hospital and account for 7.5 of planned episodes.

Table 22 sets out a summary of activity and a range of performance indicators for Hornsby Hospital.

Table 22: Hornsby Hospital Activity and Performance 2013/14 to 2017/18

	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018
Emergency Presentations	**36,577**	**37,867**	**37,741**	**39,379**	**40,758**
Ambulance	8,873	8,823	8,064	8,458	8,869
% brought to ED by Ambulance	24.3%	23.3%	21.4%	21.5%	21.8%
ETP All ages (target 80%)	72%	76%	72%	79%	76%
Admitted Episodes	**16,961**	**17,295**	**18,496**	**20,700**	**21,295**
Same day (%)	23.2%	24.6%	25.6%	28.4%	28.1%
Paediatric episodes	1,922	1,786	1,916	1,940	2,093
Occupied bed days	80,769	84,081	87,092	90,542	91,755
ON ALOS (days)	6.1	6.4	6.2	5.9	5.7
ON ALOS (days) – Acute only	4.1	4.1	4.1	3.9	3.9
Births	1,167	1,174	1,190	1,171	1,254
Non admitted occasion of service	**74,735**	**111,333**	**131,745**	**137,380**	**141,351**

Source: NSLHD Performance Analytics and Business Intelligence Unit
Note: Episodes include All ABF Streams, Acute; Mental Health (and Drug and Alcohol) and other or sub-acute and non-acute services such as rehabilitation, psychogeriatric care, maintenance and palliative care. Episodes exclude renal dialysis and unqualified neonates, and episodes entirely within the ED.

31.2 Issues and Opportunities

Realising benefits of stage 1 redevelopment

- Stage 1 redevelopment of Hornsby Hospital was completed in 2015 delivering a new building accommodating a perioperative unit, eight operating theatres, two endoscopy rooms and surgical patient accommodation along with some clinical support services. The benefits of this new resource have not yet been fully realised. In collaboration with the Surgery and Anaesthesia, Musculoskeletal, and Child Youth and Family Clinical Networks, Hornsby Hospital will explore opportunities to increase the provision of selected surgical services through the redistribution of activity between RNS, Ryde and Hornsby Hospitals. In the first instance this will include investigation of the merits and options of expanding or providing urology, plastics, ENT, and minor trauma surgical services, encompassing the associated pre-and post-surgical care that is a comprehensive service rather than just the provision of the surgical intervention itself.

Stage 2 redevelopment

- Stage 2 of Hornsby Hospital redevelopment is underway with completion expected in 2021. The redevelopment will deliver a new and expanded medical imaging department, a medical assessment unit, intensive care, a coronary care and cardiac investigations unit, a transit unit, new medical wards, a refurbished and expanded ED, a helipad, an outpatient centre and new education and retail space. Since the approval of the stage 2 Hornsby Hospital redevelopment additional monies have been made available for [stage 2a] services including renal dialysis, chemotherapy, oral health, allied health, GP Unit and Bungee Bidgel, as well as fitout of sub-acute (rehabilitation) wards and refurbishment of Psychiatric Emergency Care Centre (PECC).
  - Prior to the commissioning of the new facilities work is underway, in collaboration with the Acute and Critical Care Medicine, Neurosciences, and Cardiothoracic and Vascular Health Clinical Networks, to develop contemporary models of care for ED short stay, medical assessment unit and medical sub-specialties.

- New non-admitted services will include, as part of the LHD-wide expansion, new dialysis chairs and chemotherapy services. In addition to these developments and the consolidation of non-admitted allied health services in a single location, there are opportunities to explore the development of new models that support the delivery of care in non-admitted settings reducing the number of patients who need admission to hospital. Early work is underway to explore opportunities for the provision of selected non-admitted neurology services.
- While there were no planned increases to the role delineation of services at Hornsby Hospital, a number of clinicians have identified a need to investigate and determine any changes that might arise from the redevelopment or be appropriate in light of changes in demand.
- Capital funding for the stage 2 redevelopment did not allow for the inclusion of an acute mental health admitted service for older people and this remains a high priority for the Mental Health Drug and Alcohol Directorate and Hornsby Hospital.

Community health services

- Hornsby Ku-ring-gai has a large number of dispersed community health services to cover its geographic catchment, many of which are of poor infrastructural quality. The Hillview Community Health Centre in Turramurra has been highlighted for replacement in another location and the Pennant Hills Community Health Centre needs to be reviewed. In addition, there are a number of community services in close proximity to or dispersed across the Hornsby Hospital campus. A comprehensive strategy needs to be developed to inform future community health service and capital developments.

HORNSBY HOSPITAL IS UNDERGOING A MAJOR REDEVELOPMENT: STAGE 1 OPENED IN 2015 AND BY 2021 THE CAMPUS WILL BE ALMOST COMPLETELY REDESIGNED AND REBUILT.

31.3 Strategic Directions

To realise the full benefits of the extensive redevelopment of Hornsby Hospital, further work is required to refine and develop models of care for medical, surgical and non-admitted services. With the available and planned infrastructure there are opportunities for Hornsby Hospital to provide a more comprehensive range of high quality admitted and non-admitted acute services for children and adults – residents will have confidence that Hornsby Hospital will be able to meet most of their acute health care needs and fewer patients will need to travel to RNS Hospital to access routine, secondary level care. Patients who need tertiary level care will continue to be referred or transferred to RNS Hospital.

Specifically Hornsby Hospital will focus on:

- Realising the benefits of the redevelopment through best use of spare surgical and procedural capacity and planning models of care for the medical and non-admitted components of the stage 2 redevelopment. This will include collaborating with RNS Hospital to effect the re-distribution of secondary level services across NSLHD hospitals improving local access to routine medical and surgical care, with attention to workforce and on-call requirements. This redistribution of activity also offers opportunities for Hornsby Hospital to develop an LHD role in specific clinical services.
- Collaborating with the relevant clinical networks to review clinical service role delineation levels in the context of population demand and the provision of care within an integrated network of hospitals across NSLHD.
- Developing a comprehensive non-admitted strategy to guide existing services and identify and support the development of new or satellite non-admitted services which will both provide alternatives to hospital admission and reduce the need for hospital care, particularly for patients with chronic illness.
- Identifying future infrastructure requirements and models of care for community health centres to improve client access, service quality and service integration, in collaboration with the Primary and Community Health Directorate.
- Identifying future options for the provision of services for older people with mental health needs, including admitted, non-admitted and home-based services.

32 MONA VALE HOSPITAL

32.1 Service Description

Mona Vale Hospital, with a total of 56 beds, is classified as a sub-acute hospital and provides rehabilitation and community palliative care. It also has an urgent care centre and a large community health centre. Reconfiguration and redevelopment of the Mona Vale Hospital site includes a new building with 20 beds to provide admitted palliative care and geriatric evaluation and management (GEM) services. When these developments are complete in 2019/20 Mona Vale Hospital will have 76 inpatient beds.

Acute hospital services previously provided at Manly and Mona Vale Hospitals transferred to the new Northern Beaches Hospital in October 2018. Manly Hospital closed but has been retained for public use and planning is underway for the development of an adolescent and young adult hospice on the site. There has been significant investment in new and upgraded community health facilities at Mona Vale, Brookvale and Seaforth.

The nominal catchment for Mona Vale Hospital is the Northern Beaches (previously Manly, Pittwater and Warringah) local government area. While the majority of people accessing services live within that catchment, residents of other areas may also use the urgent care centre and specialist rehabilitation services.

Urgent Care Centre

- The Urgent Care Centre (UCC) treats non-complex, low-acuity patients with minor injury and illness not requiring hospital admission. The service is designed to provide a primary care service that is an alternative appropriate pathway for patients who might otherwise present to an ED. The UCC is staffed by an experienced team of doctors, nurses and allied health professionals and has access to medical imaging including x-ray, CT and ultrasound, on-site pathology, anti-venoms and adrenalin.
- The UCC is not part of the NSW Ambulance service matrix and ambulance, police or retrieval services, and GP referrals for admitted patients are directed to the new Northern Beaches Hospital. Patients presenting to the UCC with higher acuity needs that require more complex acute care are stabilised then transferred to Northern Beaches, RNS or other appropriate acute hospital.

Rehabilitation and aged care

- Rehabilitation services include admitted and non-admitted services within the Beachside Rehabilitation Unit (BRU) which opened in 2014 and the adjacent Assessment and Rehabilitation Unit (ARU). The units have a gymnasium and multifunctional spaces for group therapy and activities of daily living as well as consultation and treatment rooms. There is a hydrotherapy pool on site. Medical, nursing and allied health services are provided including physiotherapy, occupational therapy, social work, speech pathology, neuropsychology, and pharmacy.
- The Beaches Rapid Access Care of the Elderly (BRACE) service provides non-admitted multidisciplinary assessment of frail older people living at home or in residential aged care facilities. The service includes in-reach support to assess and manage deteriorating residents. It also provides non-admitted falls prevention services, geriatric consultation clinics and allied health services including physiotherapy, occupational therapy, dietetics, social work, and pharmacy support.

Palliative care

- A Community Palliative Care service is provided by HammondCare in collaboration with NSLHD Palliative Care services and the Northern Sydney Home Nursing Service. The service provides support for patients diagnosed with life-limiting illness, their family and other carers, and support that embraces physical, psychological and spiritual needs. Services including care coordination, specialist palliative care advice, and hands-on care is provided to patients in their own home or in non-admitted clinics.

Community health services

Community health services provided from Mona Vale Hospital campus include:

- Acute Post-Acute Care (APAC) and Northern Sydney Home Nursing Service.
- Aged Care including an Assessment Team (ACAT) with physiotherapy, occupational therapy and social work services, an a multidisciplinary geriatric service providing falls and memory clinics.
- Rehabilitation services including Chronic Disease Community Rehabilitation Service (CDCRS), cardiac rehab and the Management of Acute Cardiac Failure (MACARF) service as well as allied health services for adults including dietetics, speech pathology, social work, and podiatry.
- Early childhood health services and paediatric allied health including physiotherapy, occupational therapy, and speech pathology.
- Specialist non-admitted clinics including endocrinology consultation, diabetes education, chest clinic, tuberculosis, continence.
- Mental Health and Drug and Alcohol services including Child and Youth Mental Health Services (CYMHS), Adult Mental Health, and Drug and Alcohol counselling.
- Other services include: Oral Health, Carers Support, Pastoral Care, and Staff Health.

WHEN FULLY RECONFIGURED, MONA VALE HOSPITAL WILL PROVIDE A RANGE OF SUB-ACUTE AND COMMUNITY-BASED SERVICES INCLUDING SPECIALIST SERVICES IN REHABILITATION, AGED CARE AND PALLIATIVE CARE IN CONTEMPORARY PURPOSE BUILT FACILITIES.

Other services

- The Kedesh Rehabilitation Service, a not-for-profit, charitable community-based organisation, provides drug and alcohol rehabilitation services. Programs are designed to address the psychological aspects of addiction and are based on the principles of cognitive behaviour therapy. Services are provided on a non-admitted basis and a 10-bed admitted service is ready to open.
- The NSW Ambulance Service operates from a temporary ambulance station, which opened on the Mona Vale Hospital site in 2017; a permanent station is planned to better serve the catchment population.

32.2 Issues and Opportunities

The role of the Mona Vale Hospital campus has changed significantly with the transfer of acute services to the Northern Beaches Hospital and the appointment of a general manager for the sub-acute hospital and community health services that remain. The nature of the hospital campus may change over time with opportunities for other organisations to provide complementary health services on site. Key challenges include the strengthening of relationships and clinical referral pathways from the new acute hospital especially in relation to rehabilitation, palliative care, post-acute care and community health services.

Urgent Care Centre

- Since the UCC opened in October 2018, it has treated an average 50 patients each day with peak demand experienced over the Christmas/ New Year holiday period. Common reasons for presentation to the UCC include minor fractures, sprains and cuts, surfing and other sporting injuries, dehydration and mild asthma. A small proportion of presentations have required transfer to a larger hospital most commonly for symptoms such as chest pain, burns and trauma and required admission to hospital or needed prolonged assessments. The development of the Urgent Care Centre, as a new model of care, will require ongoing monitoring for trends in utilisation, patient experience, clinical outcomes, quality, safety and efficiency, and opening hours of the service.

Sub-acute admitted care

- There has been some reduction in the number of referrals from the new Northern Beaches Hospital to the rehabilitation service at Mona Vale Hospital. This is likely influenced by referral patterns already established with the Healthscope owned Lady Davidson Private Rehabilitation Hospital and the new 85 bed Arcadia Private Rehabilitation Hospital which opened in Warriewood in 2018. Referral trends will need to be closely monitored and services scaled to meet demand.
- A new purpose-built 20 bed building is currently under construction and is scheduled to open in 2019/20. The new building, adjacent to the rehabilitation units will accommodate:
  - Geriatric Evaluation and Management (GEM) service: GEM is defined as sub-acute care in which the primary clinical purpose or treatment goal is improvement in the functioning of a person with multi-dimensional needs associated with age-related health conditions. The service aims to support the person to continue to live at home independently for as long as possible. The GEM service will complement the sub-acute rehabilitation role of the Mona Vale Hospital and associated community health services. The model of care needs to be determined and defined in the context of its contribution to the broader aged care services across the Northern Beaches and more broadly across NSLHD. The Rehabilitation and Aged Care Clinical Network will facilitate the development of the model of care in collaboration with services at Mona Vale Hospital .
  - Palliative care services are proposed to operate as part of a NSLHD three-hub (Hornsby, Northern Beaches, and North Shore and Ryde Hunters Hill) palliative care model proposed by the Cancer and Palliative Care Clinical Network. The admitted palliative care service at Mona Vale Hospital will need clear linkage with the non-admitted palliative care service currently provided on the campus by HammondCare, and with the Northern Beaches Hospital. The Cancer and Palliative Care Clinical Network will facilitate the development of the model of care in collaboration with services at Mona Vale Hospital, HammondCare and other palliative care services in NSLHD. In addition to these palliative care services, an adolescent and young adult hospice has been approved for the Manly Hospital site.

Non-admitted services

- Non-admitted patient services have undergone considerable change with the transfer of acute care to the new Northern Beaches Hospital and consolidation of sub-acute and community health services in the new or redeveloped community health centres. There is opportunity for further development and refinement of services to reduce any remaining duplication and to streamline services so that they operate as efficiently as possible and are less confusing for patients and referrers.

32.3 Strategic Directions

The nature of the Mona Vale Hospital campus campus may change over time with opportunities for other organisations to provide complementary health services on site. Key challenges include the strengthening of relationships and clinical referral pathways from the new acute hospital especially in relation to rehabilitation, palliative care, post-acute care and community health services.

Mona Vale Hospital will focus on:

- Consolidating its new role as a sub-acute hospital and provider of specialist rehabilitation and palliative care, as well as urgent care and community health services.
- Strengthening referral pathways with the Northern Beaches Hospital especially in relation to rehabilitation, palliative care, post-acute care and community health services.
- Reviewing patient experience and trends in demand for the urgent care centre to refine the service delivery model as required.
- Working collaboratively with the Rehabilitation and Aged Care Clinical Network to define and develop the Geriatric Evaluation and Management (GEM) model of care.
- Working collaboratively with the Cancer and Palliative Care Clinical Network to develop the new admitted palliative care service at Mona Vale Hospital as part of an integrated three-hub service for NSLHD.

33 NORTHERN BEACHES HOSPITAL

33.1 Service Description

Northern Beaches Hospital, with 488 beds, is classified as a major metropolitan hospital providing emergency, acute admitted and non-admitted services including maternity, paediatrics, intensive care, a broad range of medical and surgical sub-specialties, renal dialysis, and mental health services. Northern Beaches Hospital does not provide sub-acute services, and patients requiring rehabilitation, maintenance or palliative care are transferred to relevant services at Mona Vale Hospital or similar public or private services.

The hospital, which opened in October 2018 replacing the acute services previously provided at Manly and Mona Vale Hospitals, is operated by Healthscope which has contracted with the State of NSW to provide hospital services to public patients. Public patients are not required to pay for treatment and there is no change to the way public patients access free health services. Patients retain their right to choose whether or not they wish to use their private health insurance on admission. Clinical care is prioritised according to health needs and not private health insurance status. Northern Beaches Hospital has the capacity to offer additional services for private patients providing it can meet public patient need.

The public-private partnership means that the NSLHD is financially responsible for only those patients admitted to Northern Beaches Hospital as public patients, and the size of this cohort determines the volume of activity to be purchased. The scope and volume of services to be purchased will be reviewed on an annual basis, or more frequently should the need arise.

The full scope of health services to be provided at Northern Beaches Hospital for public patients is described in the *Services Specification* document along with associated performance standards. The schedule also outlines expectations in relation to meeting NSW Health policy, patient referral, provision of non-admitted services, teaching and research, access to support services, and links with other NSLHD services. Among other things, Northern Beaches Hospital must provide non-admitted services to align with and support admitted services and must link with the relevant NSLHD clinical networks where appropriate. Relationships must be maintained with specialist services at RNS Hospital and with community health providers such as the Northern Sydney Home Nursing Service.

Most acute services are provided at a higher role delineation level than was previously provided at Manly or Mona Vale hospitals. However public patients from Northern Beaches with complex and tertiary needs (defined in the contract), such as major trauma, neurosurgery and cardiothoracic surgery, continue to be treated at RNS Hospital.

Catchment and activity

The nominal catchment of the new hospital is the Northern Beaches (previously Manly, Pittwater and Warringah) local government area. Most activity at the new hospital comprises activity previously delivered at Manly and Mona Vale hospitals. However, the location of the new hospital means that many Northern Beaches residents who were previously admitted to RNS Hospital as their closest hospital are likely to attend the Northern Beaches Hospital. This, along with the increased scope of services, is expected to result in some diminution of activity at RNS Hospital, but with little direct impact on other NSLHD hospitals where there has been minimal historic patient flow. This reduction in demand on RNS Hospital is expected to be noticeable in the first year or two of operation of the new hospital and will vary from service to service. Reductions in tertiary activity at RNS Hospital are not expected to occur.

THE NEW NORTHERN BEACHES HOSPITAL OPENED IN OCTOBER 2018.

While services moved to the new Northern Beaches Hospital in October 2018, Manly and Mona Vale Hospital activity for 2012/13 to 2016/7 is outlined in Table 23 for reference. It is anticipated that activity at the new hospital will increase over time, consistent with its higher role delineation and increased range of services offered.

Table 23: Manly and Mona Vale Hospital activity and performance 2013/14 to 2017/18

	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018
Emergency Presentations	**57,897**	**58,403**	**58,562**	**59,615**	**60,400**
Ambulance	12,933	13,101	12,389	12,604	13,579
% brought to ED by Ambulance	22.3%	22.4%	21.2%	21.1%	22.5%
Admitted Episodes	**24,582**	**27,547**	**28,909**	**28,266**	**28,716**
Same day (%)	29.1%	33.3%	32.6%	33.9%	34.3%
Paediatric episodes	1,793	2,008	2,090	1,792	1,878
Occupied bed days	93,186	99,717	97,038	95,136	95,560
ON ALOS (days)	5.2	5.1	4.6	4.7	4.6
ON ALOS (days) – Acute only	3.9	3.8	3.3	3.3	3.3
Births	1,596	1,605	1,719	1,706	1,541
Non admitted occasion of service	**92,342**	**141,195**	**155,991**	**163,677**	**160,048**

Source: NSLHD Performance Analytics and Business Intelligence Unit
Note: Episodes include all ABF streams including Acute, Mental Health Drug and Alcohol and sub-acute and non-acute services such as rehabilitation, psychogeriatric care, maintenance and palliative care. Episodes exclude renal dialysis and unqualified neonates, and episodes entirely within the emergency department.

Private health care in the Northern Beaches

The new Northern Beaches Hospital is the largest hospital serving the catchment population. Located within the catchment there are also four private day procedure centres (for day surgery, chemotherapy, and endoscopy services) and five other small private hospitals including Delmar Private Hospital (Macquarie Health Corporation, 52 beds), Manly Waters Private Hospital (Macquarie Health Corporation, 63 beds), Peninsula Sleep Clinic (6 beds) and South Pacific Hospital (53 beds) providing mental health services. Arcadia Pittwater Hospital (85 beds) opened in 2018 in Warriewood, near Mona Vale, providing rehabilitation services. In 2016/17 there were 31 residential care services providing 2,551 residential care places and 18 transitional care places on the Northern Beaches.

33.2 Issues and Opportunities

The new Northern Beaches Hospital opened at the end of October 2018. Initial challenges of commissioning a large hospital are being progressively resolved and patients are reporting satisfaction with services received. NSLHD will continue to support the new Northern Beaches Hospital to progressively scale up clinical services and maximise the benefits of the new major hospital for local population.

Annual contract negotiations offer opportunities for both Northern Beaches Hospital and NSLHD to refine and develop services to meet the health care needs of the population, based on initial modelling and trends in activity and performance in the preceding period.

33.3 Strategic Directions

NSLHD will focus on:

- Including the new Northern Beaches Hospital in the integrated network of hospitals across the district.
- Reducing the need for Northern Beaches residents to travel to RNS Hospital for services that are now provided locally.
- Refining service linkages to provide seamless services between the Northern Beaches Hospital and sub-acute and community health services provided by NSLHD at Mona Vale, Brookvale and Seaforth.
- Engaging Northern Beaches Hospital staff and clinical teams in the NSLHD clinical networks.
- Refining a standardised, efficient and effective model of care for specialist geriatric outreach services for older people living in the community and in residential care in order to respond to growth in demand.

34 ROYAL NORTH SHORE HOSPITAL

34.1 Service Description

RNS Hospital, with a total of 713 beds, is the principal referral hospital for NSLHD providing a comprehensive range of secondary, tertiary and supra-LHD services.

In recent years the RNS Hospital has been almost completely rebuilt including a major community health centre, space for teaching and research (Kolling Building) and additional car parking. The acute services building (opened November 2012) and clinical services building (opened December 2014) were constructed as part of a public private partnership with the InfraShore Consortium which continues to provide parking, facility support and retail services on site. Separate from the hospital, the southern campus is currently undergoing redevelopment for the NSW Ministry of Health.

Acute care

- Supra-LHD services are provided for high risk maternity care, neonatal and adult intensive care, major trauma, spinal cord injury and severe burn injury, allogeneic blood and marrow transplant, and home dialysis training.
- Tertiary services, provided to residents of NSLHD and patients referred from other LHDs, are integrated within specialty services, including, for example, minimally invasive interventional cardiology and cardiothoracic surgery, otolaryngology head and neck services, ortho-plastics for hand injuries, limb salvage and brachial plexus injuries, neurosurgery, interventional neuroradiology, hyper acute stroke care, kidney transplant services, chronic pain management, and other complex medical and surgical care. RNS Hospital also has a cancer centre with a comprehensive suite of services including chemotherapy, radiotherapy, multidisciplinary clinics and cancer support services.
- Acute medical and surgical services are provided at role delineation level 6 supporting the supra-LHD and tertiary functions as well as the comprehensive range of sub-specialty services for the local catchment population.
- Adult mental health services include acute care, consultation liaison, assertive outreach and early intervention. RNS Hospital has a 6 bed Psychiatric Emergency Care Centre as well as 32 acute admitted beds. The Drug and Alcohol service, located in the Herbert St Clinic, includes admitted detoxification (15 beds), an opioid treatment program, and a range of community-based counselling and psychosocial intervention services.

Sub-acute and non-admitted care

- Sub-acute services for the local catchment are not provided at RNS Hospital but there are formal links with, and referral pathways to, Royal Rehab and Graythwaite Rehab for specialist and general rehabilitation, and to Greenwich and Neringah Hospitals for palliative care services.
- There is a large ambulatory care centre which provides a wide range of medical, nursing and allied health led non-admitted clinics. Non-admitted services are also provided from other locations on the hospital site including the acute post-acute care service from the Douglas Building.
- Community health centres (CHC) are located on the RNS Hospital campus (Herbert St), at Chatswood and Cremorne. BreastScreen and Oral Health services are provided from the St Leonards CHC along with the NSLHD Aboriginal Health Service headquarters. Early Childhood Health Centres are located at Chatswood, Cremorne, Crows Nest and Lane Cove.
- The Kolling Institute of Medical Research is based on the campus, and the hospital has formal links with the University of Sydney, UTS, Macquarie University and the Australian Catholic University.

Private health care in the Lower North Shore

In addition to the public hospitals, private acute hospital services are provided at North Shore Private (313 beds) and Mater (233 beds) Hospitals along with 10 private day procedure centres. Private mental health services are provided by Ramsay at Northside Cremorne (36 beds) and the new Northside St Leonards Clinic (112 beds). Private rehabilitation services are provided at Hirondelle (53 beds) and Greenwich (36 beds) Hospitals and Royal Rehab (24 beds). There are 23 residential aged care facilities with a total of 1,511 beds in the Lower North Shore catchment.

Catchment and activity

- The nominal catchment of RNS Hospital includes the local government areas of Lane Cove, Mosman, North Sydney and Willoughby, collectively referred to as Lower North Shore (LNS). As a tertiary referral hospital, RNS Hospital also provides services to patients from other metropolitan local government areas in NSLHD and across NSW.
- Residents of the Lower North Shore account for 19 per cent of planned episodes and 40 per cent of unplanned episodes.
- Residents of Hornsby Ku-ring-gai and Ryde Hunters Hill account for 23 per cent of planned episodes and 27 per cent of unplanned episodes. Residents of the Northern Beaches account for 21 per cent of planned and 17 per cent of unplanned episodes.
- Residents of other local health districts account for 37 per cent of planned episodes and 16 per cent of unplanned episodes particularly for orthopaedics, ENT, neurosurgery, plastic and reconstructive surgery and non-sub-specialty surgery.

Table 24 sets out a summary of activity and performance indicators for RNS Hospital.

Table 24: RNS Hospital activity and performance data 2013/14 to 2017/18

	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018
Emergency Presentations	**71,669**	**75,483**	**79,447**	**83,618**	**89,364**
Ambulance	18,046	17,694	17,542	19,024	20,028
% brought to ED by Ambulance	25.2%	23.4%	22.1%	22.8%	22.4%
ETP All ages (target 75%)	67%	66%	62%	63%	63%
Admitted Episodes	**47,665**	**48,724**	**49,351**	**53,037**	**55,132**
Same day (%)	23.2%	24.1%	23.5%	23.7%	24.4%
Paediatric episodes	3,282	3,626	3,708	4,131	4,481
Occupied bed days	215,554	217,781	230,619	237,926	242,752
ON ALOS (days)	5.9	5.8	6.0	5.7	5.6
ON ALOS (days) – Acute only	5.3	5.3	5.5	5.3	5.2
Births	2,642	2,647	2,846	2,871	2,699
Non admitted occasion of service	**538,819**	**571,542**	**628,553**	**664,097**	**696,420**

Source: NSLHD Performance Analytics and Business Intelligence Unit
Note: Episodes include all ABF streams: Acute; Mental Health (and Drug and Alcohol) and other or sub-acute and non-acute services such as rehabilitation, psychogeriatric care, maintenance and palliative care. Episodes exclude renal dialysis and unqualified neonates, and episodes entirely within the ED.

34.2 Issues and Opportunities

High utilisation

- RNS Hospital has experienced sustained growth in ED presentations in recent years and regularly operates at peak capacity. The high ED utilisation observed is partly driven by the ambulance matrix and a change in patient flows, the excellent amenity of the new buildings (particularly when compared to the neighbouring Ryde Hospital), and the wide range of services offered which means that RNS Hospital is "never the wrong hospital to go to".
- Admitted models of care, particularly for unplanned medical and tertiary care (for example highly specialised investigation, treatment or hyper-acute care) do not always identify clear pathways back to the patient's local hospital to complete their care adding further pressure on bed capacity.
- While there are no designated sub-acute admitted services at RNS Hospital on average there are about 30 beds occupied by patients who have been classified as requiring rehabilitation, maintenance care or palliative care. It is unclear what proportion of these patients would benefit from early referral or transfer to designated rehabilitation and specialist palliative care services.
- The absence of non-admitted consultation clinics at other NSLHD hospitals often means that patients have limited opportunities to access non-urgent care other than at RNS Hospital. At present it seems that "all roads lead to RNS Hospital" with flow on effects in ED and admitted services as patients will generally return to "their" hospital or specialist for further or ongoing care.

Best Care Together Program

- Under the "Best Care Together" Program RNS Hospital focuses on service improvements that lead to better outcomes and experiences of care for patients from their initial point of entry (ED or referral) through to a hospital stay, discharge, follow-up care and ongoing care in primary and community settings. The program acknowledges that high quality care is also best value care and that improvements in key metrics will follow. The program has had seen improvements in ED waiting times with all patient triage categories being seen in clinically appropriate times and sustained achievement of the "triple zero" performance indicator with no elective surgical patients breaching the maximum waiting time for their clinical urgency category for almost a full year. Efforts will be maintained under this program to further improve measure and monitor key metrics including emergency treatment performance (ETP), elective surgery access performance (ESAP), length of stay, mortality rates, and unplanned readmission rates along with financial sustainability.

Sustainable services

- The continued high demand on RNS Hospital services has had several impacts including:
  - Variation in waiting times for ED and to access some non-urgent and non-admitted services.
  - Reduced capacity to respond to seasonal or unanticipated increases in demand with continued pressure on staff to maintain usual high standards of care.
  - Limitations on the ability to grow and expand key supra-LHD and tertiary services.
  - Cost and budget pressures related to the higher than anticipated activity.
- The high demand for services at RNS Hospital also threatens the sustainability of the hospital and its services and will become unmanageable over time without some change in how services are delivered.
  - The opening of the Northern Beaches Hospital is anticipated to provide some short-term relief for RNS Hospital as the elective activity from surgical and other waiting lists moved across and residents choose to use their new local hospital. It is too early to determine the extent to which this has occurred to date, and it is likely that the impact will be observed in a staged manner as the Northern Beaches Hospital opens more beds and increases to its planned capacity over time.
  - The opening of the stage 1 redevelopment at Hornsby Hospital which included an expanded operating suite with a hybrid theatre and new peri-operative facilities was anticipated to provide some relief for RNS Hospital in surgical services but as yet these new resources have yet to be used to their full potential.
  - Other developments that may have an impact on demand for services at RNS Hospital include the Dexus North Shore Private Medical Centre currently under construction; it is anticipated that services will be mainly ambulatory.
- In the medium to long-term, further population growth is anticipated with large residential, commercial and transport developments currently under construction or in planning for the Crows Nest - St Leonards area.

34.3 Strategic Directions

The sustainability of clinical services at RNS Hospital requires that significant changes are made to the types of care delivered and how and where it is delivered.

RNS Hospital will focus on:

- Supporting NSLHD hospitals as they develop high quality secondary level services for their catchment population. This process will require, in collaboration with relevant clinical networks and hospitals:
  - A review of the ambulance matrix in collaboration with the NSW Ambulance Service to identify opportunities to direct appropriate non-tertiary patients to other hospitals.
  - Service by service review, beginning with RNS Hospital, to identify opportunities for the re-distribution of some acute activity. Initial areas for consideration should include management of minor trauma and hip fractures; elective joint replacement; general surgery including cholecystectomy and hernia repair and selected specialty surgery including urology, and ear, nose and throat surgery.
  - Development of innovative models of care that include step-down or repatriation pathways for patients referred for tertiary care but no longer requiring it following intervention. One example is stroke care where RNS Hospital provides hyper-acute stroke care for the district but ongoing acute and rehabilitation care could be provided well in local stroke care units at other hospitals. Consideration should also be given to post-discharge follow up that could be provided locally rather than requiring patients to travel to RNS Hospital.
  - Review of the comparatively large volume of sub-acute care at RNS Hospital to fully understand the profile and needs of this cohort. The review should consider opportunities to increase in-reach and non-admitted sub-acute care at RNS Hospital and models of care that include planned pathways and early referral to Graythwaite rehabilitation service at Ryde hospital.
  - Consideration of the development and location of appropriate non-admitted health services to support the redistribution of admitted care informed by the district-wide review of non-admitted care.
- Increasing the proportion of activity that is focused on delivering tertiary or specialist care not routinely delivered in other NSLHD hospitals, to ensure that the NSLHD residents continue to have access to highly specialised, low-volume, or high-cost services when they need them. This will include considering how tertiary and supra-LHD services should expand and develop to make best use of the capacity released through the redirection or reconfiguration of secondary level services. Specifically, RNS Hospital will focus on the continued development of pancreatic cancer, transplantation, interventional radiology, interventional and surgical cardiac and interventional neuroradiology services.
- Exploring opportunities for private sector collaboration in relation to clinical support services such as medical imaging.
- RNS Hospital will continue to fulfil a key function in the integrated network of NSLHD hospitals by supporting the development and delivery of excellent patient care and services at each hospital; specifically, it will play a significant role in building capabilities at Ryde Hospital, resourcing and supporting proposed changes.
- In the longer term it is anticipated that additional capacity will be required across NSLHD including RNS Hospital. Planning for future hospital and expansion should be undertaken with clear understanding of the impact of service developments and expansion at Hornsby, Northern Beaches and Ryde Hospitals, the planned development of non-admitted services and other service delivery platforms such as telehealth and associated technologies.

RNS HOSPITAL PROVIDES A NUMBER OF SUPRA-LHD SERVICES INCLUDING HIGH RISK MATERNITY, NEONATAL AND ADULT INTENSIVE CARE, MAJOR TRAUMA, SPINAL CORD INJURY, SEVERE BURN INJURY, ALLOGENEIC BLOOD AND BONE MARROW TRANSPLANT, AND HOME DIALYSIS TRAINING.

35 RYDE HOSPITAL

35.1 Service Description

Ryde Hospital is a 194 bed district general hospital providing acute (130 beds) and sub-acute (64 beds) services.

- Acute services, predominantly provided at role delineation level 3, include orthopaedics, general medicine and surgery, and a midwifery group practice with obstetric support from RNS Hospital. The NSLHD Acute Post-Acute Care service provides a liaison nurse and some clinic services on site.
- Sub-acute admitted rehabilitation (role delineation level 5) is from the purpose-built Graythwaite Centre which aims to meet the general admitted medical rehabilitation needs of the Lower North Shore and Ryde-Hunters Hill catchments as well as specialist burns rehabilitation as part of the supra-LHD Severe Burn Injury Service.
- Non-admitted services include clinics for preadmission, orthopaedics, pre and post natal, pathology, imaging and clinical measurement, cardiac rehabilitation, community aged care and rehabilitation, and allied health.
- The hospital campus also accommodates community drug and alcohol and mental health services in a standalone facility.
- Other community health, including oral health, child and youth mental health services, child and family allied health services, and early childhood health services, are provided from the Top Ryde Community Health Centre and early childhood health centres in Marsfield, Top Ryde, Gladesville and West Ryde.
- The Northern Sydney Home Nursing Service provides services to the Ryde and Hunters Hill catchment from a location on the Macquarie Hospital site.

Private health care in Ryde-Hunters Hill

- In addition to the public hospitals, private acute hospital services are provided at Macquarie University Hospital (152 beds) and rehabilitation services are provided at Royal Rehab Private (24 beds) and Hunters Hill Private Hospital (40 beds). Royal Rehab also provides follow up outpatient services following sub-acute admission to the Graythwaite Centre at Ryde Hospital. There are 21 residential aged care facilities with a total of 1,639 beds in the Ryde-Hunters Hill catchment.

Catchment and activity

Table 25 sets out a summary of activity and a range of performance indicators for Ryde Hospital.

Table 25: Ryde Hospital activity and performance 2013/14 to 2017/18

	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018
Emergency Presentations	**26,396**	**27,103**	**26,985**	**26,519**	**27,741**
Ambulance	7,271	7,310	6,833	6,285	6,638
% brought to ED by Ambulance	27.5%	27.0%	25.3%	23.7%	23.9%
ETP All ages (target 83%)	74%	78%	81%	84%	82%
Admitted episodes	**10,552**	**11,569**	**11,719**	**11,687**	**11,975**
Same day (%)	34.7%	33.5%	34.7%	36.6%	33.4%
Paediatric episodes	18	11	16	24	14
Occupied bed days	49,093	54,494	55,589	56,491	52,201
ON ALOS (days)	7.0	7.1	7.4	7.8	6.7
ON ALOS (days) – Acute only	5.2	4.7	4.9	4.7	4.1
Births	120	130	110	106	87
Non admitted occasion of service	**35,473**	**39,363**	**43,189**	**41,711**	**47,244**

Source: NSLHD Performance Analytics and Business Intelligence Unit
Note: Episodes include All ABF Streams, Acute; Mental Health (and Drug and Alcohol) and other or sub-acute and non-acute services such as rehabilitation, psychogeriatric care, maintenance and palliative care. Episodes exclude renal dialysis and unqualified neonates, and episodes entirely within the ED.

35.2 Issues and Opportunities

Population growth and urban development

Ryde Hospital's nominal catchment area includes the local government areas of Ryde and Hunters Hill.

- Due to the hospital's location near the western border of the local health district, patients from parts of Western Sydney LHD (predominantly Parramatta local government area) access care at Ryde Hospital, accounting for 25 per cent of unplanned and 28 per cent of planned episodes of care.
- Proximity and transport links with Sydney LHD to the south across the Parramatta River see residents of the Ryde LGA accessing services at Concord Hospital (16 per cent of Ryde resident's public acute admissions are at Concord, and Ryde residents represent 8 per cent of Concord's acute activity, excluding dialysis). The recent announcement of Ryde Hospital redevelopment may mitigate some of these outflows allowing more residents to be treated locally.

Population growth and health needs of the catchment population will place increasing pressure on health and social services over the life of this clinical services plan and over the next decade.

- There has been significant urban development across the catchment with further development underway or anticipated particularly around the Macquarie Park area.
- The population has higher health needs, is less socioeconomically advantaged and more culturally diverse (with large Chinese and Korean communities) than the rest of the LHD.
- The Ryde catchment is the fastest growing region of NSLHD, particularly the youngest and oldest age groups. Between 2019 and 2026 the population is forecast to grow by 13.8 per cent to 163,550.

Services and amenity at Ryde Hospital

While operating theatres, some medical wards and intensive care have been refurbished and the purpose-built Graythwaite rehabilitation unit opened in 2013, Ryde Hospital is the last of NSLHD acute facilities to receive significant capital investment to support the delivery of modern health care to its population and as part of the NSLHD network.

- Poor infrastructure in ageing buildings (many are over 50 years old) is unattractive to patients and staff, makes the delivery of contemporary health care more challenging and makes the navigation of services more complex for GPs and other referrers as well as for patients and their carers and families. The redevelopment of Ryde Hospital is the top priority on the NSLHD Asset Strategic Plan. The recent government commitment of $479 million for redevelopment presents an opportunity to deliver a "hospital of the future", which, rather than being confined by concepts of bricks and mortar, will connect care across the integrated network of NSLHD hospitals and services and externally with GPs, primary care and other providers and service delivery partners, leveraging the benefits of the electronic medical record and other digital platforms.
- While Ryde Hospital ED and admitted wards are relatively busy, RNS Hospital has attracted a large share of activity from the Ryde catchment.
  - This trend could be reversed with improved amenity at Ryde Hospital as well as an improved mix of secondary level services that meet the needs of the older and younger populations.
  - Ryde Hospital must play a key role in managing secondary level activity redistributed from RNS Hospital so that tertiary services can grow to meet local and statewide demand.
- The High Dependency Unit is transitioning to a level 4 Intensive Care Unit to better support the existing acute activity of the hospital. This increase will support the development of higher acuity services in the future as required with formal networking with Hornsby and RNS Hospitals. With the planned hospital redevelopment there will be opportunity to consider further role delineation level changes commensurate with service demand and capabilities.
- With the refurbishment of the operating theatre suite and improvements in the level of critical care support there are opportunities, in collaboration with the Surgery and Anaesthesia Clinical Network, to increase the volume of existing activity in general surgery, endoscopy, and selected orthopaedic and gynaecology services.

Services for older people

A large proportion of activity at Ryde Hospital is for older patients, many of whom have multiple comorbidities, although the level of geriatrician staffing is lower than in other parts of NSLHD.

- There are opportunities to enhance the general medicine, stroke and geriatric medical services across the continuum of care from acute, sub-acute and community with a long-term goal of being a leader in the medical care of older people.
- The Acute and Critical Care Medicine and Chronic and Complex Medicine Clinical Networks has proposed establishing a General Medicine Academic Unit at Ryde Hospital to support the development of General Medicine and MAU services across NSLHD hospitals.

Services for children and young people

- A growing proportion of presentations to the Ryde ED are infants and children although there is limited availability of specialist paediatric care. In collaboration with the Child Youth and Family Clinical Network, Ryde Hospital will explore opportunities to improve the availability of specialist paediatric care in the ED and in non-admitted clinics. Opportunities to enhance Youth Health Services at Ryde Hospital will also be considered.

Sub-acute care

- After five years of operation, a review of the Graythwaite Rehabilitation Unit is underway to evaluate the provision of care against best practice for the Lower North Shore and Ryde Hunters Hill catchments. Further work is required to provide the full range of admitted, non-admitted and home-based rehabilitation options to patients. Consideration will also be given to the development of dialysis capabilities for patients while they are participating in rehabilitation programs.

Consultation and support

While Ryde Hospital offers a broad mix of services, clinical support, sub-specialty consultation and referral are often required and are commonly accessed through RNS Hospital.

- There are opportunities to re-examine linkages and how they work across Hornsby, Ryde and RNS Hospitals; accessing secondary level support through Hornsby and RNS Hospital and tertiary level through RNS Hospital.
- Improved telehealth capacity and capabilities across Ryde, Hornsby and RNS Hospitals would also offer opportunities to improve consultation services avoiding inter-hospital transfers where appropriate.

Non-admitted services

- Non-admitted services on the Ryde Hospital site are not well developed and are distributed across numerous locations. With improved models and facilities there are opportunities to reduce admitted length of stay, provide alternatives to hospital care, and provide more patient-centred care.
- Community health facilities at Top Ryde are of poor infrastructural condition and are poorly configured and require redevelopment, either on the existing site or possibly collocated on the hospital campus. There is potential to develop an innovative non-admitted care/community health infrastructure on the Ryde Hospital campus, separate to the acute facility, to create a comprehensive, integrated health hub for the Ryde catchment.

35.3 Strategic Directions

The vision for the future of Ryde Hospital is a comprehensive, integrated health hub becoming the place that the community knows they will receive easy access to the best care available across the care continuum. The "hospital of the future", which, rather than being confined by concepts of bricks and mortar, will leverage the benefits of the electronic medical record and other digital platforms to connect care across the integrated network of NSLHD hospitals and services and externally with GPs, primary care and other providers and service delivery partners. With the planned hospital redevelopment there will be opportunity to consider role delineation level changes commensurate with service demand and capabilities.

In anticipation of the redevelopment, Ryde Hospital will need to focus on:

- Building on Ryde Hospital's current strengths in emergency medicine, general and orthopaedic surgery, general acute medicine, rehabilitation and non-admitted care and community health, including mental health.
- Reviewing the need for paediatric services to be provided to meet the needs of the increasing population.
- Developing and strengthening intensive care, geriatric medicine, women's health, and stroke care, along with relevant clinical support services
- Strengthening links with Hornsby and RNS Hospitals and improving the ability to obtain medical consultation advice including through the use of telehealth strategies.
- Establishing a more significant role for Ryde Hospital within NSLHD including undertaking non-tertiary work currently provided at RNS Hospital.
- Developing a clinical service profile for Ryde Hospital for the medium- and long-term and a staged infrastructure plan to support the major redevelopment of the hospital site incorporating acute and sub-acute admitted services, as well as options to bring together non-admitted and community health services from across the campus and surrounding area into a single purpose-built location as part of the approach to keep people well and out of hospital whenever possible.

THE $479 MILLION REDEVELOPMENT OF RYDE HOSPITAL PRESENTS AN OPPORTUNITY TO DELIVER A "HOSPITAL OF THE FUTURE" FOR LOCAL RESIDENTS.

36 AFFILIATED HEALTH AND NON-GOVERNMENT ORGANISATIONS

36.1 Service Description

Affiliated health organisations

Affiliated health organisations are not-for-profit, religious, charitable or other non-government organisations that provide health services and are recognised as part of the public health system under the Health Services Act 1997. Affiliation with other providers is a key component of the NSW State Health Plan Towards 2021, which encourages "strategic partnerships with key stakeholders, including the private, not for profit and community sectors to find smarter, more sustainable ways to deliver 21st century health care". These partnerships are particularly highlighted under the models for integrated care.

NSLHD has formal partnerships with two affiliated health organisations:

- HammondCare Health and Hospitals for services including:
  - Acute older people's mental health services (OPMH) at Greenwich Hospital (20 beds).
  - Palliative care at Greenwich Hospital (22 beds) and at Neringah Hospital (19 beds). Services are provided in both admitted and non-admitted settings. HammondCare also provides non-admitted palliative care services at Mona Vale Hospital.
  - Private admitted and non-admitted rehabilitation services are also provided at Greenwich Hospital.
- Royal Rehab for services including:
  - Specialist admitted and non-admitted rehabilitation for brain injury (16 beds) and spinal cord injury (20 beds) for public patients. Royal Rehab also provides general rehabilitation for private patients (24 beds).
  - Community based low-intensity therapy services to the Northern Sydney Transition Care Unit (NSTCU). The service is part of the Transitional Aged Care program provided by NSLHD in collaboration with Wesley Uniting Care in Belrose that supports older people to continue to recover and improve after hospitalisation and avoid premature admission to residential aged care.

These organisations work collaboratively with the Primary and Community Health and Mental Health Directorates and are represented on the NSLHD Rehabilitation and Aged Care and Cancer and Palliative Care clinical networks. They are actively involved in the design and development of models of care and services to meet the needs of the NSLHD population.

Non-government organisations

NSLHD administers more than $5 million to 20 non-government organisations (NGOs) as part of the Ministerially Approved Grants (MAG) program. MAG funding assists with the delivery of important community-based services that support the health and wellbeing of the public, in particular vulnerable or hard to reach populations. Services are provided to people living locally and across NSW through service agreements for health promotion, mental health, drug and alcohol, dental, women's health, health related transport and aged and disability support.

36.2 Issues and Opportunities

Service level agreements

- The service level agreements (SLA) with HammondCare and Royal Rehab are currently being finalised and consideration is being given to the scheduling of quarterly performance meetings to build and improve relationships and address performance and operations on a regular basis. There is a challenge to keeps these SLAs consistent with both changing models of care and changes in service configuration across the District and to ensure that services purchased are both value for money and truly integrated with NSLHD services.

Engagement with NGOs

- There are a large number of NGOs providing a range of services in NSLHD. These service providers play an important role in improving the health outcomes for NSLHD residents ranging from client advocacy through to practical support and service delivery. Recognising the importance of social and community services, including housing, and their influence on health status, it will be important for NSLHD to engage with established and emerging not-for-profit providers in NSLHD.
- NSW Health is reforming the way it works with and funds the non-government sector. The aim of the Grants Management Improvement Program is to create more efficient partnerships and better align NGO services with priority areas. NSLHD is assisting local NGO providers to transition from the historical grant program into a service purchasing environment as part of these reforms. This is expected to increase opportunities for partnerships with the NGO sector and ensure consistent, accountable, and integrated services – regardless of the provider.

NSLHD HAS FORMAL PARTNERSHIPS WITH TWO AFFILIATED HEALTH ORGANISATIONS: HAMMONDCARE HEALTH AND HOSPITALS AND ROYAL REHAB.

MENTAL HEALTH DRUG AND ALCOHOL

37 MENTAL HEALTH DRUG AND ALCOHOL

37.1 Service Description

Mental Health Services

Mental Health (MH) acute and community services, including specialist service streams in Child and Youth Mental Health and Older People's Mental Health, are provided at Macquarie, Hornsby, Northern Beaches, RNS and Ryde Hospitals and in community health centres across NSLHD. A dedicated intake phone line and referral pathways facilitate access between services, which include:

- ED services are provided at Hornsby, Northern Beaches, RNS and Ryde Hospitals.
- Psychiatric Emergency Care Centres (PECC) operate in three hospitals: Hornsby Hospital (4 beds); RNS Hospital (6 beds); the Northern Beaches Hospital provides 6 short stay beds replacing and expanding the PECC beds previously provided at Manly Hospital. The business case for Stage 2 Hornsby Hospital redevelopment foreshadows an expansion of the Hornsby PECC from 4 to 6 beds.
- Consultation liaison psychiatry services are provided within the general hospital setting at Hornsby and RNS Hospitals.
- Adult acute mental health admitted services for people aged 18 to 64 are provided at Macquarie Hospital Parkview Unit (14 beds), Hornsby Hospital (35 beds plus a 12 bed MH Intensive Care Unit), RNS Hospital (32 beds) and Northern Beaches Hospital (20 beds, replacing those previously provided at Manly Hospital).
- Adult non-acute and very long stay admitted services (151 beds) are provided from Macquarie Hospital (86 extended care beds and 65 rehabilitation beds). As part of the Pathways to Community Living Initiative, planning is underway for transitioning people with very long stays into suitable community-based options.
- Specialist Acute Mental Health Services for Older People (aged 65+) currently operate from Greenwich Hospital (operated by HammondCare, 20 beds) and the Northern Beaches Hospital (15 beds, replacing and expanding the 10 beds previously provided at Manly Hospital). The Lavender Unit at Macquarie Hospital provides 30 extended care beds for older consumers. Consumers over the age of 65 years are admitted to general adult acute MH admitted units when no specialist older persons' mental health beds are available.
- Child and Youth Mental Health Services (CYMHS) admitted services for consumers aged 12 to 17 are provided at Hornsby Hospital's Brolga Unit (acute, 12 beds); the Coral Tree Family Service offers residential and day programs (15 beds for children aged 5 to 12 and their families). Both are supra-LHD services. The CYMHS service is transitioning from caring for children aged 0-18 years to one that manages children and young people aged 0-24 years.
- Community-based mental health services are provided by multidisciplinary child and youth, adult and older people's community mental health teams. Community mental health services are provided from community health centres at Hornsby, Pennant Hills and Wahroonga in Hornsby Ku-ring-gai, Brookvale and Mona Vale in the Northern Beaches, at St Leonards in the Lower North Shore and from Ryde Community Mental Health Centre and Top Ryde Community Health Centre in Ryde Hunters Hill.
  - Community services include acute care, crisis intervention, early psychosis intervention services; GP shared care and brief intervention clinics.

- Peer workers provide advocacy and a peer support and recovery service across community and admitted settings.
- Subspecialist mental health services include family and carer support, perinatal and infant mental health services, and mental health clinical rehabilitation.
- Assertive outreach teams provide an intensive service to people aged 18 to 64 years with an enduring mental illness, including care coordination, education, support, advocacy and rehabilitation, and operate from approximately 8:00am to 9:30pm in Hornsby, RNS and Ryde Hospitals and Brookvale Community Health Centre.
- District-wide community services for older people aged 65+ include the Behaviour Assessment Management service for the assessment and management of the behavioural and psychological symptoms of dementia (BPSD).
- The Outreach Support for Children and Adolescents is a district-wide assertive follow up team for children and young people up to the age of 17 years, or 18 years if still at school, who are experiencing acute and complex mental health problems. CYMHS also works with local schools and TAFE (Technical and Further Education) institutions through the school-link initiative to improve the health of children and young people.

Drug and Alcohol Services

The Drug and Alcohol (DA) service provides treatment for consumers with drug and/or alcohol use issues through multiple service offerings that also address medical and mental health related problems. The core business of the service is to support people to cease and/or better manage their substance use issues. Services span the continuum from primary prevention and education through non-admitted management, to admitted detoxification and rehabilitation, and ongoing management in the community setting.

- Consultation Liaison services within hospitals: ED is often the 'front door' for many consumers requiring assessment and treatment for DA-related issues. Care for DA consumers presenting to ED is coordinated through DA Consultation Liaison services, psychiatry registrars and MHDA ED Clinical Nurse Consultants.
- Admitted detoxification: The Herbert Street Clinic at RNS Hospital provides 11 beds for specialist medical care to people who are experiencing withdrawal symptoms because of their substance abuse. Under the NSW Drug and Alcohol Treatment Act 2007, the Clinic also offers 4 beds as part of the state-wide involuntary drug and alcohol treatment (IDAT) program at the Herbert Street Clinic at RNS Hospital. State-wide demand for the IDAT service reportedly exceeds current bed capacity and there is regularly a waiting list to access these beds.
- Opioid Treatment Program (OTP) provides dosing of methadone and buprenorphine along with education, counselling, assessment, support and case management to people with opioid dependence. The OTP is provided predominately from the Herbert Street Clinic at RNS Hospital and at Brookvale Community Health Centre. The service works closely with community pharmacists and local GPs to support consumers in the community.
- Magistrates Early Referral Into Treatment (MERIT) is a state-wide program that operates out of local courts in Hornsby, Manly, North Sydney and Ryde. Models of care delivered under the program depend on the specific nature of the issues faced by the consumer but are closely managed by local MERIT teams.
- Community Counselling/Psychosocial Interventions (including gambling): Community-based counselling teams provide assessment, early intervention, ongoing treatment and follow-up/aftercare following an admission or ED presentation. Teams are located in community health centres and at hospitals across NSLHD, operating from 8:30am to 5:00pm, Monday to Friday with limited evening and Saturday services.
- Youth Drug and Alcohol Counselling: DA counsellors provide sessions in youth specific contexts. New services include substance use/abuse in pregnancy and hepatitis C treatments.

COMMUNITY-BASED MENTAL HEALTH SERVICES ARE PROVIDED BY SPECIALIST MULTIDISCIPLINARY CHILD AND YOUTH, ADULT, AND OLDER PEOPLES MENTAL HEALTH TEAMS.

NSLHD DA services liaise with, refer to, and receive clients from external organisations including:

- Sydney Drug Education and Counselling Centre provides counselling and support for young people aged 14-25 years with problematic alcohol and other drug use and their families. This service is offered at Manly and Chatswood.
- Kedesh Rehabilitation Services (KDS), located at the Mona Vale Hospital (Phoenix Treatment Facility), provides client-centred support both prior to, during and after completion of a six week intensive day program of treatment for co-occurring substance use and mental illness for up to 20 clients.
- Drug and Alcohol Youth Support Services for young people aged 12 to 18 years and their families on the Northern Beaches provides a harm reduction model and peer to peer mentoring for youth and their families.

Other DA services commissioned by the Sydney North Primary Health Network (SNPHN) are available to residents of Northern Sydney. Further details are available at *SNPHN Mental Health Service Providers*.

37.2 Issues and Opportunities

The Mental Health and Drug and Alcohol Directorate developed the NSLHD Mental Health Service Plan 2017-2026 and the NSLHD Drug and Alcohol Service Plan 2017-2026 to respond to changes in the operating environment, broader changes and new evidence relating to service delivery models and feedback received through consultation with staff, service partners and consumers. The plans addressed the effects of hospital developments in NSLHD and responded to the NSW Government's Mental Health Reforms and issues identified in the:

- The National Mental Health Commission 2014 Review of Mental Health Programmes and Services which recommended improved service coordination and integration across the health system and noted the particular needs of children and youth people, Aboriginal and Torres Strait Islander people, people at risk of suicide and people with severe and complex mental illness.
- NSW Mental Health Commission Living Well: A strategic plan for mental health in NSW 2014-2024 which articulated a vision of people living well in their community and on their own terms.
- NSW My Choice: Pathways to Community Living Initiative which outlined a coordinated approach to supporting people with enduring and serious mental illness who have been in hospital for more than 12 to, wherever possible, re-establishing their lives in the community.

Joint regional mental health planning

- Since the development of the NSLHD Mental Health Drug and Alcohol Service Plans, a new *National Mental Health and Suicide Prevention Plan 2018-2022* (the Fifth Plan) has been released along with the *NSW Health Strategic Framework and Workforce Plan for Mental Health Services 2018-2022*. These plans require the development and public release of joint regional mental health and suicide prevention plans. This work has already been initiated by the Sydney North Primary Health Network in collaboration with NSLHD. The joint regional plan aims to improve the outcomes and experiences for consumers and carers, will focus on prevention and early intervention, and will connect health services with areas such as disability, housing, education and employment.

Facility redevelopment

- The NSLHD Mental Health Service Plan 2017-2026 notes that Macquarie Hospital is identified in the master planning for all NSW stand-alone mental health services as part of the Pathways to Community Living Initiative (PCLI) which will transition consumers with long and very long stays into the community. Following the implementation of the PCLI where appropriate, there will be an opportunity to re-align the existing capacity to deliver future service models and to redevelop and upgrade the Macquarie Hospital site to meet future MH service delivery needs across NSLHD.
- The NSLHD Asset Strategic Plan identified the need for 15 dedicated older persons' mental health beds as a priority for development at Hornsby Hospital and acknowledged that the physical space and fabric of the Herbert Street Clinic is not fit for purpose for future service delivery and is unable to support contemporary models of care for drug and alcohol clients. Options are currently being considered for the Herbert Street Clinic and its redevelopment/relocation remains a priority.

37.3 Strategic Directions

The NSLHD Mental Health Services Strategic Plan and the NSLHD Drug and Alcohol Service Plan cover the period 2017 to 2026 and provide an outline of service priorities including to:

- Address current and future population needs by focusing on prevention, early intervention and community-based care, responding to increased prevalence of complex clinical presentations, ensuring that the physical health needs of both mental health and drug and alcohol service consumers are effectively met, and understanding and addressing the needs of special consumer groups.
- Enhance service capacity and capability by maintaining a contemporary and evidence-based service, optimising workforce skills and configuration to support flexible responses to service needs, aligning resources to current and future service needs, and pursuing service delivery investment opportunities as they arise.
- Develop and implement a comprehensive partnership management framework.
- Manage transformational change effectively during a period of significant change with a number of hospital and community health centre developments, changes in the model of care for selected services, the integration of the NDIS, and transition to activity-based funding for mental health services.
- Foster innovation and leading practice by further enhancing research and evaluation capabilities, contributing to the international evidence base for mental health services, and leveraging development in information communication technologies across clinical and corporate settings to improve consumer outcomes.

PRIMARY AND COMMUNITY HEALTH

38 PRIMARY AND COMMUNITY HEALTH

38.1 Service Description

Primary and Community Health (PaCH) provides health services in people's homes, early childhood and community health centres and other community locations. Services are provided in partnership with hospitals, GPs and other primary care providers, residential aged care facilities, independent Aboriginal health services and other providers. PaCH services have four core functions:

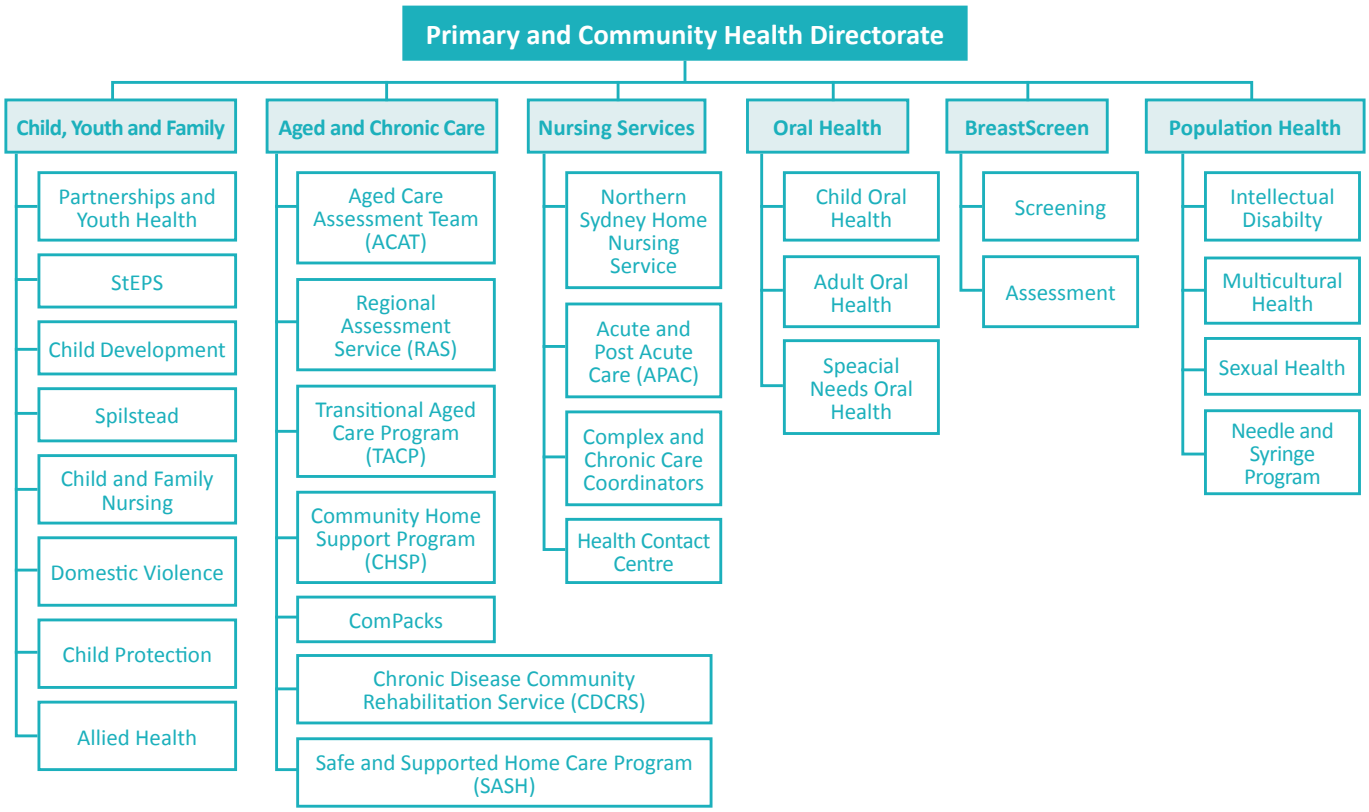
- Assessment, referral and episodic or short-term treatment for common health conditions
- Prevention, early detection and intervention for health problems or health risks
- Ongoing care of chronic and complex conditions in collaboration with specialist services
- Acute care in the community.

Services are organised under six broad clinical streams including: Child Youth and Family Health; Aged and Chronic Care; Nursing services; Oral Health; BreastScreen; and Population Health. These streams and associated services are described in Figure 7.

Details and strategic directions for Child, Youth and Family Health are described in a separate section of this CSP. Aged care and chronic and complex services provided by PaCH complement those services described in the Rehabilitation and Aged Care and Chronic and Complex Medicine clinical network sections.

Table 26 shows the distribution of community health centres across the four planning sectors. While PaCH delivers services from these facilities they are managed by the executive teams at the local acute hospitals.

Figure 7: Primary and community health services



Source: NSLHD Primary and Community Health

Table 26: Community health centres by location and type

	Hornsby Ku-ring-gai	Northern Beaches	Lower North Shore	Ryde Hunters Hill
Community Health Centres	Berowra Brooklyn Galston Pennant Hills Turramurra (Hillview) Wiseman's Ferry	Brookvale Mona Vale Dalwood (Seaforth)	Chatswood Cremorne RNS, St Leonards	Top Ryde
Early Childhood Health Centres	Berowra# Galston# Hornsby Pennant Hills# St Ives	Avalon Balgowlah Brookvale Frenchs Forest Mona Vale#	Chatswood# Cremorne Crows Nest Lane Cove	Marsfield Top Ryde West Ryde
Family Care Centres	Koala - Hornsby Hospital	Dalwood - Seaforth		Camellia - Ryde Hospital
Community Mental Health Centres	Wahroonga	Brookvale		Eastwood - Ryde Hospital
Other Health Centres				Dental Clinic North Ryde

Source: NSLHD intranet and advice from Divisional Managers # indicates that the Early Childhood Health Centre is collocated with Community Health Centre

38.2 Issues and Opportunities

Place-based approaches to community development have been instituted at a regional level to address entrenched disadvantage with a particular emphasis on out of home care, child protection and domestic violence. PaCH services will work collaboratively with Family and Community Services, Education, Local Government and other stakeholders and communities in Ryde, Dee Why, Collaroy, Hornsby and the Ivanhoe estate in Macquarie Park to improve services, support and better outcomes

38.3 Strategic Directions

The PaCH directorate will focus on developing a clinical services plan encompassing the range of services provided in NSLHD.

13 COMMUNITY HEALTH CENTRES,
17 EARLY CHILDHOOD HEALTH CENTRES.

39 HEALTH CONTACT CENTRE

39.1 Service Description

The *Health Contact Centre (HCC)*, located at Macquarie Hospital, is a single point of contact for referral and intake, registration and clinical handover for:

- Acute Post-Acute Care (APAC)
- Northern Sydney Home Nursing Service (NSHNS)
- Chronic Disease Community Rehabilitation Service (CDCRS)
- Oral Health
- Commonwealth Home Support Program (CHSP) for Allied Health services
- Safe and Supported at Home (SASH) Program.

Referrals are received from organisations and clinicians within and external to NSLHD, including GPs, private hospitals, non-government and community organisations. Referrals from the My Aged Care portal are also received via the HCC. Referrals are received from organisations and clinicians within and external to NSLHD, including GPs, private hospitals, non-government and community organisations. Referrals from the *My Aged Care* portal are also received via the HCC.

39.2 Issues and Opportunities

- The HCC encompasses a wide range of services, each with unique and diverse models of care, service requirements and client groups. New services are progressively being incorporated into the HCC.
- IHCC staff frequently require training and ongoing support to work with new software platforms and non-standard processes.
- My Aged Care and the electronic medical record are separate and unique documents, requiring double entry of information, which is time consuming and presents risks of data errors or discrepancies.

39.3 Strategic Directions

The Health Contact Centre will focus on incorporating the Child, Youth and Family Service, Safe and Supported At Home Program and Palliative Care Services into it service scope.

40 ACUTE POST-ACUTE CARE/HOSPITAL IN THE HOME

40.1 Service Description

The Acute Post-Acute Care /Hospital in the Home (APAC/HITH) service provides multidisciplinary care for adults and children who would otherwise require hospitalisation. The service targets clients who live, work or attend school in NSLHD and who require care for acute conditions or exacerbations of chronic conditions that can be safely managed in the community. Care is provided by a multidisciplinary team of medical, nursing and allied health staff.

Guided by the Adult and Paediatric Hospital in the Home Guideline, APAC/HITH provides 7 days a week service with a maximum of twice daily visits either at home or in one of the non-admitted clinics located in Hornsby, RNS and Ryde Hospitals and Mona Vale Community Health Centre. Hornsby and RNS hospitals sites provide both adult and paediatric APAC/HITH non-admitted clinics

APAC/HITH models of care include:

- GP Shared Care Program, an ongoing collaboration between the Sydney North Health Network and the APAC. This program reduces avoidable hospital presentations and admissions by allowing registered GPs direct access to relevant patient documentation, consumables and medications required to initiate short-term treatment for eligible patients.
- Paediatric Hospital in the Home services provides acute, sub-acute and post-acute care to children and families as a substitution or prevention of in-hospital care.
- Intravenous Ferric Carboxymaltose (Ferinject) administration to patients with iron deficiency anaemia.
- Medical model of care provides in-house medical expertise for patients, especially those requiring parenteral antibiotic therapy, and strengthens the clinical governance of the service.

APAC/HITH provided a total of 3,706 episodes of care to 3,212 patients in 2017/18 with an average length of stay of 5.1 days. There has been a slight reduction in activity associated with improved antimicrobial treatment regimens and shorter lengths of stay. A significant proportion of the activity is attributed to patients with iron deficiency anaemia requiring intravenous infusion of Ferinject.

40.2 Issues and Opportunities

- Some medical staff are reluctant to refer to the service. Referrals could be improved by continued education of medical staff both in primary care and hospitals on the type of patients the service is able to treat; the benefits of referring to the service; and strengthening antimicrobial stewardship.
- The increasing age, acuity and comorbidities of patients referred to APAC/HITH affect the number of interventions required and their length of stay n the service. Integration with the older persons' rapid response teams could provide an opportunity to identify clients who can be safely discharged early or to prevent hospital representations.
- Constrained APAC/HITH medical coverage limits the type of patients that the service can safely admit. Increasing the scope of medical input and treatments for APAC clients would attract staff and referrals.
- Uncertainty of the number of referrals expected from the new Northern Beaches Hospital makes service planning difficult.

40.3 Strategic Directions

The APAC/HITH service will focus on developing a comprehensive plan and resource strategy to expand the capacity and capabilities of the service and increasing referrals from hospitals and primary care providers.

3,212 patients, 3,706 episodes of care, average length of stay 5 days.

41 NORTHERN SYDNEY HOME NURSING SERVICE

41.1 Service Description

The *Northern Sydney Home Nursing Service (NSHNS)* provides community-based nursing and allied health care to people both within their homes and in clinic environments across NSLHD hospitals and community health centres.

There are six NSHNS hubs across NSLHD including: Leighton Lodge at Hornsby Hospital, Hillview Community Health Centre in Ku-ring-gai, Mona Vale and Brookvale Community Health Centres on the Northern Beaches, RNS Hospital for the Lower North Shore, and Macquarie Hospital for Ryde-Hunters Hill. Clinics are provided at Ryde Hospital and Chatswood, Mona Vale and Brookvale Community Health Centres.

Services provided include comprehensive patient assessment; dementia care and support; complex wound management; continence care; palliative/end of life care; oncology support; social work services; short-term personal care and Safe and Supported at Home package assessment. NSHNS is also an approved provider for National Disability Insurance Scheme (NDIS) clients.

41.2 Issues and Opportunities

- Implementation of the strategies in the *Bilateral Agreement between the Commonwealth and New South Wales on coordinated care*. The Commonwealth and NSW acknowledge that while Australia has a high performing health system, some patients with chronic and complex conditions experience the system as fragmented and difficult to navigate; it also notes opportunities to reduce avoidable demand for health services. The Agreement sets out a suite of reforms, many of which are expansions or extensions of existing service delivery models (for example aged care, care coordination, multidisciplinary team care, palliative and end-of-life care, system integration, data collection and analysis), that will have implications for how NSHN and APAC provide services in the community. How these reforms are implemented and the impact on services is yet to be determined.
- NSHNS's role as a NDIS and CHSP provider, mainly related to lack of clarity regarding funding for NDIS nursing interventions and difficulty achieving CHSP targets due to current recruitment issues and staffing vacancies.
- The opening of the Northern Beaches Hospital has presented gaps in referral pathways and information gathering, which includes continuity of referral pathways post transition and the inability to view admitted clinical records in real time.
- The service would benefit from being included in NSW Ministry of Health policies (such as medication handling); NSLHD eMEDs rollout to PaCH services to enable community discharge letters within the electronic medical record for upload to HealtheNet for GPs; and increased clinic space to enable daily wound clinics in all locations and the potential expansion of complex wound clinics at RNS and Hornsby hospitals.

41.3 Strategic Directions

The Northern Sydney Home Nursing Service will focus on developing and implementing the NSLHD Integrated Chronic and Complex Care Plan, and incorporating telehealth platforms into chronic disease support and wound management services.

NSHNS delivered 170,362 occasions of service to 5,700 patients in their own homes in 2017/18.

42 AGED CARE SERVICES

42.1 Service Description

Accessed through the Commonwealth *My Aged Care* portal or contact centre, PaCH Aged Care Services provide assessment (via the Aged Care Assessment Team and Regional Assessment Service) and allied health and nursing intervention and support under various programs including the Commonwealth Home Support Program, Home Care Packages, Transitional Aged Care, ComPacks and the new Safe and Supported at Home program.

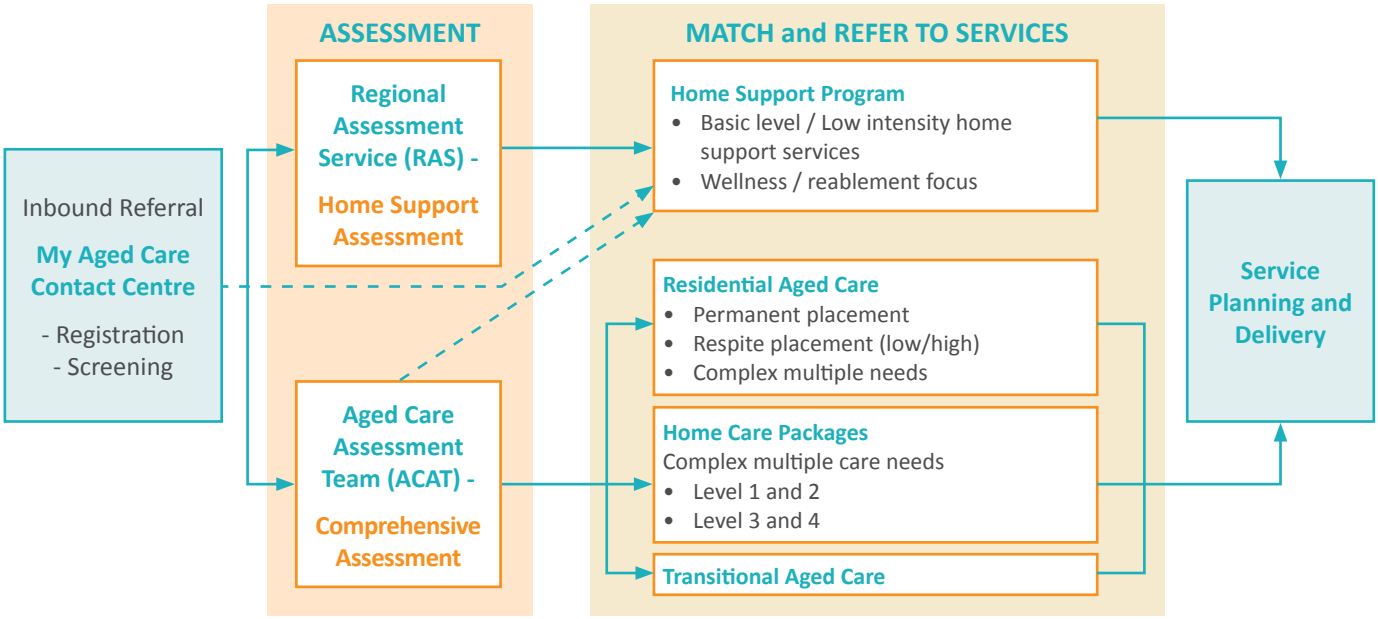
- The *Aged Care Assessment Team (ACAT)* assesses the care needs of complex frail older people, to determine their eligibility for services provided under the *Commonwealth Aged Care Act 1997*. ACAT intake is managed through a single NSLHD office based at Macquarie Hospital, with four clinical teams based at Hornsby, RNS and Ryde Hospitals, and Mona Vale Community Health Centre. Clients can be assessed in the community or as admitted patients in private and public hospitals. The majority of ACAT assessments and subsequent care coordination is time limited and completed within days of the assessment. Vulnerable clients are case managed to the point of referral to alternate case management (approximately three months). The service is staffed by registered nurses, social workers, occupational therapists, physiotherapists, psychologists and administrative staff.
- The *Regional Assessment Service (RAS)* is an assessment and referral service for older people who live at home and are seeking care support under the Commonwealth Home Support Program. There are three Regional Assessment Services in NSLHD, two operated by non-government organisations and one by the NSLHD Primary and Community Health Service. The NSLHD Regional Assessment Service also provides assessments and referral support to Western Sydney LHD.
- The *Commonwealth Home Support Program* was launched in 2015 to build on, consolidate and streamline the home support programs that came before it including, among others, the Home and Community Care (HACC) and National Respite for Carers Program. As an entry-level program, the CHSP is designed to provide small amounts of a single service or a few services to a large number of frail older people who have difficulty performing activities of daily living without help due to functional limitations. CHSP services can be delivered on a short-term, episodic or ongoing basis. Higher intensity episodic or short-term services may also be provided where improvements in function or capacity can be made or further deterioration avoided.
- The *Home Care Packages Program* helps older people with complex care needs to live independently in their own homes. Part of the continuum of care for older people, this program is positioned between the Commonwealth Home Support Program and *residential aged care*. Home care package services are provided under a consumer directed care basis giving clients flexibility and choice in the types of care and services, how they are delivered, by whom and when.
- The *Transitional Aged Care Program (TACP)* provides short-term care to optimise the functioning and independence of older people after a stay in hospital. The service is goal-oriented, time-limited and therapy-focused, and seeks to enable older people to return home after a hospital stay rather than enter residential aged care prematurely. These packages include low intensity therapy such as physiotherapy and occupational therapy, social work and nursing support or personal care.

- *ComPacks* was developed for people of any age being discharged from NSW public hospitals and who need immediate support to return home safely using a combination of community case management and non-clinical community services. An ACAT assessment is not required. A ComPacks package may include assistance with personal care, domestic assistance, transport and social support, and is available for up to six weeks from the time of hospital discharge. ComPacks is an important patient flow tool to support early discharge from hospital.

- The Safe and Supported at Home Program,a new component of the compact program, provides a mix of clinical and non-clinical services, including home and personal care, to people aged between 18 and 65 years with reduced functional capacity, with the specific aim of avoiding unnecessary admissions to hospital or residential aged care. The program targets clients who previously may have received disability supports through Family and Community Services and who cannot access the NDIS-funded supports.

Figure 7 illustrates the relation between the various Commonwealth aged care programs.

Figure 8: My aged care assessment and service referral pathways



Source: *NSW Health*

42.2 Issues and Opportunities

- The aged population profile of NSLHD means that there is high and growing demand for services which sometimes exceeds the capacity of services (in terms of staffing) or funded care packages. In order to meet future demand, Aged Care Services need to provide flexible service delivery models, person centred care, standardised care across services, and integrated care where appropriate. Community aged care services have the opportunity to lead the development of an integrated, community-based model of care for older people. There is a worldwide trend for focusing on integrated care programs for aged people and those with chronic diseases. NSLHD has been piloting a model of care with the Northern Sydney Home Nursing Service in the Northern Beaches area, where a geriatrician is involved in the care of aged care clients.

- In September 2018 the Australian Government announced a *Royal Commission into Aged Care Quality and Safety*. An interim report is expected to be provided by 31 October 2019 and a final report by 30 April 2020. Although this report is mainly examining residential aged care, it may have implications for NSLHD home-based services. The manager of the NSLHD Aged Care Assessment Team has been nominated as the district representative to the NSW Health steering committee. The Royal Commission is required to examine:
  - The quality of aged care services
  - How best to deliver aged care services
  - The future challenges and opportunities for delivering accessible, affordable and high quality aged care services
  - What is required to strengthen the system to ensure that the services provided are of high quality and safe, and are person centred
  - How best to deliver services in a sustainable way.
- Short term contractual arrangements for the provision of many of the Commonwealth-funded programs means that there is a degree of uncertainty of ongoing provider status. Many ACAT and RAS staff are on time limited employment contracts, posing risks for staff recruitment and retention and service continuity.
- My Aged Care reforms have provided opportunities for not-for-profit and non-government organisations to increase their role in the provision of services to local populations. NSLHD will need to consider the appropriateness of continuing to be a direct provider of selected services where they are adequately provided elsewhere.
- Introduction of My Aged Care and other aged care reforms, including the development of new services and the discontinuation of previous programs, has presented a number of challenges including client delays in accessing appropriate services due to the complexity of the My Aged Care application process; more stringent eligibility criteria and long wait lists for selected programs; and multiple service providers requiring significant coordination.

42.3 Strategic Directions

The Aged Care Service will focus on developing integrated community-based models of care for older people, determining its future as a provider of selected Commonwealth-funded services, and responding to the recommendations of the *Royal Commission into Aged Care Quality and Safety*.

43 CHRONIC DISEASE SERVICES

43.1 Service Description

- The Northern Sydney Home Nursing Service provides long-term support and monitoring for patients with chronic diseases, including dementia and end of life care.
- The Chronic Disease Community Rehabilitation Service (CDCRS) targets patients with a confirmed diagnosis of chronic respiratory and/or chronic heart failure. The multidisciplinary program provides short-term intervention through exercise rehabilitation, disease related education, nutrition, occupational therapy, clinical psychology, respiratory specialist and nursing services. Services are provided at clinics across the LHD, as well as in a client's home if required.

43.2 Issues and Opportunities

- There are increasing referrals and enrolments to chronic disease services. New models of care and service delivery will need to complement the current face-to-face model so that more patients can access services. Consideration should also be given to integration with the Management of Cardiac Failure Service and other home-based programs.
- Eligibility for structured rehabilitation programs for chronic diseases is currently restricted to people with respiratory diseases and cardiac failure. Research suggests that other people with chronic diseases such as cancer, diabetes and chronic kidney disease also benefit from exercise training. Consideration should be given to the development of a single chronic disease rehabilitation service with disease-specific components to improve access and avoid duplication of resources.
- CDCRS has implemented translational research related to ground based walking, and recognises opportunities in expanding this type of research to other rehabilitation models of care.

43.3 Strategic Directions

The Chronic Disease Service will focus on integrating services across the LHD, considering expansion of rehabilitation programs to include patients with other chronic conditions, and translating research into clinical practice.

44 MULTICULTURAL HEALTH SERVICE

44.1 Service Description

The *Multicultural Health Service* facilitates equitable access to health care for people from culturally and linguistically diverse (CALD) communities. Located in the Cremorne Community Health Centre, services include community information and education, consumer engagement, cultural competency training for health staff, capacity building of other health services, refugee health assessment, volunteer mentoring, and multilingual resource development.

44.2 Issues and Opportunities

- Increasing cultural diversity in NSLHD and difficulties engaging with small, emerging CALD communities with poor community infrastructure. This includes recruiting skilled and experienced staff to support small and emerging communities (for example the large Tibetan refugee community does not have a Tibetan-speaking GP anywhere in Australia).
- Difficulty in planning services due to fluctuation in the number of referrals for Refugee Health Assessment Programs for Tibetan refugee and humanitarian entrants, with large number of referrals sometimes received at short notice. In 2018 there were 99 referrals, in comparison to 52 referrals in 2017Although recording of people requiring an interpreter has increased, reports on the number of people who receive an interpreting service have been difficult to obtain. Multicultural Health is currently looking at ways to improve data collection and reporting by implementing Community Health and Outpatient Care eMR.
- Provision of multilingual resources within constrained budgets.
- Development of a NSLHD Multicultural Health Plan in line with the recently released *NSW Plan for Healthy Culturally and Linguistically Diverse Communities: 2019-2023* and yet to be released NSW Refugee Health Plan.

44.3 Strategic Directions

The Multicultural Health Service, in partnership with CALD communities, local government and community service providers, will focus on implementing the NSW Health Plan for Healthy Culturally and Linguistically Diverse Communities 2019-2023 and the NSW Refugee Health Plan 2018-2023 (due for release at the end of 2019), improving health literacy, identifying health needs and building capacity to manage those needs.

An estimated

327,643

(37%) NSLHD residents were born overseas; Just over a quarter (227,445) were born in non-English speaking countries. 28% of NSLHD residents speak a language other than English at home.

Ryde-Hunters Hill is the most culturally diverse area in NSLHD with nearly 40% of residents born in non-English speaking countries and 45% speaking a language other than English at home. The most commonly spoken languages were Mandarin, Cantonese, Korean, Italian and Hindi. Mandarin speakers doubled between 2011 and 2016 to over 56,000 residents.

45 SEXUAL HEALTH/ HIV SERVICE

45.1 Service Description

The *Sexual Health/HIV and Related Services* offers specialised services for people living and working within NSLHD, as well as support and advice to health care professionals. Services include testing and managing sexually transmitted infections, ongoing care, advice and support for people living with HIV or viral hepatitis, harm minimisation and education, and patient counselling and advocacy.

Clinic 16 in the RNS Community Health Centre is the main clinic; a weekly satellite walk-in clinic, mainly targeting youth, is provided at Brookvale Community Health Centre. Patients requiring services not provided at the Brookvale clinic are referred to and triaged to attend Clinic 16.

45.2 Issues and Opportunities

- Meeting increased clinical need within current resources.
- Increasing the profile of the service across NSLHD, with both patients and staff.
- Strengthening relationships with key stakeholders so that priority populations can be targeted.

45.3 Strategic Directions

The Sexual Health/HIV Service will focus on increasing service uptake in priority populations, especially young people aged 15 to 29, and streamlining client referral pathways to other relevant services for patients discharged from the sexual health/HIV service.

46 NEEDLE AND SYRINGE PROGRAM

46.1 Service Description

The NSLHD Needle and Syringe Program is a non-clinical harm minimisation program to reduce the spread of blood borne viral infections such as hepatitis C and HIV among people who inject drugs and the wider community. The service also offers brief interventions, information, counselling and referrals. Services are located at Brookvale and RNS Community Health Centres Centres and sterile injecting and sharps disposal equipment can be accessed 24/7 through "FitPack" automated dispensing machines located outside numerous community health centres across NSLHD.

46.2 Issues and Opportunities

- Increasing the profile of the service with other health staff and hard to reach population groups across NSLHD, including people from CALD backgrounds.
- Strengthening relationships and referral pathways with key stakeholders to ensure clients have more timely access to services.

46.3 Strategic Directions

The Needle and Syringe Program will focus on increasing face-to-face client contact, mapping and improving access to wound and vein care, and hepatitis C treatment services.

47 INTELLECTUAL DISABILITY SERVICE

47.1 Service Description

The *Northern Sydney Intellectual Disability Health Service* provides multidisciplinary health assessment for school aged children, adolescents and adults with intellectual disability and complex health needs. The assessment service also provides as advice and education to other services providing care for people with an intellectual disability. The service was previously provided by the Centre for Disability Studies and is now part of the NSLHD Primary and Community Health Service. Clinics are held at the Cremorne Community Health Centre, and at a school offsite in NSLHD for those children who are unable to attend the clinic.

47.2 Issues and Opportunities

The roll-out of the NDIS has had a significant effect on the operation of the service. There have been more requests for health assessment reports for NDIS applications and reviews. Some families have also needed assistance in negotiating the complex NDIS system, with increased stress noted in many families.

Finding skilled and knowledgeable staff in the specialised field of intellectual disability remains a challenge.

NSW Health is establishing a networked model of specialised intellectual disability health teams and intellectual disability positions across NSW. Six teams and nine specialised positions will build the capacity of health professionals to better meet the needs of people with intellectual disability and improve their quality and experiences of care. NSLHD will be one of these teams, providing consultative services to Northern NSW and Mid North Coast LHDs.

The transfer of services from the Centre of Disability Studies to NSLHD provides greater opportunities for cross disciplinary care.

47.3 Strategic Directions

The Intellectual Disability Assessment Service will focus on developing outreach consultative services to Northern NSW and Mid North Coast LHDs.

NSLHD IS ONE OF 6 CENTRES IN NSW SUPPORTING HEALTH PROFESSIONALS TO BETTER MEET THE NEEDS OF PEOPLE WITH INTELLECTUAL DISABILITY AND IMPROVE THEIR EXPERIENCE OF CARE.

48 DOMESTIC VIOLENCE SERVICE

48.1 Service Description

The *NSW government framework for reform* defines domestic and family violence includes behaviours that control, intimidate, terrify or coerce a person causing them to fear for their own (or someone else's) safety. The term "violence, abuse and neglect (VAN)" is used by NSW Health as an umbrella term for three primary types of interpersonal violence:

- Child abuse and neglect
- Sexual assault
- Domestic and family violence.

In NSLHD the term VAN has not routinely been used with services provided through two main portfolios:

- the Northern Sydney Adult Sexual Assault Service
- and the Northern Sydney Child Protection Service

This section describes the Domestic Violence Service while the Northern Sydney Child Protection Service is addressed under Child, Youth and Family Health Services chapter of this Clinical Services Plan.

NSW Health Integrated Prevention and Response to Violence, Abuse and Neglect Framework and supporting resources provide guidance on the enhancement, development and implementation of system redesign and integrated service responses by NSW Health and partner agencies.

48.2 Issues and Opportunities

As part of a state-wide review of VAN services it was noted that:

- NSLHD VAN services do not currently operate under an integrated service structure. The challenge is supporting information sharing across the various VAN and other health services.
- Ongoing care is not available within NSLHD for adult victims of domestic and family violence.
- There are limited VAN responses within NSLHD for children under 10 years of age displaying problematic or harmful sexual behaviours where they do not meet the referral criteria for another service.
- The current domestic violence model provides support to health workers through consultancy but does not provide direct clinical services to victims of domestic violence. The recruitment of a domestic violence coordinator and domestic violence officer has formed the initial structure of a broader clinical domestic violence service, which is yet to be established. Opportunities for this service now include the addition of a clinical and domestic violence counselling service, which would provide a referral pathway for clients from other health services within NSLHD.

48.3 Strategic Directions

The NSLHD violence and abuse services will focus on redesigning services in line with the NSW Health Integrated Prevention and Response to Violence, Abuse and Neglect Framework.

The new NSW Health Integrated Prevention and Response to Violence Abuse and Neglect Framework will support the development of services in NSLHD.

49 BREASTSCREEN

49.1 Service Description

BreastScreen NSW is a population-based screening program which provides free biennial breast screening, and any necessary follow-up assessment, to women over 40 years, but specifically targeting women aged 50–74 years. No referral is required for this target population and there is no cost for ongoing screening mammograms or assessments, if required.

Service delivery is supported and guided by a range of policies and operating procedures and meet the *National Accreditation Standards* as defined by BreastScreen Australia.

BreastScreen Northern Sydney Central Coast (NSCC) operates on weekdays, excluding public holidays, and some Saturdays at selected sites. The service is provided from five fixed sites and two mobile units:

- Fixed sites include:
  - Hornsby Hospital
  - Sydney Adventist Hospital (private provider contracted by BreastScreen NSW)
  - Brookvale Community Health Centre
  - Royal North Shore (RNS) Community Health Building
  - Central Coast, 155 The Entrance Road, Erina
- Mobile units visit:
  - Ryde and Warriewood in Northern Sydney
  - Woy Woy, Lake Haven and Bateau Bay on the Central Coast

All sites/units provide screening mammograms only while follow up assessments are provided at RNS Community Health Centre and Erina.

Breast Tomosynthesis was introduced to the RNS assessment clinic in 2013, and has now been implemented in Erina. Tomosynthesis is particularly useful for complex and/or dense breast tissue and is an extremely useful tool assisting radiologists with cancer detection.

The service is supported by speciality staff including radiologists, breast surgeons, breast physicians, radiographers, counsellors and administration and management staff. The service partners with primary health networks, Aboriginal services, Country Women's Associations and multicultural groups to maximise the number of eligible women who participate in the biennial screening program.

The service is performing well and meeting overall screening targets. The service exceeds the target for women aged 70–74 years, but meeting the target for women aged 50- 69 years is proving more challenging. The service runs programs and specialised screening sessions targeting women from identified groups. The service has the highest participation or utilisation rates for:

- Culturally and linguistically diverse women in NSW
- Aboriginal and Torres Strait Islander women in metropolitan Sydney
- Mobile van usage in NSW (increasing access to women away from the central sites).

49.2 Issues and Opportunities

While NSLHD is performing well and meeting overall screening targets, there is room for further improvement in the screening participation rates for women aged 50-69 years. There are also opportunities to increase participation in research and trials particularly in relation to the use of screening tools such as breast tomosynthesis.

Factors affecting service throughput and distribution of resources include:

- Population distribution and age profile across NSLHD relative to the target age range.
- Any changes to the target age groups determined by BreastScreen NSW.
- Changes in the proportion of women outside the target age range who wish to be screened.
- Changing attitudes to screening, and media coverage of screening and high profile women with breast cancer.
- Distribution of fixed and mobile screening units and participation of private providers in screening services.

A key challenge for the BreastScreen service is ensuring that there is sufficient capacity (staff, equipment, space) available now and in the future to meet service demand and achieve screening targets. Informed by the *Cancer Institute NSW, Capacity Planning for BreastScreen NSW to 2025*, a demand and capacity assessment will determine future capital investments and service distribution. This assessment will need to consider, among other things:

- The stage 2 redevelopment of Hornsby Hospital includes shell-space for a second screening room.
- The redevelopment of Ryde Hospital has potential to offer further opportunities to expand screening capacity.
- A range of service delivery options across public and private sectors will need to be considered in conjunction with consumers and the community.

49.3 Strategic Directions

BreastScreen services will focus on:

- Increasing participation rates in target populations, particularly women aged 50-69 years.
- Exploring new technologies to address emerging and current screening issues, for example tomosynthesis.
- Increasing participation in clinical trials and research projects.
- Reviewing current and projected screening activity, matching target population demand and participation rates with capacity across NSLHD.

50 ORAL HEALTH SERVICE

50.1 Service Description

The *NSLHD Oral Health Service* provides public dental services, free at the point of use, to all young people under 18 years of age and adults with a Health Care Card, Pensioner Concession Card or Commonwealth Seniors Health Card. Services provided include general dentistry such as examinations, fillings and dentures. Patients requiring specialist assessment and treatment including complex paediatric dentistry, oral and maxillofacial surgery, endodontic and periodontics are referred to Westmead Oral Health and Sydney Dental Hospital services.

NSLHD Oral Health services are delivered from 35 treatment chairs in dental clinics based in:

- RNS Community Health Centre
- Hornsby Hospital
- Mona Vale Community Health Centre
- Brookvale Community Health Centre
- Top Ryde (Blaxland Rd) Oral Health Clinic
- Macquarie Hospital (Cox's Rd) Oral Health Clinic

Oral Health also provides a dental service to children attending Stewart House in Curl Curl over three to four days per fortnight during school term.

The service is supported by a specialist oral surgeon, dental officers, oral health therapists, dental therapists, dental assistants, dental technicians and administrative officers.

There is a waiting list which is managed as outlined in the *NSW Health Priority Oral Health Program*. NSW public oral health services also offer dental care to eligible patients through the *NSW Oral Health Fee for Service Scheme*. Under this scheme patients can be issued with a voucher by the public oral health service to receive care from a registered private dental provider. This helps public oral health services to improve access to dental care and manage dental waiting lists.

50.2 Issues and Opportunities

- Attracting appropriately experienced and qualified clinicians to service the growing ageing population.
- Expanding and improving models of care for priority patient groups.
- Delivering dental education and oral health promotion services while managing the increasing demand for other oral health services.
- Opportunities to integrate oral health within the existing health promotion programs in childhood and chronic disease management.

50.3 Strategic Directions

Oral Health services will focus on developing strategies to meet the needs of the growing aged population, along with priority population groups such as patients with cancer, Aboriginal and Torres Strait Islanders, refugees and others with special needs, and increasing oral health education and promotion services.

APPROXIMATELY 15,000 PATIENTS RECEIVED ORAL HEALTH CARE OVER 35,000 VISITS FROM 35 DENTAL TREATMENT CHAIRS IN 6 CLINICS ACROSS NSLHD IN 2017/18.

CLINICAL SERVICES

51 ALLIED HEALTH

51.1 Service Description

Allied health services are provided across a range of service delivery models including: admitted and non-admitted care; hospital avoidance programs for acute illness; rehabilitation programs; mental health and drug and alcohol admitted units; community services; and care for consumers with complex and ongoing chronic disease. Allied health staff work in discipline-specific clinics and services, as well as being part of multidisciplinary teams.

A professorial position was established in 2018 to support allied health research.

The NSLHD Allied Health Professionals workforce comprises of 1,563 (1,073 full time equivalent), representing 16 per cent of the NSLHD clinical workforce. The 22 disciplines in this workforce include:

- Art Therapy
- Audiology
- Child Life Therapy
- Counselling
- Diversional Therapy
- Exercise Physiology
- Genetic Counselling
- Music Therapy
- Nuclear Medicine Technology
- Nutrition and Dietetics
- Occupational Therapy
- Orthoptics
- Orthotics
- Pharmacy
- Physiotherapy
- Podiatry
- Psychology
- Radiation Therapy
- Radiography
- Social Work
- Speech Pathology
- Welfare

NSLHD employs 68 (38.2 FTE) allied health assistants working in pharmacy, speech pathology, medical imaging, nutrition and dietetics, physiotherapy and occupational therapy.

Other allied health services are provided in private practice and through private hospitals and non-government organisations. Patients commonly have out-of-pocket expenses although some allied health attendances may attract Medicare rebates if a referral is made by a GP under specific mental health or chronic disease management programs.

NSLHD employs 68 allied health assistants in pharmacy, speech pathology, medical imaging, nutrition and dietetics, physiotherapy and occupational therapy.

Collectively the allied health disciplines are strategically led and represented on the NSLHD executive leadership team by the Director of Allied Health. Operational management of allied health staff and services is provided through the allied health departments within Hornsby, Mona Vale, RNS and Ryde Hospitals and through multidisciplinary services within the directorates of Mental Health Drug and Alcohol and Primary and Community Health.

Allied health supports the education of new graduates from a variety of education providers. In 2017/18 an estimated 157,352 hours of undergraduate allied health student placements were provided across the district.

51.2 Issues and Opportunitiess

Challenges faced by NSLHD allied health include providing high quality, effective and responsive services within allocated resources and ensuring that the right care is delivered by the right person at the right time. Many clinical networks and services identified increased demand and gaps in the provision or quantum of admitted and non-admitted allied health services, particularly where service models have changed.

Allied Health in ED

Due to increasing demand for allied health services in EDs across the district, a review of allied health ED services and the establishment of a strong allied health ED resource model would be beneficial.

- NSLHD allied health has different ED workforce models at each hospital. RNS Hospital has dedicated social work and physiotherapy staff for ED services. ED physiotherapists operate for extended hours seven days a week, enhancing the primary model of care. Social work services are available during standard business hours and on-call after hours. At Ryde and Hornsby Hospitals allied health services are available during business hours.
- From 2015/16 to 2017/18, there has been an average annual increase in ED allied health interventions (7.3 per cent), total patient attributable time (19.3 per cent) and time spent with patients (18.9 per cent) in the EDs across NSLHD. The proportion of patients that have had allied health interventions in ED has experienced an average annual increase of 3.8 per cent from 2015/16 to 2017/18.

Research

The development of a partnership with the University of Sydney saw the establishment of an allied health professorial position in January 2018. The aim of this position is to support allied health clinicians to engage in clinical research through the development of research questions and skills as well as assisting in grant and funding applications. An Allied Health Research Committee has been established, incorporating representatives from a range of disciplines, services and facilities to guide strategic research priorities. To further support the strategic vision and research plan, a research capacity workshop was held at the end of 2018 for allied health clinicians, with the recommendations to be reported in 2019. A major focus of allied health by 2022 is to utilise the existing audit and quality improvement skill-base of allied health professionals to move into publishable work. The overall outcomes will target translation of research findings to improve the provision of care for NSLHD patients and communities.

As partners in care, community members have a unique role in helping to determine research priorities and guide research teams to address their specific clinical and health care needs. The Professor of Allied Health will prioritise allied health research in NSLHD that focuses on the identified needs of health care consumers and the community.

Workforce development

The following workforce challenges have been identified for allied health:

- Leave relief provision for paid maternity, annual and extended unplanned leave to reduce resource deficits in service delivery.
- Allied health scope of practice changes to ensure a flexible adaptive workforce including advanced and expanded roles for professional grades and further appropriate increases in assistant-grade workforce.
- Aligning the skill set and mix of allied health to projected future need of consumers and the LHD.

Clinical analytics

An identified area for investment for allied health is the establishment of a Chief Allied Health Informatics Officer in NSLHD. This position would, together with the Chief Clinical Informatics Officer and Chief Nurse Informatics Officer, provides leadership within the Information Communication Technology Department to drive clinical analytics that inform and improve training, decision support, clinical workflow and clinical outcomes and assist in optimisation of the user interface of clinical systems, for allied health, nurses, physicians, and other multidisciplinary care providers.

51.3 Strategic Directions

Strategic directions include:

- Reviewing allied health requirements in ED and advise on distribution and organisation of allied health resources across all settings.
- Developing an allied health research plan in line with the NSLHD Research Plan that includes the key strategic areas identified at the research capacity workshop.
- Supporting allied health data governance, reporting and analysis across the district to drive allied health initiatives and build a responsive and adaptable workforce.

52 PHARMACY

52.1 Service Description

Each of the acute hospitals and the mental health service at Macquarie Hospital has an on-site pharmacy providing a range of services depending on the hospital case mix, size and acuity. The pharmacy services have an informal collegiate network but operate independently; employing their own staff and managing drug formularies as approved by the individual hospital or health service Drug and Therapeutics Committees. Pharmacy services are also provided at affiliated health organisations (Royal Rehab, Greenwich and Neringah Hospitals) but these operate independently and are not within the scope of this document.

Core pharmacy services provided at each hospital include:

- Clinical pharmacy for example medication reconciliation and review, therapeutic drug monitoring, patient education, and provision of medicines information.
- Medication safety and quality use of medicines activities, including participation in antimicrobial stewardship.
- Dispensing of medications to admitted and non-admitted patients.
- Purchasing, distribution and inventory management of pharmaceuticals.
- Education and training for staff and undergraduate/ postgraduate students.
- Administration and medication policy management including Drug and Therapeutics Committee.
- Financial management of pharmaceutical expenditure.

Specialist services available at RNS Hospital include:

- Aseptic production of cytotoxic medications, extemporaneous preparations and parenteral nutrition (other hospitals purchase these products from private compounding companies).
- Management of clinical trial drugs.
- Specialist medicines information.

Uptake of technology in medication management is variable:

- Hornsby and RNS Hospitals have implemented pharmacy managed automated dispensing cabinets (ADC) in patient care areas to provide improved medication safety and inventory management.
- NSLHD commenced the roll-out of an electronic medication management system in December 2017 with all hospitals to be live by the end of 2019.
- Dispensary robots to assist with drug distribution and inventory management have not yet been introduced to any pharmacy service, but are planned for the Hornsby Hospital redevelopment and are under discussion at RNS Hospital.

The roll out of the electronic medication management system across all NSLHD hospitals will be completed by the end of 2019, improving patient safety and service efficiency.

52.2 Issues and Opportunities

The provision of pharmacy services is becoming more complex. Medical knowledge is growing exponentially with new treatments becoming available for previously untreatable conditions. Poly-pharmacy and complex drug regimens coupled with an ageing population with multiple co-morbidities means that more patients are at risk of medication misadventure.

- Demand for pharmacist review and intervention is increasing, but the greater complexity often also increases the time required by a pharmacist to review an individual patient.
- Reduced lengths of stay and higher activity has resulted in the need to minimise the turn-around time for discharge medications, and reduced opportunities for pharmacists to educate patients on their medications prior to discharge.
- Greater complexity has also increased expenditure on pharmaceuticals, which has put pressure on hospital budgets and prioritised the pharmacy service's role in cost containment.
- Maintaining a sufficiently skilled workforce with the numbers required to meet the demands placed on the service is consistently challenging. There is high demand for student placements, leave relief is not built into staffing models, and there are high numbers of part-time and temporary workers. Public hospital pharmacist staffing is lower in NSW than for the other states, and considerably less than recommended in national guidelines, making innovative service models and use of technology particularly important. The development of expanded roles for both pharmacy technicians and pharmacists provides opportunities for skilled practitioners:
  - Internationally, and in some Australian hospitals, technicians are taking over lower level clinical tasks thus providing pharmacists with more time to address complex clinical issues. In January 2018 RNS Hospital undertook a pilot project, in collaboration with the University of Sydney, to evaluate the impact of adding a technician to the clinical pharmacy service, the results of which were very encouraging. Further work on developing these roles at RNS Hospital is planned over the next 12 months.
  - In 2017 the Society of Hospital Pharmacists of Australia launched a *national advanced practice framework* which provides a mechanism for experienced clinical pharmacists to be acknowledged as advanced practitioners, potentially with an advanced scope of practice. As yet, this has not been implemented in NSW hospitals and to date, more advanced roles have not been reflected in any changes to legislation or industrial awards. Pharmacists remain legally responsible for technician work which limits the development of expanded responsibilities.
- The implementation of electronic systems to manage medications should ultimately improve patient safety and staff efficiency, but it is essential that there is appropriate governance over these systems to maximise benefits and minimise risks.
  - The large amounts of data on medication usage captured by the electronic medication management systems can be used to direct quality use of medicines and medication safety activities in the future. The information can also be used to assist in patient prioritisation for clinical pharmacists, or for other clinical staff to identify patients needing referral to a pharmacist.
  - Introducing dispensary robots would free up pharmacy technician time to allow them to provide more support to clinical pharmacists. Robots would also assist with inventory management and improve patient safety by reducing the potential for dispensing errors.
  - Closed loop medication management, where a product is barcode checked at all steps on its journey from the pharmacy to the patient, has been demonstrated to have enormous safety benefits. It is probably unachievable for Australia until there are mandated standards for barcodes on pharmaceuticals, but it is under discussion nationally and could well be possible by 2022.
- Other issues, challenges and opportunities include:
  - Drug shortages and recalls: There is a global issue with drug shortages and recalls. Australia is particularly vulnerable due to our small stock holdings (compared to Europe or North America). Considerable pharmacy resources at all hospitals are required to manage this issue for example to investigate and source an alternative, inform clinical staff, rewrite guidelines, retrieve and quarantine affected stock.

- Legislative and industrial issues: The legislation does not allow pharmacy technicians to work unchecked (as happens in many other countries) and there are no plans for formal registration of technicians to address this issue. This limits the extent of support that can be provided by pharmacy technicians. The industrial awards for pharmacists and pharmacy technicians were last updated in 2003. They are both no longer relevant to actual practice, particularly in the case of the pharmacist award. For example, there is no classification for senior local health district (rather than hospital), advanced practice or specialist IT pharmacist positions.
- Inability to access the Pharmaceutical Benefits Scheme (PBS): NSW is the only state that has not signed up to the *Australian Government Pharmaceutical Reforms program,* which allows public hospital patients to access the PBS on discharge and as non-admitted patients. As a result, NSW patients receive a three day supply of medication on discharge and must see their GP to obtain a further supply, which can cause significant patient inconvenience. It also impacts on pharmacy workload with the increased time needed to count out small quantities of medications rather than supply whole packs.

52.3 Strategic Directions

Pharmacy Services will focus on:

- Identifying, implementing and evaluating strategies to deliver a standardised and equitable pharmacy service across the LHD and harnessing opportunities to improve service efficiencies, reduce purchasing costs and invest in research and quality improvement.
- Reviewing care pathways for patients who are discharged from NSLHD hospitals to the community and streamline discharge processes.
- Developing a workforce plan to support the increase in clinical pharmacy services offered within NSLHD and to make the most effective use of the skill mix within the workforce.

EACH OF THE ACUTE HOSPITALS AND THE MENTAL HEALTH SERVICE AT MACQUARIE HOSPITAL HAS AN ON-SITE PHARMACY PROVIDING A RANGE OF SERVICES DEPENDING ON THE HOSPITAL CASE MIX, SIZE AND ACUITY.

53 MEDICAL IMAGING

53.1 Service Description

The Medical Imaging District Services (MIDS) provides diagnostic and interventional services to admitted patients of NSLHD acute care hospitals and non-admitted patients under the specialties of radiology and nuclear medicine.

Role delienation and service modalities across NSLHD are shown in Table 27. Detailed information on Northern Beaches Hospital equipment was not available.

Table 27: Role Delineation and Distribution of Imaging Modalities 2018

Service	Modality	Hornsby	NBH	RNSH	Ryde	Mona Vale	NSLHD
Radiology	**Role Delineation**	**5**	**5**	**6**	**4**	**-**	**-**
	Angiography	-	-	2	-	-	2
	CT	1 (2)	-	3	1	1	7
	Fluoroscopy	3	-	2	-	-	5
	General X-ray	10	-	15	5	1	37
	Image Intensifier	-	-	1	2	2	6
	Mammography	-	-	2	-	-	2
	MRI	(1)	-	2	-	-	2
	OPG (dental)	(1)	-	1	-	-	1
	Ultrasound	2	-	9	2	1	16
Nuclear Medicine	**Role Delineation**	**5**	**5**	**6**	**4**	**2**	**-**
	Gamma Camera	1	-	1	-	-	2
	PET-CT	1	-	1	-	-	1
	SPECT-CT	-	-	2	-	-	2

Source: Medical Imaging District Services (Figures in brackets indicate new/additional modalities following redevelopment at Hornsby Hospital)

Radiology

- Hornsby and Ryde Hospitals have a contractual relationship with PRP Diagnostic Imaging to provide on-site reporting and to undertake *Tier A interventional procedures* during business hours and on-call after hours. The new Medical Imaging Department at Hornsby Hospital is expected to be completed by the end of 2019 and will involve an increase from one Computed Tomography (CT) to two, one ultrasound to two, a fluoroscopy room, orthopantomography (OPG) and a magnetic resonance imaging (MRI).

- Mona Vale Hospital supports the urgent care centre, community health and sub-acute services with X-ray, CT and ultrasound during day and evening shifts.
- A new picture archiving and communication system/radiology information system (PACS/RIS) is expected to be available across NSLHD in 2020. This will provide improved management of medical imagery and enable secure storage and digital transmission of electronic images and reports. NSLHD will continue to provide PACS/RIS and radiation safety support and after hours on-call for interventional neuroradiology procedures for Central Coast LHD.

Nuclear Medicine

- The role for positron emission tomography (PET) is expanding, particularly for neuroendocrine, prostate and brain cancer diagnosis and treatment. RNS Hospital has provided an increase in therapeutic nuclear medicine procedures, and is a selected site along with St George Hospital for Ministry of Health-funded evaluation of lutate therapy for patients with neuroendocrine tumours who are assessed as suitable for this treatment.
- Hornsby Hospital provides a limited diagnostic nuclear medicine service with oversight provided by the RNS Hospital Director of Nuclear Medicine. With the redevelopment at the end of 2019, there will be one single-photon emission computed tomography (SPECT-CT) and room for a future gamma camera.

53.2 Issues and Opportunities

Radiology

- Equipment for a number of modalities at RNS Hospital is due for replacement in 2022. The modalities showing the highest growth are CT, MRI and angiography as part of stroke services along with growth in ED demand for CT. RNS Hospital has redirected some non-admitted patient demand to the private sector; the impact of this trend on patients is not clear. Monitoring of demand will be required to ascertain any further requirements.
- Ryde Hospital's medical imaging service is in need of renovation; one x-ray room was replaced in April 2019. Any change to Ryde Hospital's service mix will require consideration of the impact on existing capacity and resources.
- Interventional neuroradiology demand is increasing with resultant pressure on radiology resources. An endoscopic clot retrieval service for stroke patients is provided in a collaborative, alternate day arrangement between RNS and Westmead Hospitals during weekday business hours. To provide a consistent and timely service the Neurosciences Clinical Network is recommending that this service should expand to a 24/7 service.

Nuclear Medicine

- PET/CT demand has expanded significantly, resulting in long waiting times (up to eight weeks) and the need to extend service hours. A recommended throughput of 13 or 14 PET examinations per day has increased to around 19 during the period of service extension. The addition to the Medicare Benefits Scheme (MBS) of PET for breast cancer has contributed to an increase in admitted patient PET demand.
- Other options for containing demand involve working with clinicians to reduce unnecessary imaging requests.
- An increasing proportion of older patients is lengthening average examination time, with half of all patients aged 70 years and over and 23 per cent aged 80 years and over.
- A large number of services are not reimbursable through Medicare, with additional costs for privately insured patients. Some patients at RNS Hospital are eligible for subsidised care through the use of Cancer Centre trust funds and altruistic donations. Current lutate therapy is funded through the Ministry of Health but future patients will need a source of funding.
- Workforce pressures have arisen with the increase in treatments and clinical consults, along with the involvement of technologists in administration or as part of the multidisciplinary treatment of cancer patients.
- Some workforce categories have significant supply shortages, including medical physicists and especially radiochemists.

53.3 Strategic Directions

Medical Imaging Services will focus on:

- Collaborating with clinical networks and services to manage demand, improve the appropriate selection of medical imaging required for diagnosis and develop agreed pathways to improve imaging response times, cost effectiveness and sustainability for all clinical stakeholders.

- Developing, implementing and evaluating a model of care for the provision of interventional radiology services across NSLHD that addresses sustainable workforce issues, agreed growth and scope of practice.
- Exploring opportunities for private sector collaboration in relation to a positron emission tomography/magnetic resonance imaging (PET-MRI) machine on the RNS Hospital campus to improve outcomes for patients with prostate, brain and head and neck cancers along with applications in cardiology, neurology and research.
- Identifying opportunities for increasing training opportunities for radiochemists and medical physicists.

A NEW AND EXPANDED MEDICAL IMAGING DEPARTMENT WILL OPEN IN HORNSBY HOSPITAL IN 2019/20.

54 ABORIGINAL HEALTH

54.1 Service Description

The Aboriginal Health Service (AHS) is responsible for coordinating and providing advice on matters relating to improving the health and the social and emotional wellbeing of the Aboriginal and Torres Strait Islander community. The AHS also focuses on cadetships and employment opportunities to strengthen the Aboriginal and Torres Strait Islander health workforce.

The AHS promotes culturally safe and respectful services by providing consultative and advisory services to clinicians caring for Aboriginal and Torres Strait Islander people, delivering Respecting the Difference staff education programs, and developing cultural resources including:

- Wiyanga: A Guide for Mothers and Families First Australian Birthing Practises in Gaimariagal Country.
- Death and Dying in Aboriginal and Torres Strait Islander Culture (Sorry Business).
- Didja Know: A Cultural Information and Communication Guide.

The AHS has developed a *NSLHD Aboriginal Health Services Plan 2017-2022* and service delivery plans that identify priority areas and gaps in health provision for Aboriginal and Torres Strait Islander people. Service delivery plans include:

- *Aboriginal and Torres Strait Islander Men's Health Plan 2015-2020*
- *Australia's First Peoples Female Lifecycle Health and Wellbeing Plan 2015-2020*

The AHS provides health promotion activities and supports community initiatives in collaboration with primary health and other care providers. The AHS coordinates equitable access to health care and provides advocacy and support for individual patients and their families. Health services provided by the AHS include:

- Chronic care coordination and a 48-hour Clinical Nurse Consultant follow-up service (self-management and clinical advice, and referrals to other services as required) for patients discharged from NSLHD hospitals.
- Integrated Team Care for patients who have one or more chronic disease, have had frequent hospital admissions and/or emergency presentations, and have difficulty accessing and coordinating the right services needed for their care. The program is Commonwealth-funded and commissioned by the Sydney North Primary Health Network for Aboriginal and Torres Strait Islander people in NSLHD.
- The Aboriginal Health Clinic (Bungee Bidgel), a collaborative service with the General Practice Training Unit at Hornsby Hospital, provides a range of clinical, chronic disease management, integrated team care, social and emotional wellbeing, mental health, dental and specialist health services to Aboriginal and Torres Strait Islander people in NSLHD and elsewhere.

The Aboriginal and Torres Strait Islander population is younger – 32% are aged 0-17 years compared to 21.9% of the overall population.

The Bungee Bidgel Health Clinic at Hornsby Hospital provides a range of health services to Aboriginal people living in NSLHD and elsewhere.

54.2 Issues and Opportunities

The priorities for the AHS are:

- Improving the identification of Aboriginal and Torres Strait Islander patients.
- Providing culturally safe and respectful mainstream services.
- Increasing the Aboriginal and Torres Strait Islander workforce in NSLHD.

In order to achieve these, the following challenges need to be overcome:

- Recording of Aboriginality: Accurate identification of Aboriginal patients is one of the essential first steps in improving the health of the Aboriginal population. Although identification of Aboriginal and Torres Strait Islander patients in NSLHD has improved in admitted records, it could improve further, particularly for non-admitted services.
- Increasing the Aboriginal and Torres Strait Islander workforce: In March 2018, the Aboriginal workforce as a proportion of total workforce, across all salary bands in NSLHD was 0.6 per cent. The NSW target is 1.8 per cent. An Aboriginal and Torres Strait Islander workforce strategy is currently being developed as a joint partnership between the AHS and NSLHD Workforce and Culture directorate.
- Participation in Respecting the Difference training: Building a culturally competent workforce is fundamental to creating a culturally safe environment for Aboriginal and Torres Strait Islander patients. NSLHD will support all staff to complete the training and education programs and meet the standards and expectations set out in the NSW Health policy *Respecting the Difference: An Aboriginal Cultural Training Framework.*
- Culturally appropriate care: Aboriginal and Torres Strait Islander patients leaving before completion of treatment or discharge against medical advice are two measures of a hospital's cultural competency and Aboriginal and Torres Strait Islander people's satisfaction with the care they receive. The rate for Aboriginal and Torres Strait Islander patients discharging against medical advice remains greater than that for non-Aboriginal patients in NSLHD services.

54.3 Strategic Directions

The Aboriginal Health Service will focus on implementing and evaluating the impact of the NSLHD Aboriginal and Torres Strait Islander Health Services Plan 2017-2022 and developing an Aboriginal and Torres Strait Islander workforce strategy.

IN 2016, THERE WAS AN ESTIMATED 3,331 ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE LIVING IN NSLHD, REPRESENTING 0.4% OF THE TOTAL POPULATION.

55 CARER SUPPORT

55.1 Service Description

A carer is anyone who cares for or supports a family member, partner or friend, who has a disability, has a medical condition (including a terminal or chronic illness), has a mental illness, or is frail and aged. Carers assist people to remain living in the community for longer and contribute substantial savings on premature admissions to costly residential care and accommodation options. Carers are not paid community support workers.

The key responsibility of the ***NSLHD Carer Support Service*** is to provide professional support to carers in their interactions with the health system, and to improve the responsiveness of our health services to the needs of carers. The service supports carers from within and outside the LHD in either hospital or community settings. This includes staff with caring responsibilities.

Established in 2004 as part of the NSW Carers Program, the NSLHD Carer Support Service is based within acute hospital settings and collaborates with staff and carers across acute, sub-acute, primary and community health services. The service also networks with community care organisations, local government community development officers and other key organisations to promote the recognition and support of carers.

The NSLHD Carer Support Service is guided by the *NSW Carer Recognition Act (2010)*, the *NSW Carers Charter (2016)* and the *NSW Health Recognition and Support for Carers (Key Directions) 2018-2020*. Under this strategy NSW Health will:

- Inform and guide its employees to recognise and support carers.
- Value and engage with carers as partners in care.
- Support employees who have caring responsibilities.

In NSLHD, an estimated 25,000 carers provide 24/7 care to their loved ones.

55.2 Issues and Opportunities

In 2016, it was estimated that 130,000 or 14 per cent of NSLHD residents were carers with approximately 25,000 providing 24/7 care. With population growth and ageing this number will increase substantially in the coming decades. A national survey of carer's health and wellbeing in 2007 revealed that carers had the lowest level of wellbeing of any demographic group in Australia.

The NSW Health Recognition and Support for Carers (Key Directions) 2018-2020 outlines three key directions which NSLHD is required to address. Some of the challenges in fulfilling these directions include:

- Recording of carer data and status in health care records is underreported in NSLHD. Improving identification ensures services for carers are made more accessible and culturally appropriate.
- Engaging with carers requires staff education and innovative service delivery models.
- Supporting employees who have caring responsibilities requires managers to be aware of their responsibility and equipped to support these staff.

The Carers Support Service recently released the NSLHD Carer Strategy and Action Plan (2018-2023). In addition to addressing the three NSW Health key directions, NSLHD has added a fourth direction focusing on improving services for carers. This will encompass the development of new models of care, developing pathways and communication aids to improve services navigation, strengthening carer engagement in the design of clinical services, and providing better facilities that support and improve the health and wellbeing of carers.

55.3 Strategic Directions

The Carer Support Service will focus on implementing and evaluating the NSLHD Carer Strategy 2018-2023.

56 RESEARCH

56.1 Service Description

High impact research is conducted across NSLHD, both within the Kolling Institute of Medical Research and in NSLHD hospitals and community health centres, with input from clinicians and others across all professions, including medical, nursing and midwifery, allied health, health systems and population health. Since 2017, NSLHD staff have published 1,956 peer reviewed research papers. Trends in health and medical research at NSLHD are reflective of broader research trends, in that the emphasis continues to shift from single and acute illnesses to improving the health and wellbeing of people from birth, throughout the lifespan. The translation of research outcomes into clinical practice is fundamental to delivering the best quality patient care, and has led to more holistic, preventive health care strategies and the implementation of innovations into clinical care.

Medical research is pursued actively across all NSLHD facilities and services, in an extensive range of clinical disciplines.

- NSLHD has professorial appointments in most specialty fields and many other medical practitioners are engaged with universities for teaching and research. From the time they commence as junior medical officers, doctors are encouraged to become involved in NSLHD research in their areas of interest.
- Overseen by Professor of Nursing and Midwifery, the NSLHD Nursing and Midwifery Researcher Development Program provides support for research within the NSLHD Nursing and Midwifery Directorate. This has been largely successful to date, with 40 peer reviewed publications in 2018, and 59 active research studies.
- The Professor of Allied Health, University of Sydney also operates from NSLHD and provides support for research and practice development across the Allied Health Network. The Allied Health Research Committee focuses on building research capacity to support evidence-based practice and research across the allied health disciplines.

Partnerships for research

Research at NSLHD is conducted in collaboration with a number of important partners, including the University of Sydney, UTS, Macquarie University, the Ministry of Health, Sydney Health Partners, Healthscope, industry groups and various other collaborations including the new Northern Beaches Hospital.

- NSLHD's flagship research institute, the Kolling Institute of Medical Research, is a joint venture between NSLHD and the University of Sydney. The Kolling Institute shares research staff between the two partner organisations. It focuses on medical research with a broad portfolio, reflecting the breadth of NSLHD clinical community. A new Director has recently been appointed and the Institute is developing its own research strategy to complement to NSLHD research strategy. The Kolling Institute's vision is to become a world-leading translational and innovative research centre, informing clinical care to improve patient outcomes. It aims to achieve this vision by building on its existing strengths, growing the volume and range of research undertaken and strengthening its outward and international focus.
- The Northern Clinical School is a research and education unit of the Sydney Medical School, at the University of Sydney. It operates from RNS Hospital with satellite units at a number of other hospitals within the NSLHD.

- NSLHD is a foundational partner of Sydney Health Partners together with Western Sydney LHD, Sydney LHD, Sydney Research, the Sydney Children's Hospital Network (Westmead), the University of Sydney, and nine affiliated medical research institutes. The partnership aims to remove or reduce the barriers to efficient and effective translation of medical research into clinical practice and to increase the scale of research for our population. NSLHD aims to increase collaboration and translation within the group.
- The Northern Sydney Academic Health Sciences Centre is a partnership between NSLHD, UTS, Macquarie University and the University of Sydney that aims to foster collaborations in preventive health care research. The partner members are committed to supporting research collaboration, translational research and professional development through the partnership.
- The Sydney North Primary Health Network collaborates with NSLHD with aims to increase the efficiency and effectiveness of medical and health services for patients, particularly those at risk of poor health outcomes, and to improve coordination of care to ensure patients receive the right care in the right place at the right time.
- The crossover and partnerships between researchers and clinicians within NSLHD and beyond allows for trials of new technologies and systems of care before their final implementation across the LHD. This can lead both to improved health outcomes and long-term cost efficiencies. It also advances the quality and value of health solutions within the LHD, which ensures consumers receive earliest access to innovative health solutions.

56.2 Issues and Opportunities

NSLHD is well placed to continue leading health research into the future. Nonetheless, a number of issues and challenges arise in balancing the required clinical focus with conducting high impact research. To address these, and to build on existing successes, NSLHD is developing a five year research strategy with the aim of developing a coherent and coordinated approach to research. This will provide the opportunity to:

- Develop a translational plan to enhance the capability of researchers and clinicians in driving change within the clinical settings for practice improvement.
- Expand the collaborative nature of research by introducing mechanisms and incentives to promote partnerships with industry, philanthropic interests and leading organisations overseas.
- Increase consumer involvement in the design and analysis of health research.
- Ensure our workforce is supported to engage with research.
- Continue to support precision health solutions.

The development of the NSLHD Research Strategy 2019-2024 has been facilitated by the NSLHD Executive and shaped by active and aspiring researchers and clinical leaders, managers and community members. It highlights the importance of engaging our community and our research partners. The research priorities will be embedded in a robust and inclusive research culture, underpinned by strong, effective communication.

The strategy will showcase key achievements, and set out future directions. This will include the identification of a number of initiatives for the LHD to implement, such as the establishment of a clinical trials working group, with the mission of increasing the number of clinical trials and clinical trial participation rates across NSLHD.

The LHD will also expand the role of the Research Office beyond ethics and governance, to assist with available funding and grant writing, statistics, contracts, finance, intellectual property, commercialisation and other research matters. A Research Advisory Committee will be established in 2019 to oversee the implementation of the research strategy.

56.3 Strategic Directions

The NSLHD Research Strategy 2019-2024 identifies six priority areas:

- Growing research across NSLHD.
- Optimising community engagement.
- Enhancing research leadership and career development.
- Building research infrastructure.
- Enhancing research partnerships.
- Evaluating the research impact within NSLHD.

NSLHD released a five-year research strategy in 2019 showcasing key achievements and setting out future directions.


RNSH
Emergency
Ambulance

APPENDICES

NSLHD Role Delineation of Health Services

The *NSW Health Guide to the Role Delineation of Health Services* (3rd Edition, 2018) provides a framework and consistent language for describing services. It describes the minimum support services, workforce and other requirements for clinical services to be delivered safely.

The Guide describes eight core services that are essential to the successful provision of other clinical services. Each service standard has up to six levels in ascending order of complexity; not all services start at level 1. The Guide does not attempt to describe all the services that could be provided by a hospital but rather those that are sufficiently common to be useful exemplars.

- Proposed levels for Ryde Hospital are indicative only based on potential opportunities once the ICU achieves the standards set out for a level 4 service. These proposed levels may change as a result of more detailed planning for the redevelopment of Ryde Hospital.
- "-" indicates "No Planned Service" for Hornsby, RNS and Ryde Hospitals and "not included in service contract" for Northern Beaches Hospital. Access to the services is provided within the integrated network of NSLHD hospitals.

Core Services and Emergency Medicine

Ref	Service	Clinical Network	Hornsby	Northern Beaches	RNSH	Ryde	*Ryde Proposed*
1	Anaesthesia and Recovery	SA	5	5	6	3	*4*
2	Operating Suites	SA	5	5	6	3	*4*
3	Close Observation Unit	ACCM	-	-	-	-	-
4	Intensive Care Services	ACCM	5	5	6	3	*4*
5	Nuclear Medicine	MIDS	5	5	6	4	*4*
6	Radiology and Interventional Radiology	MIDS	5	5	6	4	*4*
7	Pathology	-	5	5	6	5	*5*
8	Pharmacy	AL	5	5	6	4	*4*
A	Emergency Medicine	ACCM	4	5	6	3	*4*

Medicine

Ref	Service	Clinical Network	Hornsby	Northern Beaches	RNSH	Ryde	*Ryde Proposed*
B1	Cardiology/Interventional Cardiology	CTVH	4	5	6	3	*3*
B2	Chronic Pain Management	CCM	-	-	6	-	-
B3	Clinical Genetics	MNW	3	-	6	3	*3*
B4	Dermatology	ACCM	4	4	6	4	*4*
B6	Endocrinology	CCM	4	5	6	3	*4*
B7	Gastroenterology	ACCM	4	5	6	3	*3*
B8	General and Acute Medicine	ACCM	4	5	6	3	*4*
B9	Geriatric Medicine	RACS	5	5	6	4	*4*
B10	Haematology	CPC	4	5	6	3	*3*
B11	Immunology	ACCM	4	5	6	-	-
B12	Infectious Diseases	ACCM	4	5	5	4	*4*
B13	Neurology	NS	4	5	6	3	*3*
B14	Oncology - Medical	CPC	4	5	6	3	*3*
B15	Oncology - Radiation	CPC	-	4	6	-	-
B16	Palliative Care	CPC	2	-	4	2	*2*
B17	Rehabilitation	RACS	5	-	5	5	*5*
B18	Renal Medicine	CCM	3	5	6	3	*3*
B19	Respiratory and Sleep Medicine	CTVH	4	5	6	3	*3*
B20	Rheumatology	MHPBST	4	5	6	4	*4*
B21	Sexual Assault	PaCH	1	-	4	1	*1*
B22	Sexual Health	PaCH	1	-	5	1	*1*

Surgery

Ref	Service	Clinical Network	Hornsby	Northern Beaches	RNSH	Ryde	*Ryde Proposed*
C1	Burns	MHPBST	4	4	6	2	*2*
C2	Cardiothoracic Surgery	CTVH	-	-	6	-	*-*
C3	Ear, Nose and Throat	SA	5	5	6	3	*3*
C4	General Surgery	SA	5	5	6	3	*4*
C5	Gynaecology	MNW	4	5	6	3	*3*
C6	Neurosurgery	NS	-	-	6	-	*-*
C7	Ophthalmology	SA	1	1	6	-	*-*
C8	Oral Health	PaCH	4	-	4	-	*-*
C9	Orthopaedic Surgery	MHPBST	5	5	6	3	*4*
C10	Plastic Surgery	MHPBST	-	5	6	-	*-*
C11	Urology	SA	5	5	6	2	*2*
C12	Vascular Surgery	CTVH	4	5	6	-	*-*

Child and Family Health

Ref	Service	Clinical Network	Hornsby	Northern Beaches	RNSH	Ryde	*Ryde Proposed*
D1	Child and Family Health	CYFH	4	-	4	4	*4*
D2	Child Protection Services	CYFH	3	-	4	1	*1*
D3	Maternity	MNW	4	5	6	2	*2*
D4	Neonatal	MNW	3	4	5	1	*1*
D5	Paediatric Medicine	CYFH	4	4	4	2	*2*
D6	Surgery for Children	SA	3	4	4	2	*2*
D7	Youth Health	CYFH	3	-	3	3	*3*

Aboriginal Health and Community Health

Ref	Service	Clinical Network	Hornsby	Northern Beaches	RNSH	Ryde	*Ryde Proposed*
F	Aboriginal Health	-	6	-	6	6	*6*
G	Community Health	PaCH	4	-	4	4	*4*

Mental Health Services

Ref	Service	Clinical Network	Hornsby	Northern Beaches	RNSH	Ryde	*Ryde Proposed*	Macquarie	Greenwich
E1	Adult MH	MHDA	5	5	6	2	2	4	-
E2	Child and Youth MH	MHDA	5	3	4	4	4	3	-
E3	Older Persons MH	MHDA	4	5	5	2	2	3	5
B5	Drug and Alcohol	MHDA	3	-	6	2	2	-	-

Stand-alone Sub-acute Services and Affiliated Health Organisations

Ref	Service		Greenwich	Neringah	Royal Rehab	Mona Vale	*MVH Proposed*
6	Radiology and Interventional Radiology	MIDS	-	-	2	2	*2*
7	Pathology	-	-	-	1	3	*3*
8	Pharmacy	AL	2	2	3	3	*3*
B2	Chronic Pain Management	CCM	6	-	-	-	*-*
B8	General and Acute Medicine	ACCM	2	2	-	2	*2*
B16	Palliative Care	CPC	5	5	-	3	*4*
B17	Rehabilitation	RACS	-	-	6	4	*4*

Appendix B: Current and Future Bed Profile

Current NSLHD physical ("built") beds by type and other key resources as at June 2018

Part A	Hornsby	Manly	Mona Vale	RNSH	Ryde	NSLHD
Acute Adult	**169**	**106**	**118**	**555**	**130**	**1,078**
ED Short Stay	12	10	10	14	4	50
MAU	16	-	8	28	24	76
General Medicine/Surgery	128	74	82	429	73	786
ICU	13	10	6	58	15	102
Surgical Short Stay	-	12	12	26	14	64
Women and Children	**36**	**20**	**37**	**105**	**-**	**198**
Paediatric	9	-	20	24	-	53
Paediatric Short Stay	3	-	-	7	-	10
Maternity	16	17	14	41	-	88
Special Care Nursery	8	3	3	9	-	23
NICU	-	-	-	24	-	24
Other Resource						
Operating Theatres	8	3	2	20	3	36
Endoscopy Rooms	2	1	1	4	-	8
Maternity Birthing Rooms	4	4	3	11	3	25
Dialysis Chairs						
In Centre	-	-	-	13	-	13
Training	-	-	-	9	-	9
Satellite	-	-	6	25	-	31
Mental Health Drug and Alcohol	**63**	**36**	**-**	**53**	**-**	**152**
Sub- and Non-Acute	**40**	**-**	**56**	**-**	**64**	**160**
Total	**308**	**162**	**211**	**713**	**194**	**1,588**

Part B	Hornsby	Northern Beaches	Mona Vale	RNSH	Ryde	Macquarie	Greenwich	NSLHD
Mental Health/ Drug and Alcohol	**63**	**36**	**-**	**53**	**-**	**210**	**20**	**382**
CYMHS Acute	12	-	-	-	-	-	-	12
PECC	4	6	-	6	-	-	-	16
MHICU	12	-	-	-	-	-	-	12
Adult Acute	35	20	-	32	-	14	-	101
OPMH Acute	-	10	-	-	-	-	20	30
Detox	-	-	-	15	-	-	-	15
CYMHS Other (Coral Tree)	-	-	-	-		15	-	15
Adult Other	-	-	-	-	-	151	-	151
OPMH Other	-	-	-	-	-	30	-	30

Part C	Hornsby	Manly	Mona Vale	RNSH	Ryde	Greenwich	Neringah	Royal Rehab	NSLHD
Sub and Non Acute	**40**	**-**	**56**	**-**	**64**	**58 (36)**	**19**	**60 (24)**	**297 (60)**
Rehab - Spinal	-	-	-	-	-	-	-	20	20
Rehab - Brain Injury	-	-	-	-	-	-	-	16	16
Rehab -General	40	-	56	-	64	(36)	-	(24)	220 (60)
Palliative Care	-	-	-	-	-	22	19	-	41

Source: NSLHD Patient Flow Portal Bed Board 2018 and advice from NSLHD clinicians, managers and hospital websites.
Note1: Graythwaite supports the specialist burns rehabilitation service.
Note 2: Greenwich has 36 privately funded rehabilitation beds and Royal Rehab has 24 privately funded rehabilitation beds.

Future NSLHD physical ("built") beds by type and other key resources by 2021

Part A	Hornsby	Northern Beaches	Mona Vale	RNSH	Ryde**	NSLHD
Acute Adult	**220**	**351 (161)**	**-**	**555**	**130**	**1,256 (161)**
ED Short Stay	12	-	-	14	4	30
MAU	28	-	-	28	24	80
General Medicine/Surgery	140	291 (135)	-	429	73	933 (135)
ICU	12	20 (10)	-	58	15	105 (10)
Surgical Short Stay	28	40 (16)	-	26	14	108 (16)
Women and Children	**40**	**76 (26)**	**-**	**105**	**-**	**221 (26)**
Paediatric	10	18	-	24	-	52
Paediatric Short Stay	6	6	-	7	-	19
Maternity	16	40 (20)	-	41	-	97 (20)
Special Care Nursery	8	12(6)	-	9	-	29 (6)
NICU	-	-	-	24	-	24
Other Resources						
Operating Theatres	8	14	-	20	3	45
Endoscopy Rooms	2	4	-	4	-	10
Maternity Birthing Rooms	4	10(5)	-	11	3	28 (5)
Dialysis Chairs						
In Centre	-	12		13	-	25
Training	-	-	-	9	-	9
Satellite	10	-	-	25	-	35
Mental Health/Drug and Alcohol	**65**	**61 (20)**	**-**	**53**	**-**	**179 (20)**
Sub and Non Acute	**56**	**-**	**76**	**-**	**64**	**196**
Total	**381**	**488 (207)**	**76**	**713**	**194**	**1,852 (207)**

Part B	Hornsby	Northern Beaches	Mona Vale	RNSH	Ryde	Macquarie	Greenwich	NSLHD
Mental Health/Drug and Alcohol	**65**	**61 (20)**	**-**	**53**	**-**	**210**	**20**	**409 (20)**
CYMHS Acute	12	-	-	-	-	-	-	12
PECC	6	6	-	6	-	-	-	18
MHICU	12	-	-	-	-	-	-	12
Adult Acute	35	40 (20)	-	32	-	14	-	121 (20)
OPMH Acute	-	15	-	-	-	-	20	35
Detox	-	-	-	15	-	-	-	15
CYMHS Other (Coral Tree)	-	-	-	-		15	-	15
Adult Other	-	-	-	-	-	151	-	151
OPMH Other	-	-	-	-	-	30	-	30

Part C	Hornsby	Northern Beaches	Mona Vale	RNSH	Ryde	Greenwich	Neringah	Royal Rehab	NSLHD
Sub and Non Acute	**56**	**-**	**76**	**-**	**64**	**58 (36)**	**19**	**60 (24)**	**333 (60)**
Rehab - Spinal	-	-	-	-	-	-	-	20	20
Rehab - Brain Injury	-	-	-	-	-	-	-	16	16
Rehab - General	56	-	56	-	64	(36)	-	(24)	236 (60)
GEM	-	-	10	-	-	-	-	-	10
Palliative Care	-	-	10	-	-	22	19	-	51

Source: NSLHD Patient Flow Portal Bed Board 2018, advice from NSLHD clinicians, managers and hospital websites.
Northern Beaches Hospital information extracted from http://intranet.nslhd.health.nsw.gov.au/Documents/20190321%20NSLHD-NBH%20Key%20Service%20Linkage%20Directory.pdf
Note1: Beds in brackets are identified as private beds. Northern Beaches Hospital have identified 204 private acute beds though there are additional shared beds.
Note 2: Greenwich has 36 and Royal Rehab has 24 rehabilitation beds which are privately funded

** It is anticipated that bed numbers at Ryde Hospital will change as a result of clinical services planning for the redevelopment; planning is not yet sufficiently advanced to warrant the inclusion of those changes at this time.

Acute Admitted Patient Episodes By Facility and Enhanced Service Related Group, NSLHD, 2017/18

Episodes include unqualified neonates, renal dialysis and mental health

Service Related Group (SRG)	Enhanced SRG	Hornsby	Manly	Mona Vale	RNSH	Ryde	NSLHD
11 Cardiology Total		**1,477**	**1,044**	**1,431**	**4,239**	**1,521**	**9,712**
	111 Chest Pain	643	301	462	1,619	725	3,750
	112 Unstable Angina	29	28	26	38	25	146
	113 Heart Failure and Shock	172	110	153	373	178	986
	114 Non-Major Arrhythmia and Conduction Disorders	192	219	378	789	181	1,759
	115 AMI W/O Invasive Cardiac Inves Proc	78	91	79	156	70	474
	116 Syncope and Collapse	230	170	225	586	180	1,391
	119 Other Cardiology	133	125	108	678	162	1,206
12 Interventional Cardiology Total		**60**	**23**	**28**	**1,587**	**46**	**1,744**
	121 Invasive Cardiac Inves Proc	34	15	12	564	24	649
	122 Percutaneous Coronary Angioplasty	12	7	16	599	21	655
	129 Other Interventional Cardiology	14	1	-	424	1	440
13 Dermatology Total		**87**	**29**	**52**	**294**	**43**	**505**
	131 Dermatology	87	29	52	294	43	505
14 Endocrinology Total		**117**	**62**	**82**	**417**	**87**	**765**
	141 Diabetes	92	54	64	170	64	444
	149 Other Endocrinology	25	8	18	247	23	321
15 Gastroenterology Total		**1,720**	**944**	**1,895**	**3,310**	**1,154**	**9,023**
	151 Oesophagitis, Gastroent and Misc Digestive System Disorders	454	140	237	948	213	1,992
	152 Gastroscopy	437	257	324	141	312	1,471
	153 ERCP	11	6	9	276	10	312
	159 Other Gastroenterology	818	541	1,325	1,945	619	5,248
16 Diagnostic GI Endoscopy Total		**994**	**654**	**792**	**427**	**666**	**3,533**
	161 Other Colonoscopy	727	503	579	153	546	2,508
	162 Other Gastrsocopy	267	151	213	274	120	1,025
17 Haematology Total		**53**	**31**	**46**	**655**	**26**	**811**
	172 Lymphoma and Non-Acute Leukaemia	14	13	13	276	5	321
	173 Acute Leukaemia	1	1	-	77	1	80
	174 Bone Marrow Transplant	-	-	-	76	-	76
	179 Other Haematology	38	17	33	226	20	334
18 Immunology and Infections Total		**225**	**229**	**310**	**717**	**85**	**1,566**
	181 Immunology	75	166	206	247	23	717
	184 Infectious Diseases	150	63	104	470	62	849
19 Oncology Total		**79**	**59**	**101**	**694**	**36**	**969**
	191 Respiratory Neoplasms	26	17	32	133	7	215
	192 Digestive Malignancy	13	8	19	102	10	152
	199 Other Oncology	40	34	50	459	19	602
20 Chemotherapy Total		**-**	**-**	**-**	**31**	**-**	**31**
	201 Chemotherapy	-	-	-	31	-	31

Service Related Group (SRG)	Enhanced SRG	Hornsby	Manly	Mona Vale	RNSH	Ryde	NSLHD
21 Neurology Total		**863**	**661**	**677**	**3,261**	**526**	**5,988**
	211 Stroke	109	173	70	665	70	1,087
	212 TIA	64	84	43	148	47	386
	213 Seizures	115	64	104	434	76	793
	219 Other Neurology	575	340	460	2,014	333	3,722
22 Renal Medicine Total		**140**	**91**	**129**	**659**	**111**	**1,130**
	221 Renal Failure	44	26	41	198	46	355
	229 Other Renal Medicine	96	65	88	461	65	775
23 Renal Dialysis Total		**-**	**-**	**3,708**	**20,292**	**-**	**24,000**
	231 Renal Dialysis	-	-	3,708	20,292	-	24,000
24 Respiratory Medicine Total		**1,550**	**833**	**1,411**	**3,621**	**907**	**8,322**
	241 Bronchitis and Asthma	226	39	181	427	58	931
	242 Chronic Obstructive Airways Disease	187	134	182	362	230	1,095
	243 Respiratory Infections/Inflammations	493	348	456	1,003	357	2,657
	244 Bronchoscopy	38	63	-	146	24	271
	249 Other Respiratory Medicine	606	249	592	1,683	238	3,368
25 Rheumatology Total		**126**	**60**	**69**	**266**	**55**	**576**
	251 Rheumatology	126	60	69	266	55	576
26 Pain Management Total		**173**	**95**	**179**	**627**	**110**	**1,184**
	261 Pain Management	173	95	179	627	110	1,184
27 Non Subspecialty Medicine Total		**1,496**	**890**	**1,372**	**3,967**	**934**	**8,659**
	271 Kidney and Urinary Tract Infections	256	181	277	736	206	1,656
	272 Cellulitis	396	225	349	677	167	1,814
	275 Injuries - Non-surgical	131	62	115	241	112	661
	276 Dementia and Delirium	177	99	90	277	86	729
	277 Septicaemia	126	101	160	351	119	857
	278 Surgical Follow Up	3	2	12	7	11	35
	279 Other Non Subspecialty Medicine	407	220	369	1,678	233	2,907
41 Breast Surgery Total		**102**	**44**	**11**	**227**	**16**	**400**
	411 Breast Surgery	102	44	11	227	16	400
42 Cardiothoracic Surgery Total		**2**	**-**	**-**	**551**	**-**	**553**
	421 Coronary Bypass	-	-	-	169	-	169
	429 Other Cardiothoracic Surgery	2	-	-	382	-	384
43 Colorectal Surgery Total		**210**	**128**	**143**	**385**	**268**	**1,134**
	432 Anal, Stomal and Pilonidal Procedures	146	101	86	180	205	718
	439 Other Colorectal Surgery	64	27	57	205	63	416
44 Upper GIT Surgery Total		**298**	**162**	**257**	**1,012**	**383**	**2,112**
	441 Cholecystectomy	158	73	109	111	188	639
	442 Disorders of Biliary Tract and Pancreas	104	77	119	433	163	896
	449 Other Upper GIT Surgery	36	12	29	468	32	577
46 Neurosurgery Total		**354**	**196**	**281**	**1,969**	**237**	**3,037**
	461 Head Injuries	135	75	120	461	100	891
	462 Craniotomy	-	-	-	326	-	326
	463 Neurosurgery - Non-procedural	216	118	155	676	133	1,298
	469 Other Neurosurgery	3	3	6	506	4	522
47 Dentistry Total		**65**	**-**	**3**	**44**	**27**	**139**
	471 Dental Extractions and Restorations	65	-	3	44	27	139

Appendix C: Acute Admitted Activity

Service Related Group (SRG)	Enhanced SRG	Hornsby	Manly	Mona Vale	RNSH	Ryde	NSLHD
48 ENT & Head and Neck Total		**780**	**186**	**726**	**1,931**	**323**	**3,946**
	481 Tonsillectomy or Adenoidectomy	117	7	124	137	30	415
	482 Myringotomy W Tube Insertion	28	-	30	21	5	84
	483 Non-procedural ENT	434	158	440	1,199	191	2,422
	484 Head and Neck Surgery	9	1	6	70	5	91
	489 Other Procedural ENT	192	20	126	504	92	934
49 Orthopaedics Total		**2,219**	**1,274**	**1,749**	**4,913**	**1,115**	**11,270**
	491 Injuries to Limbs - Medical	509	288	517	1,118	231	2,663
	492 Wrist and Hand Procedures incl Carpal Tunnel	362	301	125	965	79	1,832
	494 Knee Procedures	120	59	110	147	69	505
	495 Other Orthopaedics - Surgical	802	403	715	2,066	521	4,507
	496 Hip Replacement/Revision	145	92	108	159	91	595
	497 Knee Replacement/Revision	110	34	50	67	59	320
	499 Other Orthopaedics - Non-surgical	171	97	124	391	65	848
50 Ophthalmology Total		**35**	**33**	**39**	**1,103**	**25**	**1,235**
	502 Non-procedural Ophthalmology	35	30	38	241	25	369
	503 Glaucoma and Lens Procedures	-	-	-	621	-	621
	509 Other Eye Procedures	-	3	1	241	-	245
51 Plastic and Reconstructive Surgery Total		**172**	**429**	**111**	**1,242**	**72**	**2,026**
	511 Microvascular Tissue Transfer or Skin Grafts	53	153	24	409	17	656
	512 Skin, Subcutaneous Tissue and Breast Procedures	80	210	52	293	42	677
	513 Maxillo-Facial Surgery	34	40	23	198	10	305
	519 Other Plastic and Reconstructive Surgery	5	26	12	342	3	388
52 Urology Total		**774**	**217**	**407**	**1,963**	**301**	**3,662**
	521 Cystourethroscopy	118	-	39	125	23	305
	522 Urinary Stones and Obstruction	204	115	185	593	178	1,275
	523 TURP	52	-	-	57	-	109
	524 Other Non-procedural Urology	172	96	133	605	73	1,079
	529 Other Urological Procedures	228	6	50	583	27	894
53 Vascular Surgery Total		**159**	**88**	**65**	**677**	**57**	**1,046**
	531 Vein Ligation and Stripping	6	4	2	32	16	60
	532 Non-procedural Vascular Surgery incl Skin Ulcers	53	30	43	162	35	323
	539 Other Vascular Surgery Procedures	100	54	20	483	6	663
54 Non Subspecialty Surgery Total		**1,781**	**1,013**	**1,538**	**4,203**	**1,015**	**9,550**
	541 Injuries	406	303	524	1,267	308	2,808
	542 Abdominal Pain	417	174	332	753	203	1,879
	543 Appendicectomy	180	124	148	420	76	948
	544 Digestive System Diagnoses incl GI Obstruction	81	46	78	197	61	463
	545 Inguinal and Femoral Hernia Procedures Age>0	145	100	118	107	132	602
	546 Post-operative Infections and Sequlae of Treatment	127	53	115	405	50	750
	547 Thyroid Procedures	67	31	-	91	-	189
	549 Other Non-specialty Surgery	358	182	223	963	185	1,911

Service Related Group (SRG)	Enhanced SRG	Hornsby	Manly	Mona Vale	RNSH	Ryde	NSLHD
61 Transplantation Total		**-**	**-**	**-**	**44**	**-**	**44**
	611 Transplantation	-	-	-	44	-	44
62 Extensive Burns Total		**3**	**-**	**2**	**111**	**1**	**117**
	621 Extensive Burns	3	-	2	111	1	117
63 Tracheostomy Total		**26**	**14**	**5**	**229**	**-**	**274**
	631 Tracheostomy or Ventilation >95 hours	26	14	5	229	-	274
71 Gynaecology Total		**712**	**401**	**545**	**1,385**	**271**	**3,314**
	711 Abortion W DandC, Aspiration Curettage or Hysterotomy	97	73	75	175	2	422
	712 Endoscopic Procedures for Female Reproductive System	27	14	25	47	11	124
	713 Conisation, Vagina, Cervix and Vulva Procedures	99	43	57	180	33	412
	714 Diagnostic Curettage or Diagnostic Hysteroscopy	106	68	102	123	70	469
	715 Hysterectomy	28	15	14	72	7	136
	717 Non-procedural Gynaecology	170	102	129	417	50	868
	719 Other Gynaecological Surgery	185	86	143	371	98	883
72 Obstetrics Total		**1,542**	**1,088**	**843**	**3,653**	**133**	**7,259**
	721 Ante-natal Admission	252	162	126	674	38	1,252
	722 Vaginal Delivery	916	590	464	1,770	87	3,827
	723 Caesarean Delivery	338	269	218	929	-	1,754
	724 Post-natal Admission	36	67	35	280	8	426
73 Qualified Neonate Total		**371**	**234**	**242**	**511**	**-**	**1,358**
	731 Qualified Neonate	371	234	242	511	-	1,358
74 Unqualified Neonate Total		**1,054**	**675**	**563**	**2,319**	**87**	**4,698**
	741 Unqualified Neonate	1,054	675	563	2,319	87	4,698
75 Perinatology Total		**-**	**-**	**-**	**314**	**-**	**314**
	751 Perinatology	-	-	-	314	-	314
81 Drug and Alcohol Total		**164**	**148**	**139**	**949**	**94**	**1,494**
	811 Drug and Alcohol	164	148	139	949	94	1,494
82 Psychiatry - Acute Total		**1,609**	**1,117**	**22**	**1,885**	**33**	**4,666**
	823 Mental Health Treatment, Sameday (excl ECT)	131	149	8	145	15	448
	829 Other Psychiatry	1,478	968	14	1,740	18	4,218
87 Maintenance Total		**6**	**3**	**10**	**12**	**1**	**32**
	871 Maintenance	6	3	10	12	1	32
99 Unallocated Total		**13**	**9**	**3**	**122**	**5**	**152**
	999 Unallocated	13	9	3	122	5	152
NSLHD		**21,611**	**13,164**	**19,986**	**76,818**	**10,771**	**142,350**

Appendix D: Glossary of Terms and Abbreviations

Clinical Networks

Abbreviation	Definition
MNWH	Maternal Neonatal and Women's Health (MN)
CYFH	Child Youth and Family Health (CF)
ACCM	Acute and Critical Care Medicine (AC)
CCM	Chronic and Complex Medicine (CC)
SA	Surgery and Anaesthesia (SA)
CTVH	Cardiothoracic and Vascular Health (CV)
MHPBST	Musculoskeletal Health, Plastics/Burns, Spinal and Trauma (MS)
Neuro	Neurosciences (NS)
CPC	Cancer and Palliative Care (CP)
RAC	Rehabilitation and Aged Care (RA)

Terms and Abbreviations

Abbreviation	Definition
ABF	Activity Based Funding
ACAT	Aged Care Assessment Team
ACE	Acute Care of the Elderly
ACI	Agency for Clinical Innovation
AHS	Aboriginal Health Service
AL	Allied Health
APAC	Acute Post-Acute Care
ARRT	Aged Care Rapid Response Team
ASET	Aged Services in Emergency Teams
BRACE	Beaches Rapid Access Care of the Elderly
CALD	Culturally and Linguistically Diverse (communities)
CDCRS	Chronic Disease Community Rehabilitation Service
CEC	Clinical Excellence Commission
CHSP	Commonwealth Home Support Program
CKD	Chronic kidney disease
COPD	Chronic Obstructive Pulmonary Disease
CSP	Clinical Services Plan
CT	Computed Tomography
CYMHS	Child and Youth Mental Health Service
DPE	Department of Planning and Environment
DSA	Digital subtraction angiography
ECR	Endovascular clot retrieval
ED	Emergency Department (of a hospital)
EDSSU	Emergency Department short stay units
EEG	Electroencephalography
eMR	Electronic Medical Record
ENT	Ear nose and throat
EPS	Electrophysiology Study
ERCP	Endoscopic Retrograde Colangio-Pancreatography
ETP	Emergency Treatment Performance Target
+FOBT	Positive Faecal Occult Blood Test
FTE	Full Time Equivalent
GEM	Geriatric Evaluation and Management
GP	General Practitioner
GRACE	Geriatric Rapid Acute Care Evaluation
HCC	Health Contact Centre
HDU	High Dependency Unit
HETI	Health Education and Training Institute
HHK	Hornsby Healthy Kids
HITH	Hospital in the Home
HIV	Human Immunodeficiency Virus
HK	Hornsby Ku-ring-gai
IDAT	Involuntary Drug and Alcohol Treatment
INR	Interventional Neuroradiology
LBVC	Leading Better Value Care
LGA	Local Government Area
LHD	Local Health District
LNS	Lower North Shore
MACARF	Management of cardiac function
MAG	Ministerially Approved Grants
MAU	Medical Assessment Unit
MBS	Medicare Benefits Scheme
MDT	Multidisciplinary team

Abbreviation	Definition
MERIT	Magistrates Early Referral into Treatment
MH	Mental Health
MHDA	Mental Health and Drug and Alcohol
MIDS	Medical Imaging District Services
MMV	Manly/Mona Vale (Hospitals)
MoH	Ministry of Health
MOSAIQ	Medical Oncology Information System
MRI	Magnetic Resonance Imaging
NAFLD	Non-alcoholic fatty liver disease
NBH	Northern Beaches Hospital
NDIS	National Disability Insurance Scheme
NGO	Non-Government Organisations
NHMRC	National Health and Medical Research Council
NICU	Neonatal Intensive Care Unit
NSHNS	Northern Sydney Home Nursing Services
NSLHD	Northern Sydney Local Health District
NSW	New South Wales
ON ALOS	Overnight average length of stay
OOHC	Out of Home Care
OPG	Orthopantomography
ORP	Osteoporosis Re-fracture Prevention Service
OTP	Opioid Treatment Program
Pach	Primary and Community Health
PBS	Pharmaceutical Benefits Scheme
PCLI	Pathways to Community Living Initiative
PECC	Psychiatric Emergency Care Centre
PET	Positron Emission Tomography
PRMs	Patient reported measures
PROMs/ PREMs	Patient Reported Outcome Measures / Patient Reported Experience Measures
RACF	Residential aged care facilities
RAS	Regional Assessment Service
RBCO	Reporting Better Cancer Outcomes (program)
RHH	Ryde Hunters Hill
RNS	Royal North Shore (Hospital)

Abbreviation	Definition
SASH	Safe and Supported at Home (program)
SCI	Spinal Cord Injury
SERT	Surgical Education, Research and Training (institute at RNS Hospital)
SNPHN	Sydney North Primary Health Network
SPECT-CT	Single-photon emission computed tomography
TACP	Transitional Aged Care Program
TAFE	Technical and Further Education (institutions)
TAVI	Trans-catheter Aortic Valve Implantation
TB	Tuberculosis
TIA	Transient Ischaemic Attack
TMNN	Tiered Maternity and Neonatal Network
UCC	Urgent Care Centre
VAN	Violence, Abuse and Neglect (service)
VMO	Visiting Medical Officer

Appendix E: Index of Figures and Tables

Aboriginal Health Impact Statement

Title of the initiative:	NSLHD Clinical Services Plan - A three year outlook for clinical services in NSLHD hospitals to 2021/22
Organisation/Department/Centre:	NSLHD Health Services Planning Unit
Contact name and title:	Brenda Scully, Senior Health Services Planner and CSP Project Manager David Miles, Manager Health Services Planning Unit and Project Owner Deb Willcox, Chief Executive and Project Sponsor
Contact phone number:	02 9462 9969 (Brenda Scully)
Date completed:	29/05/2019

Summary

The revised Clinical Services Plan for Northern Sydney Local Health District (NSLHD) will set out the strategic issues and directions for clinical services across the LHD following the opening of the new Northern Beaches Hospital in October 2018. The plan is from 2019-2022 and beyond. In particular the plan will focus on:

- The role of each hospital and the delineation of individual health services
- The location and configuration of clinical services to make best use of available capacity, capabilities and resources
- Priorities for the organisation; distribution, development and investment of clinical services to improve the accessibility, quality, safety and appropriateness of care; and to improve and sustain performance and service efficiency.

The plan was informed by consultation with the Clinical Networks, hospitals, consumers and other services in the LHD, including the NSLHD Aboriginal Health Service. While the Aboriginal and Torres Strait Islander population of the LHD is relatively small (3,327 people at the 2016 census, or 0.4% of the total NSLHD population), health outcomes are poorer than for the population as a whole. Planning for the development of health services will need to focus on meeting the specific health needs of the Aboriginal and Torres Strait Islander population who live and/or access health services in NSLHD.

1. The health context for Aboriginal people

At the 2016 Census the resident population of Aboriginal and Torres Strait Islander people in NSLHD was estimated at 3,236, representing 0.4% of the total NSLHD population. An estimated 41% reside in the Northern Beaches area; 30% in the North Shore Ryde area; and 29% in Hornsby Ku-ring-gai area. Although the resident Aboriginal and Torres Strait Islander is small in comparison to other LHDs, there is a larger transient population who study and work in the area including at Macquarie University and the various boarding schools in the LHD.

The socioeconomic status of the local Aboriginal population on a number of measures tends to be poorer than the average of the NSLHD total population, but better than the total NSW Aboriginal population.

Compared to non-Aboriginal people in NSLHD, Aboriginal people are:

- More likely to smoke during pregnancy
- Less likely to be admitted to hospital but are more likely to be admitted for potentially preventable causes
- More likely to be hospitalised for diabetes-related causes
- More likely to be discharged against medical advice.

Many other health factors cannot be accurately compared within NSLHD due to small numbers. However, it is noted at a statewide level:

- Aboriginal and Torres Strait Islander people with diabetes have a fourteen times higher mortality rate compared to non-Aboriginal and Torres Strait Islander people
- Aboriginal and Torres Strait Islander people with kidney disease have an eight times higher mortality rate compared to non-Aboriginal and Torres Strait Islander people
- Aboriginal and Torres Strait Islander people with heart disease have a five times higher mortality rate compared to non-Aboriginal and Torres Strait Islander people. Coronary heart disease and stroke were the dominant forms of cardiovascular disease and death amongst Aboriginal and Torres Strait Islander people
- The rates of Chronic Obstructive Pulmonary Disease (COPD) are 3.9 times that in non-Aboriginal and Torres Strait Islander communities

Some Aboriginal and Torres Strait Islander residents living in the area are from the Stolen Generation and are likely to experience unresolved loss, trauma and grief, with an ongoing effect on their own children and families.

2. The potential impact of the policy, program or strategy on Aboriginal people including approaches to mitigate any potential undesired effects

The NSLHD Clinical Services Plan 2019-2022 identifies the priorities and strategic directions of the Clinical Networks, services (including the NSLHD Aboriginal Health Service) and hospitals in the LHD. All these will have a positive impact on the health journey of the population who live and access services in NSLHD public hospitals and community health services, including Aboriginal and Torres Strait Islander people.

The plan includes a chapter on the Aboriginal Health Service, reference to Aboriginal and Torres Strait Islander residents in the demography chapter, and several specific recommendations in the areas of child and family health and primary and community care to Indigenous residents, including attention to breastfeeding, breast cancer screening and oral health.

In this context there are not considered to be any disadvantages in this project for Aboriginal and Torres Strait Islander people accessing health services in NSLHD.

Monitoring and evaluation of the initiatives in the plan will consider the impact on all people who access services in NSLHD, which includes recording Aboriginal and Torres Strait Islander status of patients, so that culturally appropriate services can be provided.

3. Engagement with Aboriginal people

The NSLHD Clinical Services Plan 2019-2022 was informed by consultations with the Clinical Networks, hospitals, consumers and other services in the LHD, including the NSLHD Aboriginal Health Service.

The Health Services Planning Unit maintains a close and regular relationship with the Director and staff of the Aboriginal Health Service. Many of the Clinical Networks have Aboriginal Health representation embedded in their committee and working group structures.

Approved by:	Adjunct Associate Professor Peter Shine
Date:	30th May 2019
Title/position:	Director, Aboriginal Health Service
Organisation/Department/Centre:	Northern Sydney Local Health District
Contact phone number:	02 9462 9017
Signature:	

By signing this document you agree that the initiative satisfactorily meets the three key components of the Aboriginal Health Impact Statement.

Note: Must be approved by the relevant Executive Director or Director of the local health district, pillar organisation or Centre within the NSW Ministry of Health

Appendix G: Bibliography

Internet hyperlinks to reference texts have been embedded into the electronic version of this CSP to facilitate reader access to source information. This bibliography has been created so that readers accessing a printed version can readily find the reference texts. Details of policies and strategic documents are listed below under the relevant CSP chapter.

- **Details of selected services identified in the CSP can be accessed through the A-Z Service Directory at:** *http://www.nslhd.health.nsw.gov.au/Services/Directory/Pages/default.aspx*
- **Details of hospitals, community health centres and other facilities identified in the CSP can be accessed through the Hospital Directory at:** *http://www.nslhd.health.nsw.gov.au/hospitals*

Executive Summary

- **NSW Government, Health Services Act 1997 No 154, Current version for 1 February 2019 to date:** *https://www.legislation.nsw.gov.au/#/view/act/1997/154*
- **NSW Health, Corporate Governance and Accountability Compendium:** *https://www.health.nsw.gov.au/policies/manuals/Publications/corporate-governance-compendium.pdf*
- **NSW Government, Premier's Priorities 2019/20:** *https://www.nsw.gov.au/your-government/the-premier/media-releases-from-the-premier/ambitious-targets-at-the-heart-of-new-premiers-priorities/*
- **NSW Health, NSW State Health Plan Towards 2021: Making it Happen:** *https://www.health.nsw.gov.au/statehealthplan/Publications/NSW-state-health-plan-towards-2021.pdf*
- **NSW Health, Strategic Priorities 2019/20:** *http://internal.health.nsw.gov.au/communications/pdf/strategic-priorities-19-20.pdf*
- **NSW Health, Leading Better Value Care:** *https://www.health.nsw.gov.au/Value/Pages/leading-better-value-care.aspx*
- **NSLHD, Strategic Plan 2017-2022:** *http://www.nslhd.health.nsw.gov.au/AboutUs/StrategicPlan/Documents/170711-FINAL-NSLHD_Strategic_Plan_A4_0407_LR.pdf*
- **NSLHD, Clinical Services Plan 2015-2022:** *http://www.nslhd.health.nsw.gov.au/AboutUs/publications/Documents/ClinicalServicesPlan2015_2022.pdf*
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Health
Northern Sydney
Local Health District

/RYDEHOSPITAL
/HORNSBYHOSPITAL
/ROYALNORTHSHORE
/MONAVALEHOSPITALNSW

@NTHSYDHEALTH

Northern Sydney
Local Health District

Safety and Quality Account

2022-2023 Report

2023-2024 Future Priorities

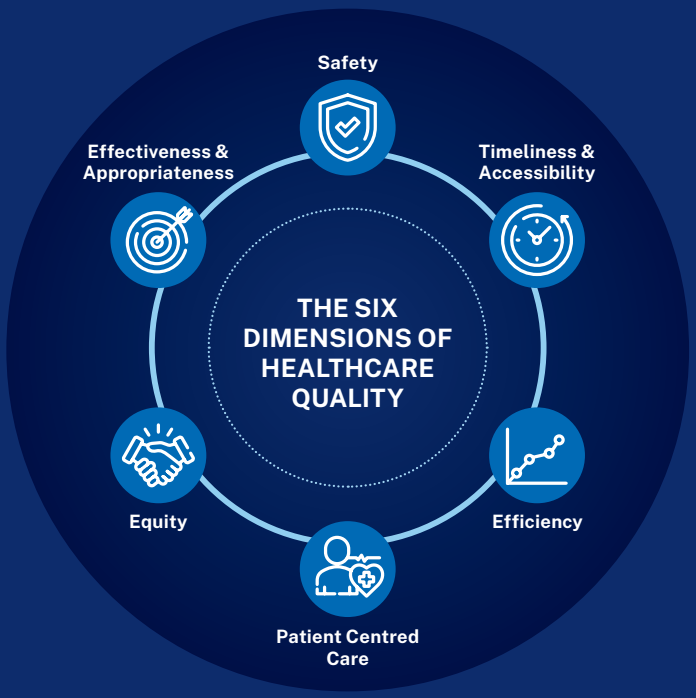
Acknowledgement of Country

Northern Sydney Local Health District acknowledges the traditional custodians of the lands on which our health services are located, the Guringai and Dharug peoples, and we honour and pay our respects to their ancestors.

We acknowledge and pay our respects to all Aboriginal and Torres Strait Islander peoples and to Elders past and present.

We acknowledge that past, current and future Aboriginal and Torres Strait Islander peoples are the continuing custodians of this country upon which we live, work and meet and that it is from their blood, courage, pride and dignity that we are able to continue to live, work and meet on this ancient and sacred country.

This account provides examples of NSLHD achievements and activities that have been introduced in the financial year 2022 – 2023, aligned to the six dimensions of healthcare quality, the National Safety and Quality Health Service Standards (NSQHS) and the NSLHD Strategic Plan 2022 – 2027.



NATIONAL SAFETY AND QUALITY HEALTH SERVICE STANDARDS

NSQHS STANDARDS

NSLHD STRATEGIC PLAN 2022-2027

- Patients and carers are our partners in their healthcare
- Safe, high quality connected care
- Keeping people healthy and well
- Our staff are engaged and well supported
- Research, innovation and digital advances inform and improve the delivery of patient care
- Our services are sustainable, efficient and committed to planetary health

The Sea urchin design by Ms Tanya Taylor, a Worimi artist (mid-north coast of New South Wales) has been used in this Account to highlight Aboriginal and Torres Strait Islander Health related initiatives.

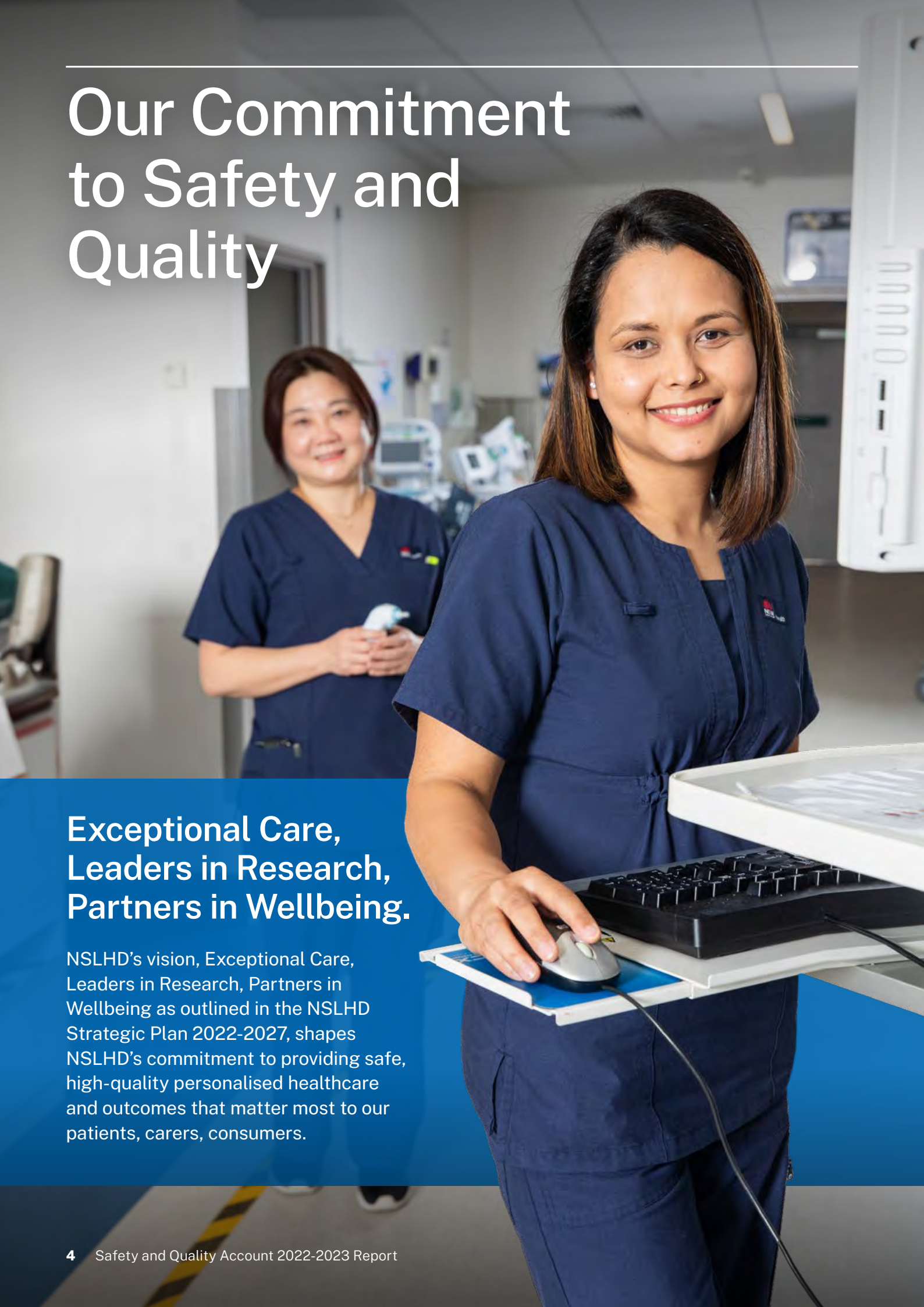
Contents

OUR VALUABLE CONTRIBUTORS

Thank you to all the consumers and staff who have contributed to this Account. Reflection takes time, effort and dedication, and we are grateful for all those who have shared their experience and insights in the creation of this year's Safety and Quality Account. This resource has been co-designed and approved by consumers and carers.

CONSUMERS AND CARERS APPROVED

Our Commitment to Safety and Quality



Exceptional Care, Leaders in Research, Partners in Wellbeing.

NSLHD's vision, Exceptional Care, Leaders in Research, Partners in Wellbeing as outlined in the NSLHD Strategic Plan 2022-2027, shapes NSLHD's commitment to providing safe, high-quality personalised healthcare and outcomes that matter most to our patients, carers, consumers.

Message from the Board Chair and Chief Executive

Trevor Danos AM
NSLHD Board Chair

Adjunct Professor Anthony Schembri AM
NSLHD Chief Executive

The delivery of safe, high-quality healthcare for our community remains our top priority. Every day, our people in NSLHD aim to deliver the very best, safe, effective, and person-centred care. Alongside our service delivery partners, NSLHD will continue to improve the way we deliver this care.

The 2023 NSLHD Safety and Quality Account allows our district to reflect and showcase our achievements and performance against safety and quality targets over the 2022-2023 financial year and highlight our future plans for the next financial year.

In this Account, you will read about several Safety and Quality initiatives introduced at NSLHD in recent years that have led to improved outcomes for patients, staff, and our community.

More broadly, we would also like to share some key strategic initiatives introduced that impact on the delivery of safe and high-quality care and to ensure our healthcare service is well-prepared to respond to and meet the complex healthcare needs of the NSLHD community.

Our current and future safety and quality improvement activities align with the priorities set out in the NSLHD Strategic Plan and are underpinned by the National Safety and Quality Healthcare Standards.

Planetary Health remains a key priority for our district and we are incredibly proud to be leading the way on the journey to Net Zero by 2035.

We will continue to build on our learnings and achievements by encouraging innovation, supporting the wellbeing and development of our staff, and designing models of care with our community that will improve patient and carer experiences.

We will continue to develop a culture that engages and empowers our people, prioritises diversity, equity, inclusion and belonging, and ensure all staff members can be themselves wherever they work within NSLHD.

We are proud of our many achievements and acknowledge and offer our appreciation for the contribution and compassion shown by our staff, volunteers and community advisors as they continue to work collaboratively to enrich the lives of our patients, consumers, residents and communities.

Supported by the NSLHD Board's Attestation Statement (see Appendix) and endorsed by the NSLHD Board, this Account describes our district's collective commitment to continue to improve our services to ensure we are providing the best possible care to patients, consumers and their families and carers, who come into contact with our hospitals and services every day.

Key Highlights (2022-2023)

A few key achievements that have improved the quality of health service provision are highlighted below. Further achievements aligned with our strategic outcomes over the 2022-2023 financial year can be found on page 55.

The launch of the NSLHD 2022-2027 Strategic Plan

Describes the district's key priorities and future goals to deliver personalised healthcare and outcomes that matter most to our patients, carers, and consumers. More on page 13.

New health services providing specialised care

The Adolescent and Young Adult Hospice (AYAH) in Manly is the first Australian facility to provide dedicated specialised care and respite to adolescents and young adults with life-limiting illnesses in a hospice environment. AYAH welcomed its first patient in early 2023. More on page 41.

The Concussion Clinic at Royal North Shore Hospital is a specialised multidisciplinary service helping patients with post-concussion symptoms return safely to school, study, work and sport. More on page 46.

A strong workplace safety culture

Initiatives that look to create psychologically safe spaces, enable critical reflection and enhance teamwork and communication have led to improved staff well-being and greater collaboration, creativity and innovation, translating to better quality care for our patients and consumers. Overall, **73 per cent of staff rate patient safety as 'very good' or 'excellent'** and **89 per cent would recommend friends or relatives to be treated by our health service**. For the NSLHD staff, all factors of safety culture have improved since 2021.

Enhanced service models to manage patients safely in the community

NSLHD's Virtual Care Service has extended its scope to care for an extended range of acute conditions to reduce potentially preventable hospital presentations and provide Out of Hospital care to patients at home or close to home. It will continue to prioritise Emergency Department Alternatives and Hospital Substitution models of care. More on page 49.

The number of services that have re-engineered how they deliver tailored patient care through telehealth continues to increase. Examples include the RNSH's Close to Home Diabetes Program and Spinal Plastics Service, which offer integrated joint virtual case conferences, connecting acute and community services with patients. More on pages 21 and 43.

Capitalising on redevelopment opportunities to improve the patient experience

A vast consultation drive with the local community has informed the design of the future Ryde hospital.

Engagement with future consumers of the Adolescent and Young Adult Hospice (AYAH) at Manly provided an opportunity to inform AYAH's unique care and service delivery model.

Hornsby Ku-ring-gai hospital has installed extensive works to create a culturally welcoming environments to ensure positive experiences of care.

Reducing carbon footprint and the net zero pathway

The calculation of NSLHD's baseline carbon footprint and identification of emissions hotspots has highlighted emission reduction opportunities and model a pathway to net zero emissions by 2035. Clinicians working across NSLHD have put up their hands to focus on sustainability initiatives as part of an Australian first net zero program.

The Anaesthetic Greenhouse Gases initiative show sustained gains with $344,087 direct annual cost saving and $105,048 additional global social cost saving over the last financial year, from the judicious use of Anaesthesia. More on page 51.

About NSLHD

Northern Sydney Local Health District is one of the leading health services in Australia providing high-quality healthcare to a population of nearly a million people.

The district covers a region of approximately 900 square kilometres between Sydney Harbour and the Hawkesbury River.

Clinical services in NSLHD are organised across four acute hospitals Royal North Shore Hospital, Hornsby Ku-ring-gai Hospital, Ryde Hospital and Northern Beaches Hospital, one sub-acute hospital at Mona Vale and an Adolescent and Young Adult Hospice at Manly. There are two clinical directorates in NSLHD; Mental Health Drug and Alcohol, which includes Macquarie Hospital; and Primary and Community Health.

For more information about the types of services provided across our hospitals and services, visit https://www.nslhd.health.nsw.gov.au/Services

Additional services in NSLHD are provided through arrangements with Affiliated Health Organisations including HammondCare (sub-acute palliative care, ambulatory and home-based rehabilitation and older persons mental health services) and Royal Rehab (specialist brain and spinal injury rehabilitation).

Within our hospitals and services, clinical networks play an important role in establishing and overseeing standards of care, providing leadership with respect to research and innovation, and providing advice on service development, resource allocation, workforce requirements, and configuration of services. Our clinical networks include:

- Maternal, Neonatal and Women's Health
- Children and Young People
- Acute and Critical Care Medicine
- Chronic and Complex Medicine
- Surgery and Anaesthesia (including Cardiothoracic and Vascular Health)
- Musculoskeletal Health, Integumentary and Trauma
- Neurosciences
- Cancer
- Supportive and Palliative Care
- Rehabilitation and Aged Care.

Our District

Hornsby Ku-ring-gai Hospital
Guringai/Darug land

Mona Vale Hospital
Garigal land

Neringah Hospital
Guringai land

Northern Beaches Hospital
Cammeraygal land

Macquarie Hospital
Wallumedegal land

Royal North Shore Hospital
Cammeraygal land

Adolescent and Young Adult Hospice
Gayamaygal land

Ryde Hospital
Wallumedegal land

Royal Rehab
Wallumedegal land

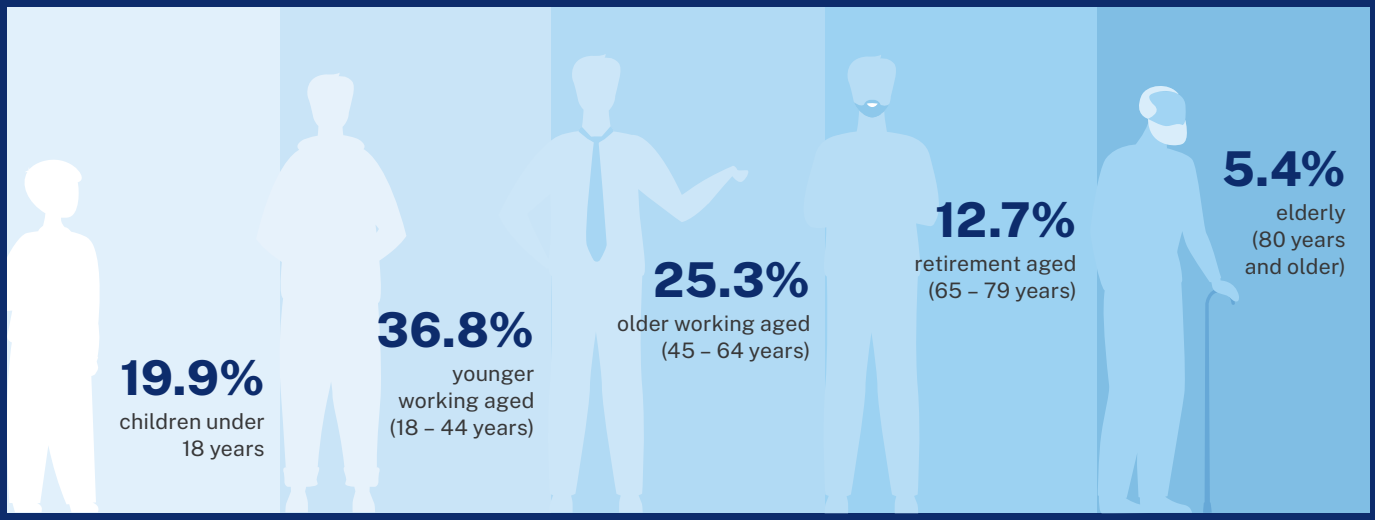
Greenwich Hospital
Cammeraygal land

- Northern Sydney Local Health District
- NSLHD Hospitals and Hospice
- Affiliated Health Organisations
- Public-private Partnership

Our Community

In 2023,
there were an estimated
958,777 residents
in NSLHD (**11.7%** of the NSW population).

By 2033, the population of NSLHD
is expected to reach
1,029,552 residents
(passing **1 million** residents in 2029).



NSLHD is a diverse population

4,412
Aboriginal and Torres Strait Islander people live in NSLHD, representing **0.5%** of the population

35%
of residents speak a language other than English of which **14%** report having limited or no proficiency in English.

Top 5 languages other than English spoken by NSLHD residents are:
Mandarin, Cantonese, Korean, Hindi and Spanish.

Our Workforce

As of December 2022, the district has a diverse, skilled and dedicated workforce of more than

14,250 staff

(total headcount of all workers) committed to providing high-quality safe patient care to the community:

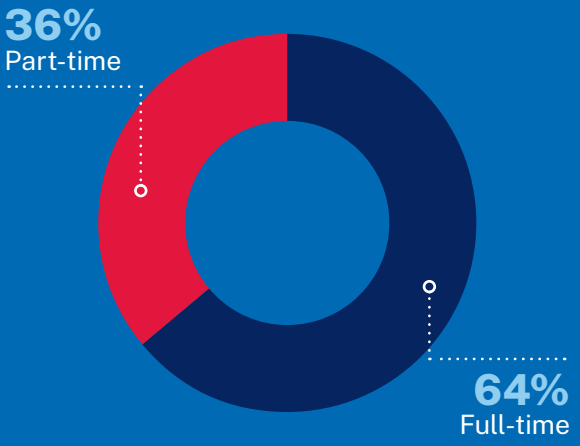
5,513
Nursing & Midwifery workforce

2,340
Medical workforce

1,562
Allied Health workforce

4,835
Other workforce

Employee status



67%
Permanent staff

17%
Casual workers

16%
Temporary/contract workers

The 2022 People Matter Employee Survey (PMES) results indicate:

28%
speak a language other than English at home

20%
of staff are 55 years or older

6%
of staff identify as lesbian, gay, bisexual, transgender, gender diverse, intersex or (increase from **5%** in 2021)

1%
of staff identify as Aboriginal and/or Torres Strait Islander

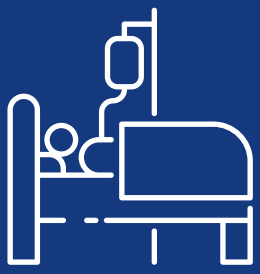
6%
of staff identify as having a disability (increase from **3%** in 2021)

Our Care (FY 2022-2023)

Emergency department activity

229,322
Emergency Department presentations across **4 acute hospitals**

Admitted hospital activity



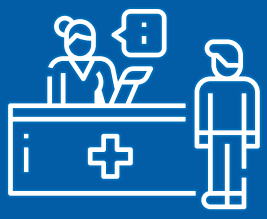
53,439
Acute adult medical admissions

25,362
Surgical admissions (adult and paediatric)

4,313
Acute mental health admissions (adult and paediatric)

4,254
Babies delivered

Non-admitted and community health activity



690,648
Outpatient occasions of service

336,827
Mental health community contacts

347,175
Medical outpatient consultations

139,800
Home nursing visits

Planning for Safety and Quality

Clinical and corporate governance practices are embedded into our culture.

NSLHD operates within the broader National and State health policy frameworks and aligns with national and state priorities.

In setting priorities for safety and quality, NSLHD considers both our communities' local needs, risks and trends as well as priorities that arise from key partners such as the Australian Commission on Safety and Quality in Healthcare (ACSQHC), the Clinical Excellence Commission (CEC), the Agency for Clinical Innovation (ACI) and the NSW Ministry of Health (MoH).

The *NSLHD Strategic Plan 2022-2027* was launched in the second half of 2022, providing a framework for how the district delivers care over the next five years.

Over 800 staff, patients, carers, consumers, members of the local community, clinical leaders, and key partners helped shape the development of the strategic plan, which defines the key priorities and future goals of the district. Aligning closely with the *NSW Health Future Health: Strategic Framework 2022- 2032*, the key priority for NSLHD is to deliver personalised healthcare and outcomes that matter most to our patients, carers, and consumers.

NSLHD Strategy Map

VISION

Exceptional Care, Leaders in Research, Partners in Wellbeing

PURPOSE

Transforming healthcare through innovation, research and partnerships, for our patients, community and staff

- **Patients and carers are our partners in their healthcare**
- **Safe, high quality connected care**
- **Keeping people healthy and well**
- **Our staff are engaged and well supported**
- **Research, innovation and digital advances inform and improve the delivery of patient care**
- **Our services are sustainable, efficient and committed to planetary health**

The *NSLHD Strategic Plan 2022-2027* is supported by a number of frameworks and operational plans to guide priorities and actions to deliver on NSLHD's strategic objectives. The key planning documents that influence and improve the delivery of safe, high quality and person-centred care include:

- The *NSLHD Corporate Governance Framework 2023* outlines the key frameworks and activities to ensure the appropriate governance, accountability and risk management in all NSLHD operations.
- Clinical governance is acknowledged as an integrated component of corporate governance. The *NSLHD Clinical Governance Framework 2022 – 2025* provides a structure to guide NSLHD's priorities and actions to assure and improve safety and quality. The hospitals and services develop and work to meet local safety and quality plans that incorporate the NSLHD Clinical Governance Framework principles and are aligned with the *NSLHD Strategic Plan 2022-2027.*

A comprehensive Clinical Governance committee structure is in place at the District-level to support patient safety and clinical quality. The hospitals and services ensure that local safety and quality committees are linked to, and report to, the District's peak safety and quality committees. (See Table 1)

- The *NSLHD Partnering with Consumers Framework 2021-2026* is a reaffirmation of our commitment to consumer engagement, further embedding a culture of inclusive, integrated and valued consumer partnerships. The Framework outlines key priorities for action, co-designed with consumer advisors and guides the future of consumer engagement and the patient, carer and staff experience in NSLHD. The Framework aligns closely with the *NSW Health Elevating the Human Experience – Guide to Action* which provides a roadmap for Local Health Districts to coordinate a strategic approach for the patient experience.
- A revised *NSLHD Clinical Services Plan* is in development, with an estimated date of release at the end of 2023. The NSLHD Clinical Services Plan details the priorities, strategic directions and recommendations for clinical services across NSLHD, individual hospitals and directorates, and clinical networks.
- The *NSLHD Digital Strategy 2021-2026* is a roadmap to achieve NSLHD's vision to deliver affordable and accessible patient-centred care, improve the overall health of our communities, engage and develop our workforce and ensure our organisation is agile and insights-driven fueled by real-time access to data, by effectively leveraging technology.
- The *NSLHD People Plan 2022-2027* outlines how the district will deliver on our Strategic Outcome: Our Staff are Engaged and Well Supported.
- The *NSLHD Virtual Care Strategic Framework (in development)* establishes a vision and guiding principles for developing virtual care initiatives in NSLHD. In March 2022, various stakeholders were consulted to consider the most appropriate virtual care operating model. This model will help to better coordinate, enhance and support virtual care initiatives across NSLHD. In line with the District's Strategic Priorities, the Virtual Care Service has identified its priorities as Emergency Department Alternatives and Hospital Substitution models of care.
- NSLHD has a strong research culture and continues to implement the actions outlined in the *NSLHD Research Strategy.* A draft of the refreshed NSLHD Research Strategy is in development. It will build on initiatives to strengthen our existing research portfolio and ensure the translation of research outcomes into clinical care, policy and decision-making. Embedding clinical trials into health service provision is a focus for NSLHD, with the commencement of the National Clinical Trials Governance Framework (see page 17).

Strategic Plans and Frameworks

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Table 1. Key committees supporting safety and quality

Committee	Levels	Functions
Consumer Committees	Board Hospital Service	The Board Consumer Committee ensures there's a diverse consumer and community input to organisational decision-making, strategy and service design and delivery. It links to similar committees at each hospital and service. Consumer representatives also participate on various other committees at the district, facility and service levels.
Aboriginal Health Advisory Committee	District Level	For Aboriginal and Torres Strait Islander people: • Advocate for their health and wellbeing • Develop and oversee the strategy to meet their comprehensive care needs • Support the co-design of person-centred models of delivery of care
Healthcare Quality Committees	Board Hospital Service	The Health Care Quality Committee (HCQC) identifies opportunities to continually improve the quality of services and all aspects of care. This is achieved through defining, overseeing, measuring, monitoring, improving and reporting on structure, processes and assurance for effective, consistent and best practice patient safety and clinical quality and, where relevant, having regard to National Safety and Quality Healthcare Services Standards. The HCQC links to similar safety and quality committees.
Clinical Councils	District Hospital Service	Clinical Councils, established under the NSLHD By-Laws, facilitate collaboration with clinicians ensuring effective patient care and quality issues and clinical priorities are addressed.
Audit and Risk Committee	Board District Hospital Service	The Board Audit and Risk Committee (BARC) oversees and monitors the governance, risk and control framework, including external accountability requirements. The Finance Risk and Performance (FRAP) Committee monitors and advises on financial performance, asset management, major contracts, risk and procurement. Monitoring and oversight of risk occurs at all levels by the Executive Risk Committee and hospital and service Risk Committees.
Accreditation and specific standards committees	District Hospital Service	The National Safety and Quality Standards Committee and other specific committees including: Drug and Therapeutics (Medication Management), Infection Prevention and Control (Preventing and Controlling Infections) and Patient Blood Management (Blood Management) provide oversight for accreditation to the National Standards.
Research Committee	Board District	The Research Innovation and Technology (RIT) Committee was established in 2023 and oversees the governance of research, innovation and technology and ensures that it complements clinical care. The RIT Committee will engage and coordinate with the NSLHD Chair of Research and with NSLHD's university and other research partners to drive the delivery of the NSLHD Research Strategy.

Accreditation to the National Safety and Quality Health Service Standards

2nd edition (2021)

In August 2022 and June 2023, Primary and Community Health, Mona Vale Hospital and its new Adolescent and Young Adult Hospice (AYAH) service were respectively assessed against the *National Standards 2nd edition (2021)*[1]. The Australian Council of Healthcare Standards (ACHS) Assessors provided very positive feedback for these services:

> PACH provides safe high calibre community-based services led by a committed and well-informed Board, District Executive and PACH Executive Managers. The Assessors noted very solid governance systems, inclusive of the organisational and committee structures as well as the well-established clinical leadership structure. The inclusive, kind, and respectful culture consistently evident throughout the week-long survey, was impressive.

> Mona Vale Hospital and AYAH have well-engaged teams providing quality care to consumers. A culture of quality improvement is embedded in the organisation through ongoing projects.

In addition, Mona Vale was assessed against the new National Clinical Trials Governance Standards with a positive outcome.

NSLHD continues to be proud to hear the high quality of care provided to our patients recognised by the Assessors.

From July 2023, NSLHD will transition from its announced assessments to mandatory short notice assessments as per the requirements of the Australian Commission on Safety and Quality in Health Care (ACSQHC) for all Australian Health Service Organisations.

The introduction of Short Notice Assessments will mean that NSLHD's services will receive one full business day notification of an onsite Assessment. The intention of the short notice assessment program is to ensure the assessment outcome reflects day-to-day practice, identifies gaps and supports health services to continue to improve safety and quality systems and processes[2]. All NSLHD Facilities and Services are preparing for a smooth transition to Short Notice Assessments.

National Clinical Trials Governance Framework

The Australian Commission on Safety and Quality in Health Care launched the *National Clinical Trials Governance Framework* in May 2023. The Framework is based on the existing NSQHS Standards, in particular, Standard 1: Clinical Governance and Standard 2: Partnering with Consumers It lists the actions and suggested strategies for health services to ensure that clinical trials are conducted in a safe environment and in a high-quality manner for improved health outcomes for patients and the community.

NSLHD established a Clinical Trials Governance Framework Working Group to support hospitals and services meet accreditation to the standards as set out in the Framework. The group has completed identification of gaps, developed and supported the implementation of action plans for our hospitals and services meet accreditation.

1 Australian Commission on Safety and Quality in Health Care (ACSQHC). (2021) *National Standards 2nd edition* Available from https://www.safetyandquality.gov.au/standards/nsqhs-standards

2 Australian Commission on Safety and Quality in Health Care (ACSQHC). (2022) *Fact Sheet 17: Short notice accreditation assessment*. Available from https://www.safetyandquality.gov.au/publications-and-resources/resource-library/fact-sheet-17-short-notice-accreditation-assessment

Improving the Patient and Carer Experience

When we improve the voice and equity of all consumers, we drive innovation and the integration of services to deliver the very best patient and carer experience.

Patient Feedback, Experience and Outcomes

Seeking and monitoring feedback on the patient experience and care outcomes is essential for identifying performance issues, incidents, and risks and monitoring the standard of care. It also assists in determining whether the care meets the needs and preferences of the patient, consumer, families, and carers. To continuously improve patient experience and outcomes, NSLHD collects patient feedback, experience and outcomes from a range of different sources, including compliments and complaints, patient stories, patient and consumer surveys (e.g., Real-time Patient Experience Survey) and Patient Reported Measures.

Patient Reported Measures

NSLHD recognises that capturing direct, timely patient feedback on their experiences and outcomes of healthcare is critical. Patient-reported measures (PRMs)[3] capture information via surveys, which ask patients about their healthcare experiences and the outcomes of their care.

The state-wide Patient Reported Measures (PRMs) Program continues to expand across the District. It aims to develop a sustainable model of collecting patient reported outcome measure (PROM), and patient reported experience measure (PREM) data for care planning, shared decision-making with patients, and quality improvement.

As of June 2023, 1511 patients have consented to participate in the PRMs Program. These patients completed 4372 PROM surveys and 656 PREM surveys. Seven additional locations went live with the PRMs Program over the past year, including:

- Chronic Wound Clinics at Hornsby Hospital, Mona Vale Hospital & Brookvale Community Health Centre
- Planned Care for Better Health (Chronic and Complex Care Coordination)
- Ryde Hospital, Ward 3
- Ryde Hospital, Graythwaite Wards 4 and 5

The first inpatient service to go live with the PRMs Program was at Ryde Hospital earlier this year. The PRMs team will contine to work with services to embed the program across the district.

In February 2023, NSLHD and CCLHD were the first Districts in NSW to integrate the Health Outcomes Patient Experience (HOPE) Platform into the electronic medical record (eMR). HOPE is the purpose-built IT solution used to manage the program's online surveys and databases that capture the information provided by patients and consumers. This integration commences 'Phase 2' of the program and is anticipated to improve clinician access to PROM survey results.

3 Visit https://aci.health.nsw.gov.au/statewide-programs/prms/about to find out more about Patient-reported measures.

576 surveys

Outpatient PREM results for NSLHD to date indicate:

90% ★★★★★
of patients rated the care they received as **very good**

97% ★★★★★
of patients reported they were **always** treated with respect and dignity

94% ★★★★★
of patients reported that health professionals **always** explained things in a way they could understand

88% ★★★★★
of patients reported that their views and concerns were **always** listened to

81% ★★★★★
of patients reported that they were **always** involved as much as they wanted in making decisions about their treatment and care

74 surveys

Paediatric PREM results for NSLHD to date indicate:

88% ★★★★★
of carers rated the care their child received as **very good**

95% ★★★★★
of carers reported that they and their child were **always** treated with respect and dignity

88% ★★★★★
of carers reported that health professionals **always** explained things in a way they could understand

80% ★★★★★
of carers reported that health professionals **always** listened carefully to their views and concerns

92% ★★★★★
of carers reported they **definitely** had confidence and trust in the health professionals treating their child

Spinal Plastics Service, Royal North Shore Hospital

The Spinal Plastic Service at RNSH manages the largest number of people with existing spinal cord injuries in NSW. The service has demonstrated a significant reduction in repeat referrals from patients in the community from extreme pressure injuries (mostly requiring surgical intervention), meaning hospitalisation is avoided.

In addition to teleconsultation and the introduction of cloud-based wound tissue photography analytics, the service has re-engineered the way they deliver tailored patient care with weekly multidisciplinary clinics and integrated care conferences connecting acute and community services.

Patient-reported outcome measures are discussed with patients to cater for their needs and wants. Health coaching is empowering patients to take control of their health condition.

In 2021

70% of patients

avoided hospitalisation and were successfully managed in the community, with an estimated cost savings of **$1,380,000 annually**.

PATIENT CENTRED CARE QUALITY DIMENSION

EFFICIENCY QUALITY DIMENSION

Real-time Patient Experience Survey (RTPES)

Following a successful pilot of the Real-Time Patient Experience Survey (RTPES) tool in late 2021, the RTPES was expanded to all NSLHD adult overnight inpatient units from 1 March 2022 (except MHDA, maternity and some vulnerable groups, e.g., victims of domestic violence). The RTPES has been translated into the ten most common languages (other than English) and is sent to patient's mobile phones one-day post-discharge via short message service (SMS).

A two-minute animation video has been developed to demonstrate how the Real Time Patient Experience Survey works and how managers can use the results. The video shows how feedback can be used to respond to patient concerns, communicate results with teams to recognise performance and initiate quality improvement activities when opportunities are identified.

For further information on the Real Time Patient Experience Application, please visit https://vimeo.com/848180296.

Northern Sydney LHD | From 01/07/2022 to 30/06/2023

This graph shows the Net Promoter Score at NSLHD over the 22-23 financial year. The higher the score, the more patients would recommend the hospital or service to friends and family. Scores ≥ 8 are considered 'excellent'.

Themes identified from feedback include communication breakdown between departments and patients reporting difficulties in understanding their care plan and discharge instructions

Mona Vale Hospital introduced strategies to increase the response rate for completion of RTPES. At Ryde Hospital, patient feedback received via RTPES is routinely shared via the Hospital Newsletter, and results are reported in the monthly Safety and Quality Performance Reports.

In 2023, Ryde Hospital developed and implemented a process to facilitate the easy recording of follow-up with patients and any actions arising. This also allows for the theming of responses to facilitate enhanced reporting and identification of improvement opportunities to enhance the patient's experience of care in the hospital.

Local Surveys - Examples

- Primary and Community Health Service saw a **41% increase** in participation from the 2022 Consumer and Carer Survey, including a **69% increase** from Aboriginal and Torres Strait Islander people. Overall, PACH services demonstrated a high level of satisfaction, with **98%** of respondents rating the quality of care and services as good or very good, and **99%** of respondents reporting they would recommend the service, felt cared for and were involved in decisions about their treatment.
- Areas for improvement received from feedback included improving the visibility, provision and discussion of the Australian Charter of Healthcare Rights and improving processes to routinely ask consumers if they identify as being of Aboriginal and/or Torres Strait Islander origin.
- The Your Experience of Service (YES) Survey and Career Experience Survey (CES) are national surveys for consumers and their carers for mental health services. Outcome from these surveys is reviewed for opportunities for improvement through existing working groups which includes consumer peer workers. Increasing participation of consumers and carers in completing these surveys is a priority. A quality improvement project is currently underway to accurately identify carers for the CES along with implementing a new strategy to improve participation through use of text messages.

  As part of the state-wide initiative, the YES Survey for Drug and Alcohol consumers are currently being piloted at NSLHD Drug and Alcohol services.

The Power of Stories – Patient, Carer and Staff story collection training video and facilitated practical session

An online video, along with a 90 min facilitated discussion and practical session, has been introduced to enable nursing staff to collect stories from patients, family members, carers and staff in a person-centred way. The session outlines the skills needed and the tools that can be used to ensure psychological safety when sharing experiences.

So far,

82 Nursing and Midwifery staff,

of which **73%** were Nursing and Midwifery Unit Managers (NUM/MUMs) from HKH, Ryde, Mona Vale, PaCH, Staff Health and MHDA, have benefitted from these sessions.

Feedback collected on completion suggests that 66% now have a better understanding of the power of stories in quality improvement and intend to seek greater involvement with patients, families, carers and staff when embarking on quality improvement activities.

To ensure sustainability and increased uptake, the training video has been promoted and made available on *My Health Learning*, NSW Health's eLearning system for staff. A *Patient/Consumer Story Collection – NSLHD Guideline* has also been developed to guide staff on best practices when collecting stories from patients, family members and carers.

The video and practical session will be incorporated into future NSLHD Nursing and Midwifery Leadership Programs implemented as well as being embedded in the new Inspiring Change Active Learning Labs (ICALS) to be introduced in 2024 to build skills and capability in driving practice and culture change across NSLHD (see page 37).

Consumer Partnership

NSLHD has a proud history of partnering with consumers who include patients and carers. Our patients and their carers have a fundamental right to participate in the delivery of the healthcare they receive. When we empower, engage and co-design with consumers, we recognise the value lived experience contributes to moving towards a shared vision of delivering person-centred care.

As a District, we promote partnering with consumers and the community to:

- Improve our patients' and staff experiences and outcomes;
- Improve collaborative decision making about treatment and care;
- Enhance our health service development; and
- Improve the quality of our services

Consumer Forum

The inaugural NSLHD Consumer Forum was held in September of 2022, an event postponed for almost three years due to the restrictions caused by the COVID-19 pandemic.

Consumer Advisors and MHDA Consumer Peer Workers in attendance provided positive feedback post-event. The event provided an opportunity for consumers across NSLHD to reflect on achievements over the last few years, participate in discussions and propose ideas for key priorities for consumer engagement in the future.

Consumers were provided with several presentations during the day on Virtual Health and Health Literacy, Patient Experience and Elevating the Human Experience, Consumer Perspectives, Engaging Consumers in Research Initiatives and Partnering with Consumers. Several facilitated group discussions were held with the Consumers that will help discover themes that can be developed into actions.

In May 2023, a follow-up workshop attended by the NSLHD Consumer Advisors and Consumer and Patient Experience (CAPE) team to further refine the priority list to identify strategies and actions moving forward for 2023-2024, directly align with the *Partnering with Consumers Framework 2021-2026,* officially launched in May 2023.

These include developing a Consumer Advisor Recruitment Strategy, producing a Consumer Engagement Video, and twice-yearly reporting of co-design activities with Consumer Advisors.

NSLHD will host an inaugural *Safety and Quality Consumer Forum* in October 2023 in partnership with NSLHD Consumer Advisors. The Forum is an opportunity for staff and consumers to hear from healthcare leaders regarding new directions and initiatives in patient safety, healthcare quality and partnering with consumers.

Consumer Engagement Resources

A consumer engagement video has been co-designed and developed with our NSLHD Consumer Advisors. The *NSLHD Partnering with Consumers* video[4] aims to meet the actions identified as a high priority following the 2022 Consumer forum, which is to increase consumer engagement, particularly increasing the diversity of NSLHD Consumer Advisors, and involving our consumers in practical ways to partner with consumers through training and education of NSLHD staff. The video is intended to be used by NSLHD hospitals and services to recruit consumers to NSLHD, which forms part of an NSLHD Consumer Advisor recruitment strategy in development. A training and education package to complement the video is also in development.

The *Consumer Advisor Toolkit*[5] for consumers and staff provides information on how to join and partner with NSLHD to strengthen how we evaluate, plan, monitor and deliver our health service. Originally published in 2021, an update of this important resource is in development, incorporating ideas and feedback from NSLHD's Consumer Advisors.

Additionally, the recently launched NSW Heath's *All of Us: A guide to engaging consumers, carers and communities across NSW Health*[6] is being promoted in NSLHD to support staff meet with ways of working to improve consumer engagement.

Consumer activity

There have been numerous other opportunities involving Consumer Advisors and Consumer Peer Workers in NSLHD activities. The activities have included taking part in education and training and being members of various working parties and committees.

From January - June 2023, we have had new Consumer Advisor and Consumer Peer Worker representation on the following committees and/or working parties.

- NSLHD Community and Supported Care Falls Prevention Committee
- NSLHD Consumer and Patient Experience Committee (CAPE)
- NSLHD Clinical Trials Governance Framework Working Group
- NSLHD Patient Safety Culture Survey Working Party
- NSLHD Voluntary Assisted Dying Steering Committee
- NSLHD Consumer Engagement Video Working Party
- NSLHD Comprehensive Care Plan: Goal Setting Working Party
- RNSH Pre-Admission Redesign Project Governance Committee
- MHDA Towards Co-design Working Group
- MHDA Language Working Group
- MHDA Comprehensive Care Planning and Review Working Group.

4 NSLHD Partnering with Consumers video.
Available to view from https://www.nslhd.health.nsw.gov.au/AboutUs/Pages/Community-Participation.aspx

5 NSLHD Consumer Advisor Toolkit 2021-2023.
Available to download from: https://www.nslhd.health.nsw.gov.au/AboutUs/Documents/NS12550-E.pdf

6 All of Us: A guide to engaging consumers, carers and communities across NSW Health.
Available from: https://www.health.nsw.gov.au/patients/experience/all-of-us/

Examples of service improvements benefiting from Consumer participation

PATIENT CENTRED CARE
QUALITY DIMENSION

Consumer Participation in Research

Multiple Consumer Advisors are actively involved as consumer representatives in the NSLHD Clinical Trials Governance Framework Working Group and NSLHD Research Advisory Committee. An interactive event celebrating International Clinical Trials Day was held in May 2023. The program showcased patients' and carers' experiences with involvement in clinical trials. To mark the occasion, clinical trial teams also coordinated a dynamic display at RNSH of clinical trials to increase community engagement.

Mental Health Drug and Alcohol Service enable researchers to co-design research approaches with people with lived experiences to positively improve the health and well-being of consumers and their experiences of health services.

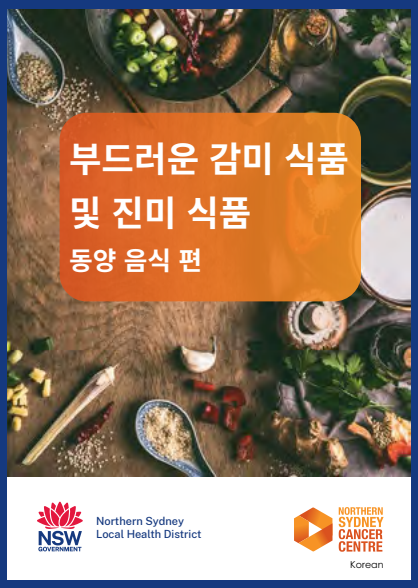
Notice this Board, Mona Vale Hospital

'Notice this board' is a consumer-designed and named board on display in each ward at Mona Vale Hospital. Consumer advisors assisted the team in determining appropriate information to be displayed that consumers and patients would value. The boards provide information about the wards' clinical team, Nurse unit manager, up-to-date consumer feedback and outcomes from recent audits. The boards were launched during Human Experience Week in May 2023.

During this week, a consumer photo wall was also launched to recognise Mona Vale Hospital's Consumer Advisors and the support they provide at Mona Vale and the rest of the district.

Nourishing our Cultural and Linguistically Diverse (CALD) community, Northern Sydney Cancer Centre

The project used a co-design collaborative end-to-end approach to develop culturally appropriate translated swallowing and diet information for non-English speaking cancer patients. We worked with CALD patients, community partners, multicultural health and staff. We began with a translated patient survey and then worked with all stakeholders to develop resources that suited their needs. Patients and consumers provided advice on the format, information content, proofreading and editing of final translations. One patient - a chef - was closely involved in developing the recipes for the cookbook. To access these resources in English, Korean, and Chinese (simplified and traditional), visit: https://www.nslhd.health.nsw.gov.au/Cancer/Pages/Patient-Carer-Information.aspx



EQUITY
QUALITY DIMENSION

Virtual Care: Maternity Service

Co-designed with consumers and in collaboration with District Maternity Service and Hospital in the Home, the NSLHD Virtual Care Service is now providing care to patients with hyperemesis gravidarum, a severe form of nausea and vomiting during pregnancy. This cohort of women can get severely dehydrated with their babies' health impacted and are often admitted to the hospital. Women in our community suffering from hyperemesis gravidarum can now receive specialised advice, support and treatment at home. Positive feedback has been received from the patients, and their carers regarding their experience of the care received, including positive feedback from clinicians who provide care in the service.

TIMELINESS & ACCESSIBILITY
QUALITY DIMENSION

Breast screening for mental health consumers

A consumer peer worker-led project in collaboration with Mental Health Drug and Alcohol and BreastScreen NSW aims to increase the breast screening rate among Mental Health consumers. The team have developed an education package based on a review of the research around barriers to support BreastScreen staff care for people with a mental health or trauma background.

In collaboration with the Aboriginal and Torres Strait Islander community, several artists representing First Nations people, LGBTQIA+ and Lived Experience communities were commissioned to design artworks printed onto shawls to maintain dignity and privacy for consumers undergoing breast screening.

EQUITY
QUALITY DIMENSION

Northern Beaches Hospital

Northern Beaches Hospital (NBH) is committed to improving patient safety outcomes and the patient experience. The NBH Consumer Advisory Committee has overseen the development of the NBH *Consumer Engagement Framework Strategic Plan*. Consumers are represented on many committees, including the Patient Care Review and Consumer Advisory committees.

Consumer Consultants have increased in number and diversity to ensure the perspective of the wider population is more accurately represented. Dedicated training for Consumer Consultants has recommenced. The consumer's voice is being increasingly represented with patient stories included in reporting and hospital committee agendas. Involvement of consumers in service delivery and co-design, service evaluation and implementation of models of care has also increased.

Community engagement

Ryde Hospital Redevelopment

Building on the early engagement with staff and the community at the outset of planning in 2021, the Ryde Hospital Redevelopment team continued the vast consultation drive with the local community to inform the design of the future Ryde Hospital. Consultations have included face-to-face and online discussions with local residents and consumers, hospital staff, key health stakeholders, community members, local community groups and a range of government agencies, including the City of Ryde Council and Transport NSW. The feedback received has informed key design considerations such as heritage, connection to country, the environment and green space to create a welcoming environment for patients, staff, and visitors. Central to the design are connections with existing onsite heritage buildings, including Denistone House and The Stables, the Blue Gum High Forest, and green spaces.

Draft models of care have been developed for clinical services which are new or expanding in the new hospital. Key stakeholders, including consumer representatives, are involved in co-designing the models of care, which informs the transition to new and innovative ways of delivering care.

For further information visit: https://rydehospitalredevelopment.health.nsw.gov.au/

PATIENT CENTRED CARE QUALITY DIMENSION

EFFICIENCY QUALITY DIMENSION

TIMELINESS & ACCESSIBILITY QUALITY DIMENSION

> The involvement of the community together with consumer representatives, staff and clinicians in the planning and design process has been integral to the hospital redevelopment. This consultation is vital in ensuring we create a facility that meets the needs of staff and patients into the future.
>
> **Fiona Thorn**
> Ryde Hospital Redevelopment Manager

Health Literacy

Increasing health literacy and access to health-related information to empower patients and carers to make informed decisions about their health and healthcare is a key objective for NSLHD to deliver on the strategic outcome of **"Patients and carers are our partners in their healthcare"**.

NSLHD services, teams, and staff are encouraged to use the *Consumer Tick* process to partner with consumers in developing, co-designing and reviewing patient information and publications, including the *Partnering with Consumers or Consumer Tick* graphic or statement. From January 2020 to May 2023, ninety-nine documents (e.g. pamphlets, brochures, posters, and booklets) have been reviewed through this process.

Staff are also encouraged to work with our Consumer and CALD Advisory Groups to ensure that education material and health-related information is readily available, up to date, easy to understand, and written in accessible languages and formats.

Health Care Interpreter Resources, Primary and Community Heath

The Multicultural Health Service launched a new suite of resources promoting the importance of working with professional healthcare interpreters when providing care to Cultural and Linguistically Diverse (CALD) consumers. The resources include video resources and posters developed in collaboration with consumers in response to reports from the NSLHD CALD Consumer Advisory Group that consumers are often unaware of their right to access an interpreter or are not offered an interpreter by health care staff.

EQUITY QUALITY DIMENSION

A Workplace Culture that Drives Safe and Quality Care

Safety and quality is fundamental to everything we do.

NSLHD promotes a culture where staff are engaged and feel supported to deliver safe, reliable, person-centred care and equipped to respond to a changing healthcare environment. Our people are supported to challenge current ways of working and seek ways to improve the outcomes and experiences for patients.

Patient Safety Culture Survey

Regular measurement of patient safety culture supports our leadership teams to better understand patterns of individual, team and organisational behaviour, as well as the underlying beliefs and values relating to patient safety in the organisation.

In June 2023, all NSLHD staff including NSW Health Pathology and HealthShare NSW, were invited to complete the Patient Safety Culture Survey (PSCS). First conducted in 2021 at NSLHD, the survey asks staff to share their perceptions and experiences at work on topics such as leadership, team interactions, communication and reporting of safety incidents.

The results of this survey are used to identify how well NSLHD performs across safety and quality domains and to identify areas where we can improve patient safety and staff well-being. Results are fed back at team, facility and district levels to inform targeted strategies for continually improving our patient safety culture across NSLHD.

Key messages

Overall, NSLHD's patient safety rating remains positive:

- 73% of staff rate patient safety as 'very good' or 'excellent' and
- 89% of staff would recommend friends or relatives to be treated within their team/unit/work area

NSLHD staff reports improvements in all ten factors of safety culture, particularly clinical handover, information exchange and hospital management support.

How staff perceive safety is largely varied by their location, role and other demographics.

Strengths

- Staff feel a deep sense of meaning and uphold a strong sense of personal responsibility for safety and patient care.
- Upholding and enhancing safety is a sentiment communicated and demonstrated by Management.
- Supervisors/Managers are highly regarded, helping to create safe spaces for staff to speak up.
- Teams are working together effectively and are looking for opportunities to learn from errors
- There has been a dramatic uptake in handover and communication practices
- Supporting tools and equipment are generally seen as effective enablers

> We are very fortunate to have such a dedicated team, who prides themselves on ensuring patient safety.

> I believe there is a genuine effort on the part of management to faciliatet honest conversations with staff regarding incidents and potential incidents. Such incidents are discussed at staff meetings.

> Staff speak up and communicate concerns to each other. When escalated, supervisor/manager takes priority in resolving issues/concerns.

Areas to watch and improve on

- Some staff (particularly pockets in medical, nursing and midwifery) need greater support to help decompress. i.e. enjoying their personal time without focusing on work matters
- Although there has been a positive increase, compared to 2021 results, staffing levels and the pace of work is front of mind for staff
- It will be important to isolate areas of disrespectful behaviour and blame culture
- While there has been a positive increase, ensuring continuous evaluation of practices that support various safety culture activities is recommended.

People Matter Employee Survey (PMES) & Patient Safety Culture Survey (PSCS) Action Plan, Ryde Hospital

The 2021/22 PSCS and PMES survey results at Ryde Hospital informed four key improvement opportunities: communication, staff wellbeing, recognition, and action on results. Focus groups with staff led to identifying initiatives to address these areas, which include:

- a revised staff Newsletter to enhance communication,
- regular publication of the outcomes and actions taken from Leader Listening,
- promotion of the Wellness at Work Committee and the 'moments that matter' platform,
- implementation of regular recruitment workshops for managers to increase efficiencies in recruitment turn-around, and
- Staff training on Safety & Quality Essentials, open disclosure, and Speaking Up For Safety.

Diversity, Equity, Inclusion and Belonging

NSLHD's Diversity, Equity, Inclusion and Belonging (DEIB) Strategy 2023-2027 was launched in April 2023. This strategy shows our commitment to making NSLHD a great place to work, not just for some but for all, regardless of personal background or life experience. Diverse workplaces create a greater sense of belonging for all staff, leading to increased levels of employee engagement and a positive workplace culture. A positive experience of the workplace contributes to a greater sense of psychological safety and enhanced staff wellbeing. Feeling safe at work and diverse perspectives leads to greater collaboration, creativity and innovation, translating to better quality care for our patients and consumers.

A video is now in production to support recruitment to the Employee Networks. The Employee Networks are the 'engine room' that helps us deliver our DEIB Strategy. NSLHD offers all staff an opportunity to participate in any of the five employee networks, including:

1 Muru Dali Gili Gili Network

2 Cultural and Linguistically Diverse Employee Network

3 The Employee Resource Network on Disability

4 The Pride+ Employee Network

5 Embrace Gender Equity Employee Network

EQUITY
QUALITY DIMENSION

Staff wellbeing

Wellbeing occurs when a person's physical, psychological and social factors combine in harmony. The Employee Assistance Program (EAP) provides access to support individuals and groups to help employees manage work and personal challenges, concerns or issues at no cost to NSLHD employees. The range of support spans from crisis management to proactive prevention.

Given the impact that the challenges of the past few years have had on our people, NSLHD acknowledges the importance of reflecting on lessons learned and developing a strategy that cultivates a workplace environment that supports the physical and psychological wellbeing of our people in the context of the current climate and over the next five years. With this in mind, a vigorous consultation process occurred with the NSLHD workforce during the first half of 2023. A revised NSLHD Health and Wellbeing Plan is in development for launch in 2023.

Beyond Self Care – Vicarious Trauma and Resilience Strategies

Acknowledging the impact of COVID-19 on staff wellbeing and the potential vicarious trauma staff may face due to both this and the nature of the clinical care provided, MHDA facilitated Beyond Self Care – Vicarious Trauma and Resilience Strategies workshops for all MHDA staff. The workshops were scheduled throughout 2022/23 at different locations and on different days, and all MHDA staff were encouraged to participate. The workshops aimed to legitimise feelings of exhaustion and stress, demystifying the impact of vicarious trauma on self, teams and life beyond work, and assisted participants to develop practical strategies to recognise and reduce these impacts. The workshops were evaluated at the end of 2022, and further workshops have continued into 2023.

Kindness kit, Ryde Hospital

To try and assist the psychological well-being of staff at Ryde Hospital, 'Kindness kits' were developed, distributed to staff, evaluated, revised and refreshed aiming to help staff relax. Staff at the hospital were encouraged to nominate a colleague or staff member who was experiencing professional or personal trauma to receive a kit. The modified kits included a travel mug, tea, coffee, chocolate and encouragement to 'take 10', get some fresh air with a colleague to assist in debriefing/changing mindset. The kits are environmentally friendly, and feedback highlights that they contribute to creating a positive culture at Ryde Hospital.

2023 NSLHD Quality Improvement Award for Supporting our People and Culture

View the winning project video: https://vimeo.com/838857457

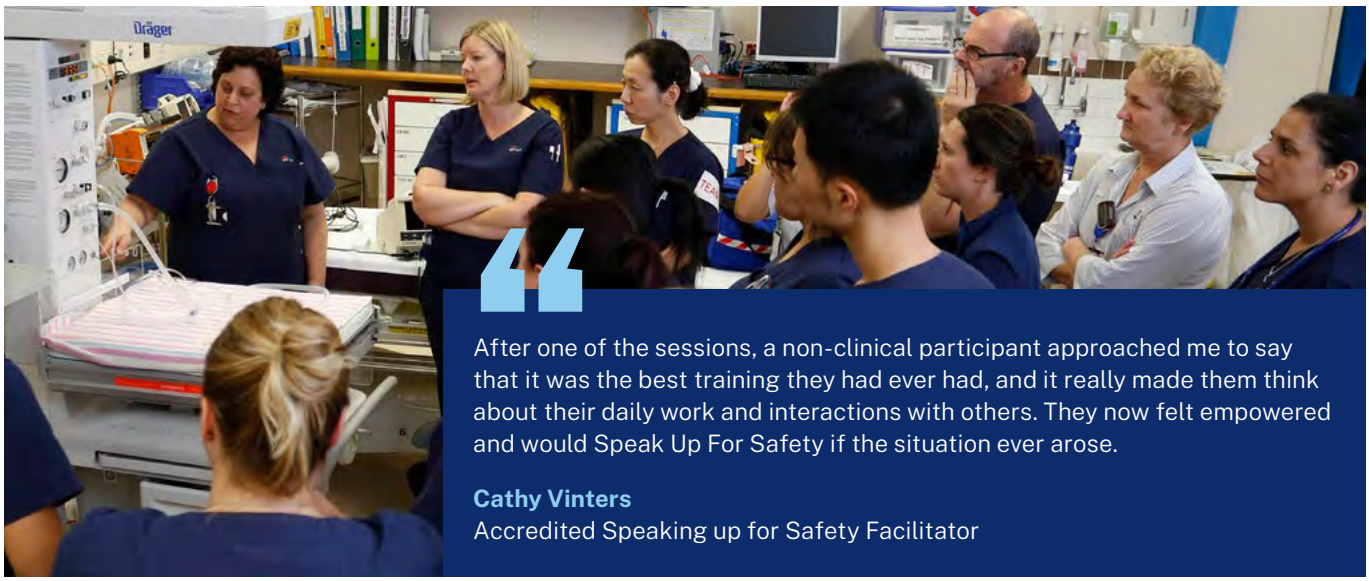
Clinical Supervision

Clinical supervision is a regular structured meeting between a supervisor and one or more supervisees. Conducted away from the practice setting, it provides space for critical reflection on work-related issues identified by the supervisee(s). Engagement in clinical supervision has been recognised as a key contributor to the delivery of safe and high-quality care and a strategy that positively influences staff wellbeing and retention.

As part of the N&M Leadership Academy, the Clinical Supervision initiative was launched across the District in June 2023 with events at Hornsby Ku-ring-gai, Ryde, Mona Vale, Royal North Shore and Macquarie hospitals. Earlier in the year, the clinical supervision referral process was reviewed and promoted, leading to increased individual and group requests for clinical supervision. Since Jan 2023, 119 supervision sessions have been delivered, with 67% of these sessions have been provided to individual clinicians and 33% to groups.

Clinical Supervision Communities of Practice (CoPs) for nursing staff have successfully been introduced in Hornsby Ku-ring-gai, Royal North Shore and Macquarie, with remaining hospitals shortly to follow. Several activities are in progress to strengthen the practice of clinical supervision, including the annual evaluation of its impact on clinician wellbeing, clinical practice and the delivery of safe and quality care.

Effective teamwork and communication



> After one of the sessions, a non-clinical participant approached me to say that it was the best training they had ever had, and it really made them think about their daily work and interactions with others. They now felt empowered and would Speak Up For Safety if the situation ever arose.
>
> **Cathy Vinters**
> Accredited Speaking up for Safety Facilitator

Effective teamwork and communication are essential to our culture of safety.

Our teams participate in activities and apply practical tools that enhance a culture of safety. These strategies change behaviours that impact the delivery of safe, high-quality care and improve the patient and consumer experience. NSLHD's **Speaking Up for Safety program** continues, enabling staff to effectively communicate concerns to colleagues when unintended harm to patients or consumers may be about to occur. In May 2023, NSLHD reached the milestone of over 5000 staff trained with this proactive communication tool. Clinical and non-clinical staff have provided positive feedback.

Safety Huddles

Safety Huddles are a brief (≤ 10 minutes), focused exchange of information about potential or existing safety risks which may affect patients, staff and any person accessing the healthcare environment. They are multidisciplinary and occur at the beginning of every shift. A review completed in December 2022 at Ryde Hospital found a highly engaged group of nurses and midwives leading and driving Safety Huddles and there was high compliance with the process. The review identified opportunities for further improvement, which is being addressed by an improvement team. This includes converting documentation to an online format that once available can be used by teams across the district. A number of resources are also in development to increase awareness and support teams across NSLHD.

Deceased Consumer Care Review Process

The Mental Health Drug and Alcohol (MHDA) service introduced a time-efficient and reliable process for staff-led reflection on care, following the death of a consumer.

2023 NSLHD Quality Improvement Award for Delivering Value-Based Integrated Care

View the winning project video: https://vimeo.com/838857394

A new customised deceased consumer case review tool was tested and introduced. The team-led 'smarties' meetings an adaptation of Morbidity and Mortality (M&M) meetings, provide a psychologically safe space to build a culture of learning and support through loss. The review process was trialled and adopted across the service. The project led to many benefits, including improved collaboration between services, opportunities for learning identified and actioned, analysis of emerging risks and themes, and enhanced support to those affected by the death of consumers.

Supporting Staff to Prevent Compassion Fatigue, Mona Vale Hospital

Substantial evidence supports the notion of healthcare workers in various fields developing compassion fatigue. Compassion fatigue is characterised by emotional and physical exhaustion, which diminishes the ability to empathise or feel compassion for others. The Palliative Care Unit at Mona Vale Hospital wanted to support staff who care for patients with complex symptoms nearing the end of life. Based on staff feedback, the unit monthly debriefing and supervision sessions for all staff and regular Wellness Wednesday discussions to support staff to reflect, build resilience and manage their self-care.

These have been positively evaluated with increased staff reporting feeling valued and supported at work and less staff reporting feeling 'emotionally drained at work a few times a month'.

Post Event huddle

The Post Event Huddle at Royal North Shore Hospital was developed to guide health professionals when leading a team discussion following a challenging clinical incident. The Post Event Huddle provides a simple four-step approach for facilitating a team discussion that can be used by any team member or colleague following a stressful event. Post Event Huddles allow the team to share their feelings and acknowledge that events can affect individuals differently. In addition, the Post Event Huddle includes a summary of the event so that there is a shared understanding of what happened and to address any confusion or concern regarding patient care.

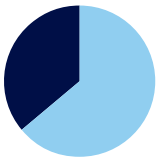
The Post Event Huddle also allows the team to be thanked for their contribution to managing the challenging event. The intent of the Post Event Huddle is not to conduct a psychological debrief or educational tutorial. Video resources have been developed and are available online to demonstrate the steps of the Post Event Huddle, with further training having been rolled out in the Departments of Anaesthetics, Emergency and Intensive Care.

To find out more visit:
www.flipside.org.au/posteventhuddle

Schwartz Rounds

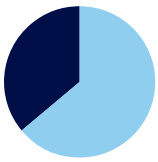
The underlying premise for Schwartz Rounds is that the compassion shown by both clinical and non-clinical staff can make all the difference to a patient's experience of care, but that to provide compassionate care, staff must, in turn, feel supported in their work. Since 2021, Hornsby Ku-ring-gai Hospital has held Schwartz Rounds with staff. The number of staff participating in Schwartz Rounds has steadily increased, cumulating to 109 participants between mid-2021 and 2022.

Schwartz Rounds build a high-performance culture of support, patient-centred care, safety and quality through empathy and compassion. Post-session evaluation shows that:



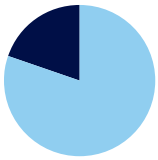
64% of participants

said that the discussions provided them with new insights into the perspectives and experiences of patients and families



64% of participants

said that the discussions increased their preparedness to handle challenging or sensitive patient situations



80.5% of participants

said that the discussions increased participant's openness to expressing thoughts, questions and feeling about patient care with colleagues

To find out more visit:
https://www.cec.health.nsw.gov.au/improve-quality/teamwork-culture-pcc/teamwork/schwartz-rounds

Building capability for emerging leaders in Safety and Quality

Applied Safety and Quality Program, *Safety and Quality Essentials Pathway*

In partnership with the Clinical Excellence Commission, the inaugural *NSLHD Applied Safety and Quality Program* commenced in 2023 with a cohort of 17 staff from multiple disciplines across the district, including a targeted position from the Aboriginal and Torres Strait Islander Health Service. Participants of the 12-month program learn and apply safety and quality tools, methods and behaviours to champion, role model, support and lead safety and quality in their local workplace. In addition, the program aims for these skills and attitudes to become "everyday habits" in individuals and teams, enhancing cultures that support continuous improvement and learning for safety. Graduates of the Applied Safety and Quality Program are granted credit against quality and safety units in specific courses at a number universities to support further studies. The Applied Safety and Quality Program is one of the offerings under the *Safety and Quality Essentials Pathway.* It is mapped to the Adept level of the *Healthcare Safety and Quality Capabilities* set.

The number of staff trained in other offerings under the *Safety and Quality Essentials Pathway* continues to rise, increasing healthcare safety and quality capability at NSLHD.

As of June 2023, 2176 staff have completed the Foundations of Safety and Quality training, intended for all staff, to build awareness and understanding of the dimensions of quality and our shared role in providing highly reliable, high-quality healthcare. The intermediate-level NSLHD Improvement Science workshop continues to be popular, with 76 staff since 2022 trained with the skills and tools to lead quality improvement projects.

An in-house teaching faculty comprising of a consumer, senior medical staff, coaches, facilitators, safety and quality leads and advisors from facilities and services across the district support the delivery of learning outcomes at all levels of the *Safety and Quality Essentials Pathway.* Members of the teaching faculty have the capability and expertise to deliver learning outcomes and have taken part in various faculty development activities, such as coaching for improvement to support participants. Future Applied Safety and Quality Program graduates will be invited to join the faculty to support the sustainability of the *Safety and Quality Essentials Pathway.*

Leadership Development

Creating a culture of Continuous Improvement and Innovation are key input for the success of the NSLHD Leader, along with Strategic Partnerships, Alignment, Accountability, Engagement and Diversity and Inclusion. There are a number of formal opportunities for leadership development at NSLHD, which are accessible to all staff. These include:

THRIVE

(previously known as Leadership Development Program)

This program is targeted towards front-line and mid-tier managers identified as high potential using formal talent/succession planning methodology.

SENIOR LEADERSHIP DEVELOPMENT PROGRAM (SLDP)

This program is targeted towards senior leaders and aims to support capability development to an executive leadership level.

LEADING TEAMS IN THE CLINICAL WORKPLACE WORKSHOPS (ALLIED HEALTH)

This workshop introduced in 2023, aims to elevate allied health professionals to develop skills to progress into senior positions. The workshop explores topics such as brief writing, building resilience, effective meeting skills, as well as coaching and mentoring for supporting team members. In the first half of 2023, 37 allied health professionals participated in workshops and further workshops are planned for 2023.

FOSTERING LEADERSHIP ACROSS SYSTEMS OF HEALTH (FLASH) PROGRAM

(presented by Western Sydney Local Health District)

Since 2021, NSLHD has supported paid placements for staff into this highly interactive and practical leadership development program, which includes inspiring teaching faculty with panel discussions, executive coaching for participants, as well as numerous opportunities for building networks and learning from senior leaders.

ADVANCING WOMEN IN MEDICAL LEADERSHIP

With fewer than 50 per cent of senior medical leadership positions held by women, NSLHD has prioritised supporting senior women in medicine to advance their careers. *A Women in Medical Leadership Development Trust Fund* was established to support female medical staff at NSLHD with the ability to participate in internal and external leadership development opportunities by providing the clinical backfill required to release from clinical duties. In May 2023, NSLHD played host to a powerhouse of women at the *Advancing Women in Medical Leadership Conference*. Women from health and other sectors attended the inaugural event, which celebrated the achievements of women and provided insight into how some of our country's most successful female leaders have navigated their careers.

NURSING AND MIDWIFERY LEADERSHIP PROGRAM

The aim of the program is to provide an experiential learning environment for early, mid-career and advanced nursing and midwifery managers and leaders. The program increases capability across six leadership topics, including leading self, leading others, creating person-centred cultures, fostering reflective practice and applying contemporary approaches and NSQHS standards to leadership in safety and quality. Introduced in 2022, 19 leaders from Hornsby Ku-ring-gai Hospital have successfully completed the program. This program is in its second year of running, with 47 managers participating this year from Ryde and Mona Vale hospitals, Mental Health Drug and Alcohol and Primary and Community Health Services. The program has been applauded by the Ministry of Health for the quality of content and exceptional feedback received. Planning for the 2024 program is underway with its introduction at Royal North Shore Hospital.

Research education and training

NSLHD Nursing and Midwifery Research Centre

The NSLHD Nursing and Midwifery Research Centre provides a number of offerings that build the capability of nursing staff to undertake research. In 2022, the Researcher Education Program was delivered to 595 participants across NSLHD, metropolitan health districts and university partners. The Research Master Classes were provided to 271 participants, including 197 NSLHD staff and 74 external attendees and Higher Degree Research students. The NSLHD Nursing and Midwifery Research and Health Informatics Mentorship Program was completed by 15 nurses. The Clinical Researcher Development Program delivered five workshops to 76 NSLHD staff and 19 external attendees. The Practice Inquiry Online Drop-in sessions were attended by 171 NSLHD staff and 43 external attendees.

The NSLHD Nursing and Midwifery Research Centre intranet page contains a range of self-directed learning opportunities and links to research training resources. These are designed to support and guide NSLHD nurses and midwives to build their knowledge about evidence-based practice (EBP). It is also an ideal place for clinicians who wish to embark on practice inquiry, quality improvement, or research.

Good Clinical Practice (GCP) training

NSLHD has updated the research training calendar and introduced monthly Good Clinical Practice (GCP) training schedule for the NSLHD research workforce. GCP is the internationally accepted standard for designing, conducting, recording and reporting clinical trials to ensure safe and ethical clinical trial conduct. All investigators and staff involved in the conduct, oversight or management of clinical trials must complete and refresh GCP training every 2-3 years or as per the individual training standard operating procedure. Health services conducting clinical trials will be audited and must show evidence that their site meets the required standards, including GCP training, to ensure ongoing accreditation by the Commission.

Accelerating Implementation Methodology (AIM)

The Accelerating Implementation Methodology (AIM) provides clinical and non-clinical staff with a practical guide to effectively manage change by overcoming personal and cultural barriers. It supports delivering projects on time, on budget and within scope.

The Service Improvement team have provided Accelerated implementation methodology (AIM) training to over 40 staff in the NSLHD as of June 2023.

Hospital Acquired Complications (HACS) promotional video and learning pathway

A new promotional video has been produced to provide information on how clinicians can enhance their knowledge of Hospital Acquired Complications and introduce a new learning pathway. The pathway includes modules on the prevention and management of falls, falls risk assessments, post-incident safety huddles, delirium care and best practice for medication safety. The video and pathway are planned to be made available to all clinicians in August 2023.

NORTH Foundation

North Foundation grants program

The NSLHD and NORTH Foundation Grants Program is a funding opportunity exclusively for NSLHD staff. The grants program supports innovative projects which provide tangible benefits for staff, patients, and the broader community.

NSLHD staff are encouraged to apply if their proposed project fits a clinical and laboratory need; it is a research enabler (data/analysis) or early career researchers/ fellowships.

In 2022, the Grants Program awarded over $400,000 to 18 projects. In 2023, Round 1 awarded funding (totalling $160,000) to five projects focused on ideas to improve patient services, and the successful projects came from different locations across the NSLHD. Each project aims to help a particular group, including Parkinson's Disease patients, community aged care and those in rehabilitation after an illness, injury or surgery. Funding will be allocated to innovative projects across two more funding rounds in 2023 that focus on Education, Community Wellbeing & Outreach (round 2) and Research (round 3).

For more information visit:
www.northfoundation.org.au/grants-program

Achievements against Priority Initiatives

The initiatives described in this chapter are a selection of the actions undertaken across NSLHD during the 2022-2023 financial year that meet NSLHD's strategic objectives.

01 Patients and carers are our partners in their healthcare

Patients and carers are empowered to make informed decisions about their care, goals and health outcomes.

ROYAL NORTH SHORE HOSPITAL

The Holy Grail: Perioperative care for the frail

The first of its kind in NSW, the Holy Grail project systematically screens and optimises care for frail patients across all surgical specialties, by turning the surgical waitlist into a proactive clinical tool to enable the provision of personalised pre-operative care. Since 2022, over 50 per cent of elective surgery patients have been identified as frail or pre-frail, providing further insight into the true frailty burden in NSLHD.

Co-designed with consumers, the service empowers frail patients with knowledge and tools to proactively access, manage and advocate for their healthcare before surgery to improve health outcomes. 90 per cent of patients felt well-informed of their peri-operative care and better prepared compared to just 10 per cent prior to the project implementation.

>50%
patients identified as frail and proactively managed before surgery

90%
patients felt well-informed and better prepared

2023 NSLHD Quality Improvement Award for Transforming the Patient Experience

View the winning project video: https://vimeo.com/838857327

PATIENT CENTRED CARE QUALITY DIMENSION

SAFETY QUALITY DIMENSION

EFFECTIVENESS & APPROPRIATENESS QUALITY DIMENSION

COMPREHENSIVE CARE STANDARD

Adolescent and Young Adult Hospice (AYAH)

The Adolescent and Young Adult Hospice (AYAH) in Manly is a new NSLHD facility that welcomed its first patient in February 2023. The AYAH is the first facility in Australia that provides specialised care and respite to adolescents and young adults with life-limiting illnesses in a hospice environment. The AYAH is a welcoming and comfortable place for patients, families and friends to come together and create memories.

In preparation for the facility's opening, future consumers of AYAH services were interviewed to identify their expectations, needs and concerns. This engagement provided an opportunity to inform AYAH's unique care and service delivery model. In response to consumer feedback, several initiatives were introduced, such as cook fresh food services, partnerships with local community organisations and businesses, e.g. Manly Warringah Sea Eagles and memorable experiences such as acoustic nights with local musicians and celebrity meet and greet events, e.g. Ed Sheeran and various sports stars.

> Thank you for making us feel so loved and welcome.
>
> **Parent/boarder**

> [Patient] has had a spectacular time here and these past 2 weeks have been priceless! [Patient] has improved in so many ways and it would not have happened without each and every one of you.
>
> **Parent/boarder**

PATIENT CENTRED CARE QUALITY DIMENSION

TIMELINESS & ACCESSIBILITY QUALITY DIMENSION

02 Safe, high quality connected care

Safe, high-quality, reliable healthcare is delivered in a personalised way across all settings.

ROYAL NORTH SHORE HOSPITAL

Parkinson Inpatient Experience (PIE) project

Patients with Parkinson's disease (PD) require complex medication regimens to control symptoms. Administration as little as 15 minutes late can severely worsen symptoms.

The project team engaged consumers in developing solutions to optimise medication management to achieve better health outcomes and experiences. The team introduced a number of interventions, including electronic alerts for doses to be administered on time, increased availability of PD medications and an extensive staff education program. The team has since seen an increase in PD medicines being administered on time, an increased number of patients being reviewed by a pharmacist and a reduced number of prescribing errors.

2023 NSLHD Quality Improvement Award for Patient Safety

View the winning project video: https://vimeo.com/838857362

SAFETY QUALITY DIMENSION

MEDICATION SAFETY STANDARD

EFFECTIVENESS & APPROPRIATENESS QUALITY DIMENSION

RYDE HOSPITAL

Graythwaite Day Rehabilitation

The Graythwaite Day Rehabilitation team designed and implemented a completely new, innovative and adaptive service, which catered to the rehabilitation needs of the community.

Graythwaite Day Rehabilitation (GDR) provides multidisciplinary rehabilitation for patients with significant disability whilst patients continue to reside at home.

Patients attend for approximately 4 hours, 2 or 3 times per week, for up to 6 weeks as 'day-only admitted' patients. This unique model provides an alternative to inpatient rehabilitation admission contributing to early discharge and reduced hospitalisations, with no increase in overall costs to run the service.

Patients report high satisfaction rates due to the ability to reside at home with their families whilst receiving the same rehabilitative care as inpatients. No adverse health consequences or formal patient complaints have been identified from the service evaluation.

2022 NSLHD Exceptional People Award for Safe and Connected Care

View the winning project video here: https://vimeo.com/801803527/6827e70a76

PATIENT CENTRED CARE QUALITY DIMENSION

EFFICIENCY QUALITY DIMENSION

PREMIER'S PRIORITY PROJECT

Triage Category 2 and 3 in Emergency Department

A multidisciplinary working group met monthly, over the last 12 months, to monitor and introduce initiatives to improve the time from triage (T) to treatment in the Emergency Department. Initiatives have included:

- An improved process for recording time to treatment for T2 patients in Resuscitation Bays
- Establishment of a new Paediatric Navigator role and enhancement of the Clinical Initiatives Nurse (CIN) role to now include waiting room management.
- Increasing numbers of ED nurses (77%) accredited to initiate chest X-rays.
- Additional funding for medical and nursing staff secured to support and facilitate the new Fast Track Model of Care introduced by the Emergency department. Changes made included expanding the scope of patients treated in the Fast Track area and creating capacity in the acute area.

Since establishing the T2T3 working group, T2 performance in one year (June 2022 to June 2023) has improved from 60% to 80%. T3 performance has also improved, from 68% to 75%.

TIMELINESS & ACCESSIBILITY
QUALITY DIMENSION

EFFICIENCY
QUALITY DIMENSION

ROYAL NORTH SHORE HOSPITAL

Enhancing the Discharge Experience

Early 2023 saw the introduction of an Allied Health Complex Discharge Team (CDT) at RNSH. The team is comprised of social workers and occupational therapists improving patient and hospital outcomes by identifying patients with complex discharge needs earlier, providing targeted patient-centred interventions and innovative discharge planning. The CDT model shows early results of faster and more robust discharge, reducing extended lengths of stay and frequent readmissions in acute hospitals.

The team will continue to monitor success by collecting and reviewing data such as patient and clinician surveys, patient stories, length of stay and readmission rate.

PATIENT CENTRED CARE
QUALITY DIMENSION

EFFECTIVENESS & APPROPRIATENESS
QUALITY DIMENSION

EFFICIENCY
QUALITY DIMENSION

Close to Home Diabetes Program

The Department of Diabetes, Endocrine and Metabolism at RNSH has established strong collaborations with various healthcare services and providers, including local General Practitioners (GPs), Practice Nurses (PNs), residential aged-care facilities and the Sydney North Health Network (SNHN), to enhance the quality of care for diabetic patients in the community.

During the 2022-2023 period, over 120 virtual Joint Patient-GP & Diabetes Specialist Team Case Conferences have been conducted under our "Close to Home Diabetes Program". These conferences aimed to ensure the safe and cost-effective delivery of diabetes care. As a result of this program, waiting times to access specialist care have significantly reduced, unnecessary outpatient clinic attendances avoided and provided learning opportunities for GPs to enhance their skills and confidence in managing challenging and complex diabetes cases.

TIMELINESS & ACCESSIBILITY
QUALITY DIMENSION

EFFICIENCY
QUALITY DIMENSION

03 Keeping people healthy and well

Muru Dali Burudi (Path to Better)

The Muru Dali Burudi project aims to enhance service engagement and participation for Aboriginal and Torres Strait Islander people over 55 years, living with a disability or suffering from mental health issues across the NSLHD catchment.

A number of community engagement and community activities have taken place in the FY2022-23 period, including the annual Christmas in the Bush event in November 2022 that brought together almost 200 Aboriginal and Torres Strait Islander community members for celebration and connection. In 2023, Men's movement classes were introduced in addition to the ongoing community warm water exercise classes delivered.

A new region-wide community and resource website is in development with plans to launch in the second half of 2023.

EQUITY
QUALITY DIMENSION

Prevention and Response to Violence Abuse and Neglect (PARVAN)

In 2022, NSLHD re-aligned reporting structures to establish an integrated Prevention and Response to Violence, Abuse and Neglect (PARVAN) team. The team provides specialist service responses to adult and child sexual assault, child protection and domestic and family violence presentations within the NSLHD catchment area. The team have introduced a centralised Referral Management and Early Response service to triage, assess, and respond to referred clients and provide advice to services. This allows for a 'no wrong door' approach for accessing specialist services and enhances integrated service delivery. The service has also commenced Cultural Supervision for all PARVAN staff to enhance cultural safety for Aboriginal and Torres Strait Islander people accessing PARVAN Services, exploring and recognising culturally based social and emotional issues and culturally relevant ways of interpreting issues and different ways of working with those issues.

SAFETY
QUALITY DIMENSION

EQUITY
QUALITY DIMENSION

Tiny Feet, Big Journeys

'Tiny Feet, Big Journeys' – A Guide for Pregnant Women and Families[7] contains extensive details for mums and their families living or birthing across the region, providing information in an accessible and culturally relevant format.

The booklet is a collaboration between the Northern Sydney LHD Nursing and Midwifery Directorate, Maternal, Neonatal and Women's Health Network and Aboriginal and Torres Strait Islander Health Services and compiled by Ochre and Salt, a northern Sydney-based Consultancy. The booklet contains several firsthand accounts from mums sharing their experiences of issues, including preparing for birth, post-natal depression, and breastfeeding and bonding with their new baby, among others.
A ceremony to launch the booklet was held at RNSH on August 2022 coinciding with National Aboriginal Torres Strait Islander Children's Day.

> I hope the booklet empowers Aboriginal women to know what to ask for and gives them space to value themselves and think about what they want from their journey in a format that's not overwhelming.
>
> **Eliza Pross**
> Ochre and Salt Director and a Yuin/Nueonne woman

EQUITY
QUALITY DIMENSION

PATIENT CENTRED CARE
QUALITY DIMENSION

7 Tiny Feet, Big Journeys' – A Guide for Pregnant Women and Families booklet is available to view from: https://bit.ly/3QfvJOC

Small Bites for Big Steps

Evidence shows that positive experiences in the first 2000 days of life can significantly affect children's long-term health and development. Early Childhood Educators have the unique ability to support children's development during this time, as they build meaningful relationships with children and their families.

The Small Bites for Big Steps video series and Professional Development Courses give educators and families practical tips and ideas on enhancing physical development and encouraging healthy behaviours across three age groups; 0 to 18 months, 18 months to three years and three years to five years. These resources were developed by NSLHD's Early Years Population Health Promotion team in partnership with the Children and Young People Network.

To find out more visit: https://www.nslhd.health.nsw.gov.au/HealthPromotion/MunchMove/Pages/SmallBitesBigSteps.aspx

EFFECTIVENESS & APPROPRIATENESS
QUALITY DIMENSION

Police, Ambulance, Clinical Emergency Response (PACER), Mental Health Drug and Alcohol Service

PACER is an initiative that embeds mental health clinicians in NSW Police services to provide frontline assessment and support and upskilling of NSW Police staff in mental health matters. PACER was initially rolled out across the Northern Beaches, and Hornsby Ku-Ring-Gai Police Commands, and more recently, PACER has been trialled in a limited capacity in the North Shore Ryde region. The Mental Health Drug and Alcohol Service intends to expand the PACER model across NSLHD, develop a consistent care model, improve data collection, and identify and report on key performance indicators. PACER is an innovative way to ensure consumers and their carers receive safe, high-quality, reliable healthcare in a personalised way across different settings.

SAFETY
QUALITY DIMENSION

03 Keeping people healthy and well

Investment is made in keeping people healthy to promote wellness and address health inequity in our community.

> The clinic really validated what I was going through and offered me solutions that would fit into my daily routine which helped me recover much faster and return to normal. I'm incredibly grateful for all their support.
>
> **Maddy Corbett**
> Twenty year old student and patient of RNSH's Concussion Clinic

ROYAL NORTH SHORE HOSPITAL

Concussion Clinic

This Australia-first Concussion Clinic is a specialised multidisciplinary service established in early 2022 at Royal North Shore Hospital to help patients with post-concussion symptoms return safely to school, study, work and sport. The team take a holistic approach to reviewing and managing patients' post-concussive symptoms over 2-4 visits. In its first year, the weekly clinic treated 51 patients, attracting positive feedback and improving health outcomes. All patients who completed a follow-up questionnaire two weeks after Clinic discharge said the team assisted in their recovery, the MDT listened to their concerns, and their injury and plan of care was explained in a way they could understand.

Concussion, a brain injury, is often underdiagnosed and can result in missed schooling, worsening symptoms, anxiety, depression, and readmission, if not managed appropriately. The team worked closely with local schools, GPs and sporting clubs and identified a dire need for more education and support around concussions. An educational video was produced that has been adopted by the NSW Education Department and New Zealand schools. Additionally, the service has launched a new telephone service to offer concussion advice Australia-wide.

This video can be viewed: https://vimeo.com/674645370

MEETING DEMAND

51
adults and children treated in the first 12 months

118
consultations provided

FAST RECOVERY

97%
patients returned to normal activity within two weeks of clinic discharge

POSITIVE FEEDBACK

100%
patients and family reported a positive experience of their care

WINNER

2023 NSLHD Quality Improvement Award for Keeping People Healthy

View the winning project video:
https://vimeo.com/838857498

SAFETY QUALITY DIMENSION

TIMELINESS & ACCESSIBILITY QUALITY DIMENSION

04 Our staff are engaged and well supported

Staff are engaged and well supported to deliver safe, reliable person-centred healthcare and equipped to respond to a changing healthcare environment.

NSLHD places importance on celebrating the successes of our teams and individuals. Several awards and recognition programs are in place to formally recognise employees and volunteers for their incredible work and who have gone above and beyond to make a difference for the benefit of their colleagues, patients and consumers.

The annual **NSLHD Quality and Improvement Awards** celebrate the great work of our staff and highlight projects that deliver positive outcomes for our patients, consumers, staff and community. An awards ceremony took place on 29 June 2023 to recognise the achievements of 16 finalist teams who have improved the safety and quality of our healthcare service.

Visit https://www.nslhd.health.nsw.gov.au/QIA/Pages/NSLHD-QIA-2023.aspx to find out more about the winners and runners-up and their projects.

Transforming the Patient Experience Award

WINNER

The Holy Grail: Perioperative care for the frail

Perioperative Medicine Service, Royal North Shore Hospital

Patient Safety First Award

WINNER

Parkinson Inpatient Experience (PIE)

Royal North Shore Hospital

Delivering Value-Based Integrated Care Award

WINNER

Smarties – a learning approach to loss (not just an M&M)

Mental Health Drug and Alcohol

Supporting our People and Culture Award

WINNER

Kindness Kit

Ryde Hospital

Keeping People Healthy Award

WINNER

Multidisciplinary Concussion Service

Concussion Clinic, Royal North Shore Hospital

Health Research and Innovation Award

WINNER

Improving renal vascular access outcomes through data-driven surveillance

Departments of Renal Medicine and Vascular Surgery, Royal North Shore Hospital

Excellence in the Provision of Mental Health Services Award

WINNER

No Suppression Group

Ryde Consumer Services, North Shore Ryde Mental Health

Planetary Health Award

WINNER

Needle and Syringe Program (NSP) reducing plastic waste

Royal North Shore and Brookvale Community Health Centres

04 Our staff are engaged and well supported

The **NSLHD Exceptional People Awards** identify and celebrate NSLHD staff and volunteers who live the true meaning of our CORE Values and Behaviours Charter.

Postponed due to COVID-19, The 2022 Exceptional People Awards event occurred in March 2023. Along with the EPA nominees, the attendee list included recipients of the MHDA Rewards & Recognition Program, Allied Health Professional Day Awards, Nursing & Midwifery Awards, NSW Health Awards, Australian Council on Healthcare Standards (ACHS) President's Award, Australia Day Honours list, Leadership Development Program attendees and staff who had completed 40 years or more service.

Visit https://www.nslhd.health.nsw.gov.au/Careers/awards/Pages/EPA2022.aspx to learn more.

Partnering with Consumers and Carers

Individual Winner
Joanne Francis

Team Winner
ISBAR Supporting Safe Transition to Care team from Mental Health Drug and Alcohol

Safe and Connected Care

Individual Winner
Trisha Rimmer

Consumer Nominated winner
Dr Vincent Oxenham

Team Winner
Graythwaite Day Rehabilitation Team

Research, Innovation and Digital Health

Alison Hession

Healthy and Well Communities

Individual Winner
Dr Seeta Durvasula

Team Winner
Grand Stand Against Domestic Abuse

Sustainability and Planetary Health

Individual Winner
Rado Nikic

Team Winner
NSLHD Capital Works team

Engaged and Supported People

Individual Winner
Sarah Childs

Team Winner
The Aged Care Rapid Response Team

Core Values and Behaviours

Individual Winner
Danielle Fera

Team Winner
Intensive Care Unit, Hornsby Ku-ring-gai Hospital

Volunteer Winner
Brian Collier

Consumer Nominated Winner
Therese Jepson

Board Commendation

Tidge Backhouse and Dash Gray

Chief Executive Commendation

Rachel Wolfe

Katherine Clark

Leadership Award

Dr Michelle Mulligan

Sakibul (Ovi) Chowdhury

05 Research, innovation and digital advances inform and improve the delivery of patient care

The care we deliver is digitally enabled and informed by research and data

Virtual Care Service

The NSLHD Virtual Care Service has successfully cared for over 7,000 COVID-19-positive patients in the community, including monitoring high-risk COVID-19 patients, delivery of antiviral treatment and supporting General Practitioners to care for their COVID-19 patients. Virtual Care Service has provided service to over 200 patients who rang NSW Ambulance Service due to COVID-19.

A working group was established in early 2023 between the NSLHD Virtual Care Service and NSW Ambulance Service to work on a collaborative referral pathway. The Virtual Care Service is now caring for an extended range of acute conditions such as respiratory illnesses, post-surgery care, and infections, to reduce potentially preventable hospital presentations and provide Out of Hospital care to patients at home or close to home.

SAFETY
QUALITY DIMENSION

TIMELINESS & ACCESSIBILITY
QUALITY DIMENSION

ROYAL NORTH SHORE HOSPITAL

Improving renal vascular access outcomes through data-driven surveillance

Vascular access is a lifeline for patients who rely on it to deliver life-saving haemodialysis. Good surveillance, management and timely intervention are vital to ensure optimal functioning and longevity of vascular access in dialysis patients. The Departments of Renal Medicine and Vascular Surgery developed a structured format for the clinical assessment of vascular access, protocols for surveillance and a unique database for clinical use and data collection, which could be accessed by all clinicians involved in their care. Clinicians responded well to the changes, stating that they felt the structured assessment led to earlier identification of potential vascular access issues. The accessibility and utility of the database reduced breakdowns in communication, improved the flow of information and allowed for robust data collection.

50%
improvement in keeping blood vessels open for dialysis.

100%
patients surveyed report positive experience with the service.

2023 NSLHD Quality Improvement Award for Health Research and Innovation

View the winning project video: https://vimeo.com/838857423

EFFECTIVENESS & APPROPRIATENESS
QUALITY DIMENSION

05 Research, innovation and digital advances inform and improve the delivery of patient care

Transforming fluid resuscitation in intensive care

Over a 22-year-period, researchers from Royal North Shore Hospital, in collaboration with the George Institute and the Australian and New Zealand Intensive Care Society (ANZCIS) Clinical Trials Group, have undertaken ground-breaking research and transformed practice with fluid resuscitation to reduce mortality in critically ill patients in Australia and globally.

The research findings have resulted not only in improved patient outcomes, but in significant cost savings, with use of normal saline for IV fluid resuscitation found to either reduce mortality and adverse events or provide clinically equivalent outcomes to other more expensive alternatives.

The 2022 PLUS (Plasma-Lyte versus Saline) trial found that using a balanced multi-electrolyte solution for fluid resuscitation did not reduce the risk of death or acute kidney injury compared with using saline. This new research builds on the findings from the Research team's 2004 SAFE Trial (Saline vs Albumin for Fluid Evaluation), proving that albumin for fluid resuscitation did not improve mortality compared with the cheaper alternative of normal saline, and the 2012 CHEST Study, found that Hydroxyethyl Starch (HES) for fluid resuscitation didn't improve mortality compared with the cheaper alternative, normal saline. The Research team has built a compelling evidence base that has been translated into treatment guidelines and practice globally, saving thousands of lives and millions of healthcare dollars in this critical healthcare setting.

To find out more visit:
https://www.georgeinstitute.org.au/our-impact/case-studies/transforming-treatments-saving-lives-the-safe-safe-tbi-chest-plus-studies

EFFECTIVENESS & APPROPRIATENESS
QUALITY DIMENSION

EFFICIENCY
QUALITY DIMENSION

OUR RESEARCH IMPACT

Each year that SAFE, SAFE-TBI and CHEST recommendations are implemented in Australia, up to*:

1,465
lives saved

$235.1 million
in ICU and other healthcare and societal costs saved

27,179 days
in ICUs prevented

12,363 days
of mechanical ventilation avoided

2,418 days
days of renal replacement therapy prevented

*The Impact of Research in Critical Care, 2020, Health Technology Analysts Pty Ltd

06 Our services are sustainable, efficient and committed to planetary health

We use a value-based approach to optimise use of resources with a focus on embedding both planetary health and financially sustainable principles in everything we do.

Reducing carbon footprint and the net zero pathway

NSLHD has been actively working on its sustainability efforts, committing to reach net zero carbon emissions by 2035, with most of the reduction – 70 to 80 per cent – to be achieved by 2030.

NSLHD has been funded by NSW Treasury, Office of Energy and Climate Change, to calculate the district's baseline carbon footprint. Working with a global sustainability consultant, ARUP, data and information from our hospitals and facilities has been rigorously collected over the past five months to reveal emissions hotspots and identify emission reduction opportunities and model a pathway to net zero emissions by 2035.

In November last year NSLHD commenced Australian-first 'Net Zero Leads Program' with 12 of our clinicians from nursing, medicine, allied health, and pharmacy supported by The NORTH Foundation to lead projects to reduce emissions in clinical care.

2022 NSLHD Quality Improvement Award for Planetary Health

Anaesthetic greenhouse gas reductions.

View the winning project video: https://vimeo.com/725122711

SUSTAINABILITY FACT

NSLHD's carbon footprint is equal to **173.1 kilotons** of CO_2e per year. This figure is our total greenhouse gas emissions expressed in terms of CO_2 and is equivalent to **25,000** round the world flights.

The Net Zero Leads and their projects of interest include:

- Reducing waste in theatres
- Reducing Metered Dose Inhaler (MDI) prescription and establishing an inhaler recycling program
- Understanding attitudes towards single use and reusable insulin pens
- Avoiding general anaesthetic for paediatric imaging
- Reducing calf compressor use in ICU
- Establishing a satellite spinal clinic to reduce patient travel emissions
- Reducing and promoting better management of pharmaceutical waste
- Reducing nitrous oxide use and leakage in theatres

Following the success of reducing greenhouse gases from practice changes in anaesthetic gas use, leads from RNSH's Department of Surgery and Anaesthesia continue to innovate by partnering with the University of NSW to develop technologies for capturing and destroying volatile anaesthetic gases. The anaesthetic gas scavenger project was selected as one of 17 initiatives to be funded as part of the NSW Health Sustainable Futures Innovations Fund.

In the financial year 223/23, the Reducing Anaesthetic Greenhouse Gases initiative:

Reduced Desflurane use to
4 bottles
compared to 35 bottles a month, before the project started

$344,087
direct annual cost saving

$105,048
additional global social cost saving

06 Our services are sustainable, efficient and committed to planetary health

Other sustainability efforts to successfully reduce non-biodegradable plastic waste include the needle and syringe program at RNS and Brookvale Community Health Centres, replacing plastic fit packs with cardboard fit packs and Royal North Shore Hospital's swap to paper bags for patients' shoes, clothes and belongings, replacing the former pink plastic versions.

The Ryde Hospital Redevelopment is on track to be the first 'net zero ready' public hospital in NSW, with full electrification (no gas), fleet electric vehicle capability, green roofs, and solar-powered renewable energy. New solar panels and battery storage are planned for Mona Vale Hospital.

NSLHD will continue to drive and support initiatives that promote sustainable models of care, including:

- Primary prevention and health promotion programs that help reduce NSLHD's carbon emissions by keeping people healthy and out of hospital.
- Avoiding or reducing unnecessary or low-value care to reduce waste and resource use.
- Decarbonising high-value care, such as trialling clinically equivalent low emission alternatives, investigating circular solutions to hospital waste, and engaging with suppliers to improve supply chain emissions.

WINNER

2023 NSLHD Quality Improvement Award for Planetary Health

Needle and Syringe Program (NSP) reducing plastic waste.

View the winning project video:
https://vimeo.com/838857525

EFFICIENCY
QUALITY DIMENSION

Northern Beaches Hospital (NBH)

Leveraging off of strong community and staff interest in the Northern Beaches, the Northern Beaches Hospital set out to develop and deliver an Environmental Sustainability Strategy for the hospital. In doing so, it aimed to reduce its carbon footprint, unnecessary waste and spend. This year we pride ourselves on:

- Introducing new waste streams and diverting from landfill
- Partnering with a new waste company who closely monitor and report monthly on waste diversion
- Improved focus and strategies developed in the prevention of unnecessary food waste
- Optimisation of HVAC systems, lighting and Smart Alarms. This has led to achieving a reduction of approximately 9% in base building electricity use
- Removal of single-use plastics, pill cups, kidney dishes, cutlery, coffee cups.

Northern Sydney Local Health District is committed to reaching net zero carbon emissions by 2035

What are we doing to achieve this?

ENERGY SAVING ACHIEVEMENTS

Since 2014 more than

279,876

kilowatts has been saved every hour thanks to solar, LED lighting and other measures.

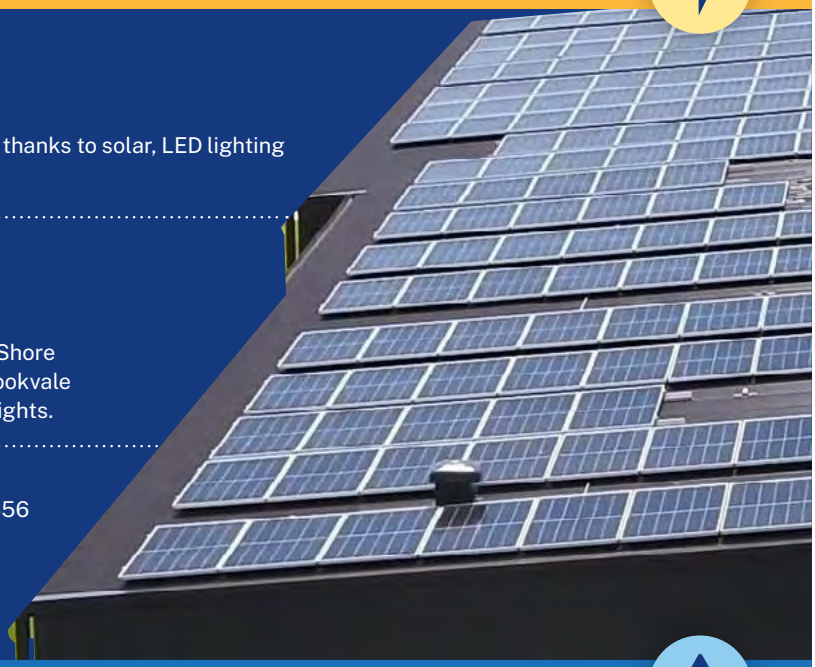
Over the last year

5000

lights were replaced at Royal North Shore Hospital, Mona Vale Hospital and Brookvale Community Health Centre with LED lights.

The use of solar has reduced energy consumption from the grid by 1,814,356 kWh translating to a **cost saving of**

$317,240



WATER AND WASTE SAVING ACHIEVEMENTS

Our hospitals have all reduced their water usage dramatically since 2015.

Royal North Shore Hospital	Hornsby Hospital	Ryde Hospital	Macquarie Hospital
-11.5%	-50%	-2.5%	-23%

Environmentally efficient chillers and boilers have been installed at Ryde, Macquarie and Hornsby hospitals

220 toilets replaced with water-saving duel flush toilets

60,805kg of electronic waste has been sustainably disposed of to reduce the amount of toxic chemicals in landfill resulting in estimated savings of $325,000 and 2600 tonnes of carbon

Progress against planned activities from 2022 Safety and Quality Account

In addition to **NSLHD Consumer Forum 2022** (see page 23) and **Planetary Health** priorities (see page 52), updates on the progress of other activities against priorities FY2022/23 are noted below:

NSW Medicines Formulary

The NSW Medicines Formulary lists medicines and other therapeutic agents approved for use within NSW public hospitals and health services. The need to change from a facility or local health district formulary to a standardised state-wide formulary led to the establishment of the NSLHD Drug and Therapeutics Committee (DTC) in February 2023. The NSLHD DTC is comprised of a multidisciplinary group of clinicians, consumers and executives, and provides the necessary medication governance and management of the medicines formulary for the district.

Changes that may impact clinicians and their patients are regularly communicated through education and information sessions and on the intranet.

Work continues with updating affected procedures and guidelines, stock changes and alignment of pharmaceutical contracts. An eMR formulary working group of representatives across Central Coast Local Health District and NSLHD has been looking to introduce visual icons for clinicians in the electronic medical record (eMR) when prescribing to indicate if a medicine is in the state formulary. This solution is now being built into the eMR to improve workflow and reduce delays due to medication availability.

Care of the Elderly in the Emergency Department

The work to date is being considered as part of the Ryde Hospital Redevelopment as a model of care for ED and Aged Care.

NSW Suicide Monitoring System - Towards Zero Suicides

The NSW Suicide Monitoring System (SuMS) is a collaboration between NSW Health, the State Coroner, the NSW Police and the Department of Communities and Justice. It estimates the number of recent suspected and confirmed suicides in NSW, using data collected by NSW Police and the State Coroner. The system is a critical step to reforming the management of suicide data in NSW and enabling the NSW Government to work towards the goal of reduction in deaths by suicide (Towards Zero Suicides initiative). Mental Health Drug and Alcohol, with various NSLHD services, developed and implemented a procedure to respond to the information in the SuMS reports, in a trauma-informed way and through a lens of organisational learning.

Cultural Collaborator / Ward Champions

This initiative continues to progress. The Aboriginal and Torres Strait Islander Health Service have received numerous expressions of interest from multiple staff across the district in becoming a ward champion. Outpatient services have also expressed an interest in being involved.

Tissue Analytics

The Tissue Analytics trial continues to progress. The team and stakeholders are working with the software vendor to produce a report so as to evaluate the trial's outcomes, informing the direction and actions going forward.

Our Performance in Safety and Quality

NSLHD utilises high-quality data and analytics to develop a comprehensive understanding of our clinical performance to support decision-making and inform opportunities for system, process and practice improvement.

NSLHD tracks and monitors performance against several safety and quality targets and benchmarks at all levels of the organisation to ensure we maintain and improve our high standards in providing the best care and minimising avoidable patient harm. Reporting these indicators and other measures of patient safety and quality extends to and from the clinical governance committee structures, clinical review teams, and appropriate forums at all levels of the organisation.

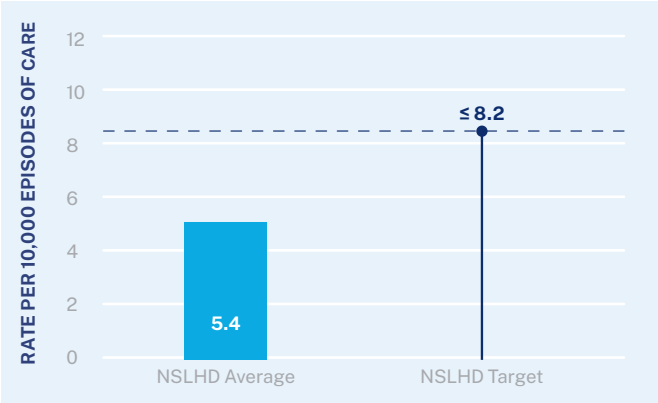
This section reports on NSLHD's performance over the 2022-23 financial year on a range of safety and quality key performance measures that align with the NSW Health outcomes.

Hospital Acquired Complications

People receive high-quality, safe care in our hospitals.

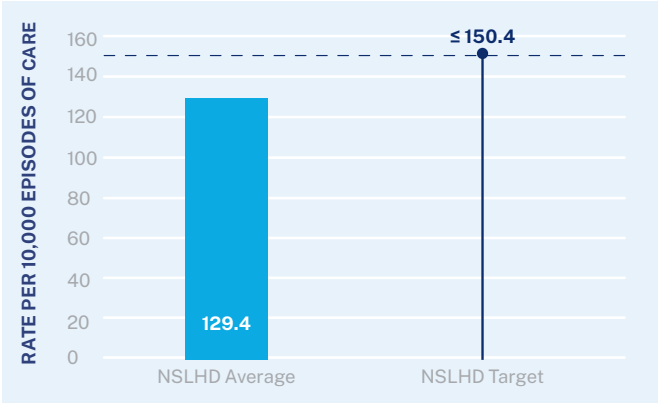
SAFETY
QUALITY DIMENSION

Bedsores
Hospital Acquired Pressure Injuries



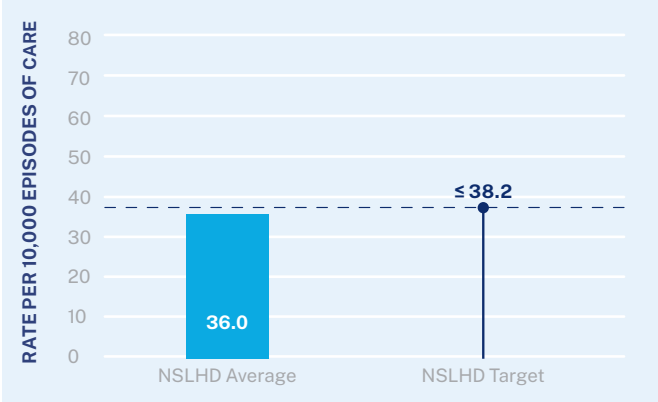
NSLHD has met and exceeded the target for this KPI.

Infections
Healthcare Associated Infections



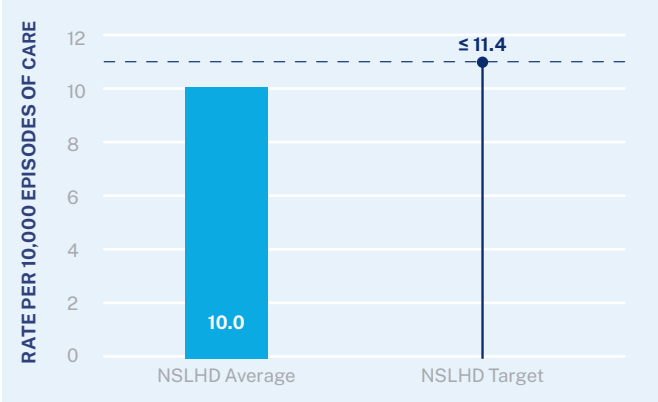
NSLHD has met and exceeded the target for this KPI.

Breathing Complications
Hospital Acquired Respiratory Complications



NSLHD has met and exceeded the target for this KPI.

Blood clots in the vein
Hospital Aquired Venous Thromembolism
Deep Vein Thrombosis or Pulmonary Embolism



NSLHD has met and exceeded the target for this KPI.

STATUS KEY

Highly Performing
Performing at, or better than target

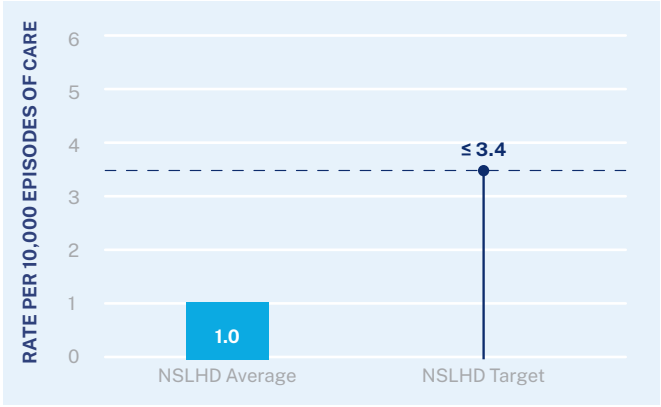
Underperforming
Performance within the tolerance range

Not performing
Performance outside the tolerance range

People receive high-quality, safe care in our hospitals.

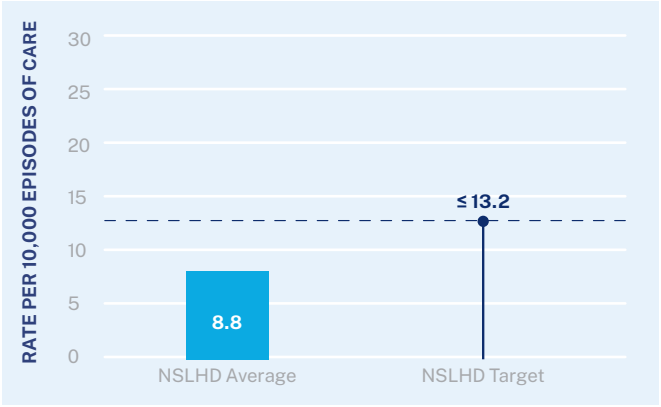
SAFETY
QUALITY DIMENSION

Kidney failure
Hospital Acquired Renal Failure
requiring haemodialysis or continuous veno-venous haemodialysis



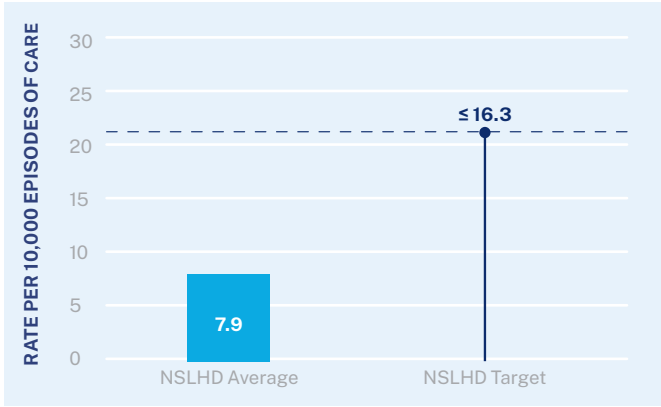
NSLHD has met and exceeded the target for this KPI.

Bleeding in the digestive tract
Hospital Acquired Gastrointestinal Bleeding



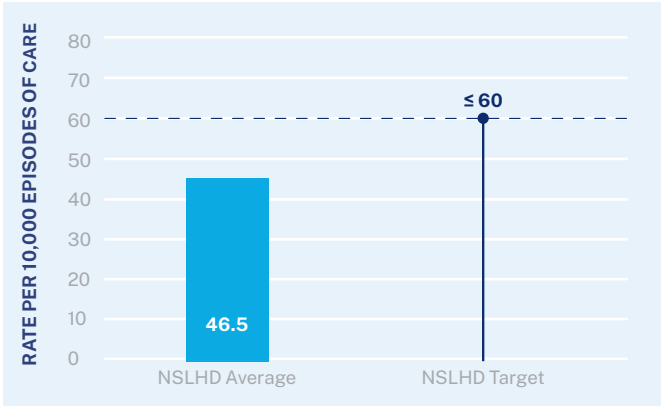
NSLHD has met and exceeded the target for this KPI.

Medication Complications
Hospital Acquired Medication Complications



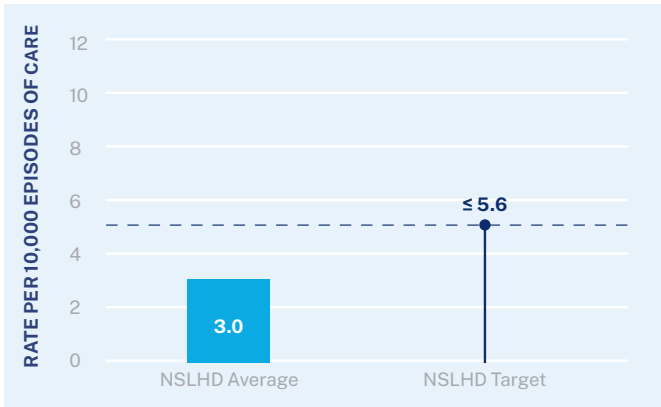
NSLHD has met and exceeded the target for this KPI.

Sudden confusion
Hospital Acquired Delirium



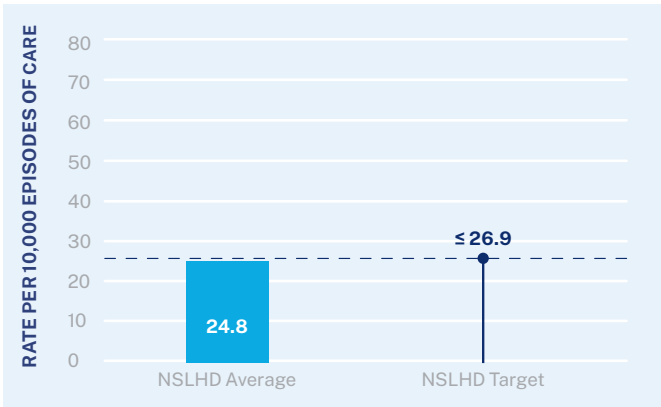
NSLHD has met and exceeded the target for this KPI.

Weak bladder control
Hospital Acquired Incontinence



NSLHD has met and exceeded the target for this KPI.

Low blood sugar and malnutrition
Hospital Acquired Endocrine Complications
Malnutrition and Hypoglycaemia

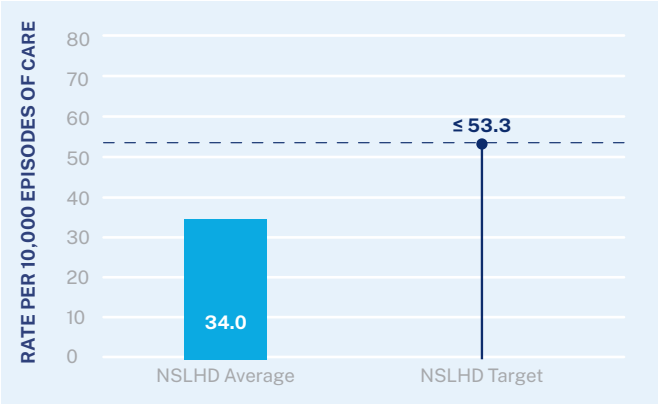


NSLHD has met and exceeded the target for this KPI.

People receive high-quality, safe care in our hospitals.

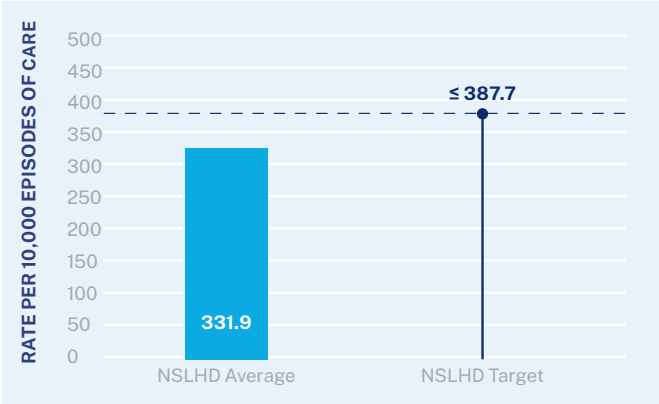
SAFETY
QUALITY DIMENSION

Heart Complications
Hospital Acquired Cardiac Complications



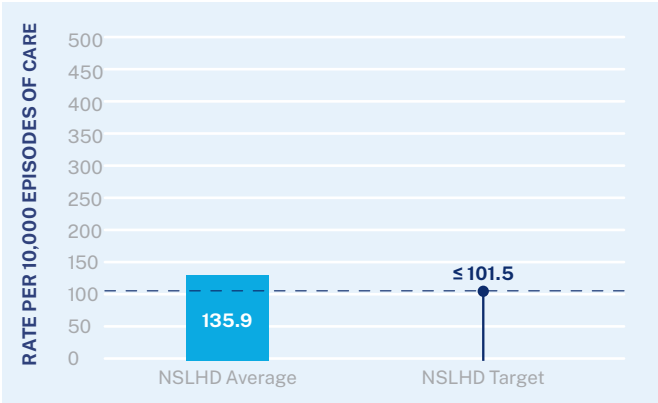
NSLHD has met and exceeded the target for this KPI.

Vaginal tears in childbirth
3rd and 4th Degree Perineal Lacerations
during the Vaginal Delivery of a Newborn



NSLHD has met and exceeded the target for this KPI.

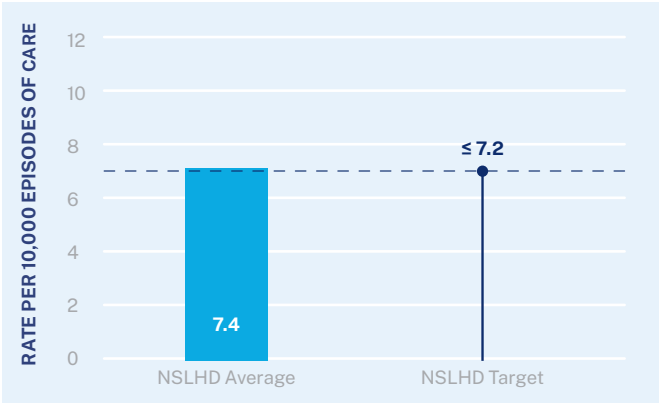
Birth injuries in newborns
Hospital Acquired Neonatal Birth Trauma



A high number of cases coded as hospital-acquired neonatal birth trauma was identified as not meeting the definitions specified by the Australian Commission of Safety and Quality in Healthcare (ACSQHC). This implies that the data is likely not to be a true reflection of actual neonatal birth trauma rates. The Ministry of Health has been notified about the discrepancies in the ACSQHC definition and clinical coding practices based on the Australian Coding Standards (ACS) definitions.

An opportunity exists to improve clinician documentation practices, to avoid incorrect assignment of hospital-acquired birth trauma codes. An education package for clinicians to document birth trauma in the patient's medical record is being developed.

Falls in hospital
Fall-related Injuries in Hospital
Resulting in Fracture or Intracranial Injury



Improvement Activities:

The LHD Falls Prevention Committees of Acute/Sub-acute, and Community & Supported Care, continue to identify priority areas of need and opportunities for falls prevention innovation and partnerships in Acute, Community and Residential Care settings.

In FY 23-24, a review of the NSLHD Falls Prevention Model of Care will take place to align with Comprehensive Care and eMR, and the previously successful Towards Zero Falls with Harm model.

The Hornsby Ku-ring-gai Hospital Falls Collaborative Multidisciplinary Group undertook reviews of each reported case and developed actions to reduce the likelihood of a re-occurrence. As a result of HKH has realised a reduction in Hospital Acquired Falls with harm of 1.5 falls/10,000 episodes of care in the financial year 2022/2023 overall.

As a priority, a project aimed to reduce the number of hospital-acquired falls and fall-related injuries will begin at Northern Beaches Hospital in the coming year. The prevalence of high-risk patients has increased, and the hospital is working to adapt its processes to accommodate and introduce solutions to reduce risk aligned with the patient's needs. Northern Beaches Hospital has updated its Falls Risk Assessment and Management Plan to align with the NSW Health tools. From an analysis of incidents, a redesigned approach to intentional-rounding commenced in August 2023.

Safety & Quality Improvement Measures

Performance Indicator	NSLHD Average	Target	Symbol	As of	Comment
Deteriorating Patients – Adult * Rapid Response Calls (rate)	**73.9**	–		April-23	While there is no target for this measure, NSLHD continues to monitor this measure over time.
* Unexpected cardiopulmonary (rate)	**0.7**	<3	✅	April-23	NSLHD has met and exceeded the target
Deteriorating Patients – Maternity * Rapid Response Calls (rate)	**32.9**	–		April-23	While there is no target for this measure, NSLHD continues to monitor this measure over time.
* Unexpected cardiopulmonary (rate)	**0**	<3	✅	April-23	NSLHD has met and exceeded the target
Deteriorating Patients – Paediatric * Rapid Response Calls (rate)	**30.1**	–		April-23	While there is no target for this measure, NSLHD continues to monitor this measure over time. High rates may be caused by low patient volumes.
* Unexpected cardiopulmonary (rate)	**0.2**	<3	✅	April-23	NSLHD has met and exceeded the target
Staphylococcus Aureus Bloodstream Infections (per 10,000 occupied bed days) * A1- C2 facilities (Royal North Shore, Hornsby Ku-ring-gai, Ryde, Mona Vale Hospitals)	**0.6**	<1	✅	May-23	NSLHD has met and exceeded the target
* D1a – F8 facilities (Greenwich, Neringah)	**0**	<1	✅		
Hand Hygiene Compliance (%)	**88%**	>80%	✅	June-23	NSLHD has met and exceeded the target
Unplanned Hospital Readmissions (%) within 28 days of separation	**6.1%**	<6.52%	✅	May-23	NSLHD has met and exceeded the target
Unplanned and Emergency Re-presentations to the same ED within 48 hours (%) * All persons	**4.2%**	–		June-23	While no target is set, year-to-date trend value is similar to that of the previous year. High rates may be caused by low patient volumes.
* Aboriginal patients	**4.5%**	–		June-23	There may be large fluctuations in the figures reported due to a low number of Aboriginal patients being admitted to NSLHD facilities
Discharged Against Medical Advice Aboriginal Inpatients (%)	**2.5%**	<2.4%	❌	June-23	There may be large fluctuations in the figures reported due to a low number of Aboriginal patients being admitted to NSLHD facilities
Mental Health: Acute Post Discharge Community Care Follow-up within 7 days (%)	**85.1%**	≥75%	✅	June-23	NSLHD MHDA has met and exceeded the target
Mental Health: Acute Readmission Within 28 days (%)	**11.7%**	≤13%	✅	June-23	NSLHD MHDA has met and exceeded the target
Mental Health: Acute Seclusion Occurrence Episodes (per 10,000 episodes of care)	**3.9**	≤5.1	✅		NSLHD MHDA has met and exceeded the target
Mental Health: Acute Seclusion Duration Average (Hours)	**9.59**	<4.0	❌	June-23	NSLHD frequently meets target for this key performance indicator and compares favourably to the NSW average. The performance during the period has been adversely affected by both a low rate of seclusion (3.8 per 1,000 Bed Days) and a small number (12) of extreme outlier events (ie >24 hours). Excluding these outlier events, the Average Duration of Acute Seclusion for the period is 3.2 hours which is within target range.

Future Priorities

Over the next financial year, Northern Sydney LHD will continue to build on the safety and quality gains achieved and learnings from 2022 and the start of 2023. A number of important safety and quality activities are planned to meet NSLHD's strategic objectives

Patients and carers are our partners in their healthcare

Voluntary assisted dying

Voluntary assisted dying is a choice that will be available to eligible people in NSW who are approaching the end of their life. This will be in addition to other choices that patients may make about their end-of-life care, including palliative care and other treatment options in line with their goals of care.

NSW Parliament passed the Voluntary Assisted Dying Act 2022 on 19 May last year. The legislation sets out very clearly the processes and safeguards to ensure it is safe and accessible to patients no matter where they are in NSW.

NSLHD has been selected to host the state-wide Voluntary Assisted Dying Care Navigator and Pharmacy Services. In addition, NSLHD will need to embed patient-centric voluntary assisted dying processes within end-of-life care pathways.

To ensure a smooth transition, NSLHD has established an implementation steering committee to oversee local readiness and has commenced recruiting a voluntary assisted dying team that will assist with implementation and support our workforce, patients and their families.

Local engagement has commenced and is ongoing to ensure staff, patients and their carers are well supported in the lead-up to the introduction of voluntary assisted dying. NSLHD staff were invited to participate in a survey on implementing the new voluntary assisted dying legislation, to capture the views of clinical staff about the implementation of voluntary assisted dying, identify perceived challenges that this legislative change will create for clinical staff, and identify ways to support clinical staff in the context of this change.

Training and education will continue throughout FY23/24 for NSLHD staff, the local Primary Health Network and Residential Aged Care Facilities within our community. This includes hosting specialised communication workshops with the Pam McLean Centre, which provides immersive workshops with paid actors and facilitators to help staff practice discussing end-of-life options, including VAD.

Voluntary assisted dying processes at NSLHD are patient-centric and will be embedded within our existing practices and systems, ensuring that we respect patient autonomy, support informed decision making and continue to provide high-quality care.

PATIENT CENTRED CARE
QUALITY DIMENSION

PARTNERING WITH CONSUMERS STANDARD

Safe, high quality connected care

Enhancing Supportive Community Care, Primary and Community Health

Enhancing Supportive Community Care (ECC) is a collaborative community-based multidisciplinary team that will provide care to people with late-stage degenerative and chronic conditions and disability. The service model is designed for people in the last two years of life with a focus on wellness and prevention of hospitalisation. This multidisciplinary team will be introduced in 2023 and will work in partnership with Northern Sydney Home Nursing Service, General Practitioners and other health service providers.

PATIENT CENTRED CARE
QUALITY DIMENSION

Safe, high quality connected care

Safe and high-quality delivery of maternity care

Safe, high-quality maternity care requires the maternity team, including their leaders, to be coordinated, engaged, and patient-focused. The NSLHD Maternal, Neonatal and Women's Health Network is strengthening its governance systems and management processes to align with recommendations in the Governance and Accountability in NSW Health Maternity Services – Framework (CEC, Feb 2021).

Work has begun to establish an inter-professional co-leadership model with Obstetric and Midwifery co-leadership. These leaders will work collaboratively to create an environment where all staff are empowered and aligned with the NSLHD safety and quality priorities.

The introduction of dedicated safety and quality leaders (Patient Safety Officers, Clinical Midwifery Consultants and data and analytics experts), will support clinicians to understand and perform their safety and quality responsibilities.

Professional collaboration and leadership will ensure the performance of individuals, teams and services are regularly evaluated to facilitate learning, accountability, and improvement in an environment where all staff feel safe to speak up, innovate and receive feedback.

SAFETY
QUALITY DIMENSION

EFFECTIVENESS & APPROPRIATENESS
QUALITY DIMENSION

CLINICAL GOVERNANCE STANDARD

Keeping people healthy and well

Integrated Team Care (ITC) program

The Integrated Team Care program supports Aboriginal and Torres Strait Islander people in the Northern Sydney region to access culturally appropriate primary health care as required. The program provides care coordination services to eligible Aboriginal and Torres Strait Islander people with complex chronic disease/s who require coordinated, multidisciplinary care. The program aims to deliver culturally appropriate services to Aboriginal and Torres Strait Islander people and the Lesbian, Gay, Bisexual, Transgender and Intersex community.

There are 104 clients currently in the ITC program. PREMS and PROMS responses from community Integrated Team Care clients have informed the service of areas to focus on and where additional support is required.

TIMELINESS & ACCESSIBILITY
QUALITY DIMENSION

EQUITY
QUALITY DIMENSION

A Safe Haven for young people

The Mental Health Drug and Alcohol Service received NSW Health funding to establish a Safe Haven for young people. A Safe Haven is a place people can go when distressed or if they are having suicidal thoughts as an alternative to attending an Emergency Department. A cottage at Macquarie Hospital has been refurbished to accommodate the new service, which in NSLHD will focus on young people. The service will be staffed by Youth Response Team clinicians and peer workers with governance under the Child and Youth Mental Health Service Director. Planning is underway to develop a model of care, processes, procedures, and key performance indicators. It is anticipated the new service will open to the public later in 2023.

SAFETY
QUALITY DIMENSION

PATIENT CENTRED CARE
QUALITY DIMENSION

Keeping people healthy and well

The NSLHD Alcohol and other drug Consultation, Assessment, Care and Intervention Service (ACACIA)

The NSLHD Alcohol and other drug Consultation, Assessment, Care and Intervention Service (ACACIA) is being developed to address issues related to problematic substance use in adolescents and historic gaps in care. The primary aim of ACACIA is the reduction of harms associated with Alcohol and other drug (AOD) use through the provision of specialist multidisciplinary assessment and interventions for ACACIA's target population - adolescents with moderate to severe issues related to problematic AOD use. This includes providing care directly to individuals and their families and carers and providing specialist consultation to other services supporting this target population. The ACACIA Service has replaced the Specialist Addiction Service for Adolescents (SASA), is currently providing medical consultations, and is in the process of recruiting the remainder of the multidisciplinary allied health team.

The service is based at Brookvale Community Health Centre and will service young people and their families across NSLHD.

SAFETY
QUALITY DIMENSION

TIMELINESS & ACCESSIBILITY
QUALITY DIMENSION

Our staff are engaged and well supported

Supporting Psychosocial Wellbeing at Work

A psychosocial risk management framework for NSLHD is currently under development and due to be launched in 2023. The purpose of this framework will be to support NSLHD to implement the Safework NSW Code of Practice for Managing psychosocial hazards at work.

People and Culture have reinvigorated the managers training module on workplace behaviours. This module was piloted in April 2023 with high attendance and has received excellent feedback. This module will become a requirement for all managers to complete once the framework is launched. It aims to support managers to support their teams in promoting acceptable workplace behaviour and is aligned with existing Speaking up for Safety training, Safe Behaviours Together program, and the Statement of Commitment to Creating a Safe Culture which was launched late March 2023.

Research, innovation and digital advances inform and improve the delivery of patient care

Self-service data analytics

NSLHD data needs have been growing and changing. Access to high-quality and timely data is essential to develop a comprehensive understanding of clinical performance and to inform opportunities for continuous system, process and practice improvement.

The NSLHD Analytics and Performance Unit and other key data teams are working on advancing the use of data across the district.

NSLHD's Advanced Analytics program explores innovative ways of using data from the electronic medical record system to support our staff to have greater insights into the quality of clinical care provided. The program is also exploring ways to simplify and automate otherwise manual and time-consuming data activities.

All districts within NSW Health is transitioning to a new data warehouse (Enterprise Data Warehouse for Analysis, Reporting and Decision Support) for mandatory reporting. This transition has provided an opportunity for NSLHD to modernise our data analytics approach to meet the district's data needs.

NSLHD is moving towards a practical and scalable 'self-service' approach to data analytics. A range of data dashboards will be made available for staff to access the data they need when needed. Additionally, to build staff confidence and capability with data analytics, staff will be strongly supported with training and resources to empower them to use data to drive healthcare improvement.

CLINICAL GOVERNANCE STANDARD

Appendix: Attestation Statement

Health
Northern Sydney
Local Health District

This attestation statement is made by	Mr Trevor Danos AM
Holding the position/office on the Governing Body	Chair, Northern Sydney Local Health District Board
For and on behalf of the governing body titled	Northern Sydney Local Health District Board Northern Sydney Local Health District

1. The Governing Body has fully complied with, and acquitted, any Actions in the National Safety and Quality Health Service (NSQHS) Standards, or parts thereof, relating to the responsibilities of governing bodies generally for Governance, Leadership and Culture. In particular I attest that during the past 12 months the Governing Body:

   a. has provided leadership to develop a culture of safety and quality improvement within the Organisation, and has satisfied itself that such a culture exists within the Organisation

   b. has provided leadership to ensure partnering by the Organisation with patients, carers and consumers

   c. has set priorities and strategic directions for safe and high-quality clinical care, and ensured that these are communicated effectively to the Organisation's workforce and the community

   d. has endorsed the Organisation's current clinical governance framework

   e. has ensured that roles and responsibilities for safety and quality in health care provided for and on behalf of the Organisation, or within its facilities and/or services, are clearly defined for the Governing Body and workforce, including management and clinicians

   f. has monitored the action taken as a result of analyses of clinical incidents occurring within the Organisation's facilities and/or services

   g. has routinely and regularly reviewed reports relating to, and monitored the Organisation's progress on, safety and quality performance in health care.

2. The Governing Body has, ensured that the Organisation's safety and quality priorities address the specific health needs of Aboriginal and Torres Strait Islander people.

3. I have the full authority of the Governing Body to make this statement.

4. All other members of the Governing Body support the making of this attestation statement on its behalf

I understand and acknowledge, for and on behalf of the Governing Body, that:

- submission of this attestation statement is a pre-requisite to accreditation of the Organisation using NSQHS Standards under the Scheme

- specific Actions in the NSQHS Standards concerning Governance, Leadership and Culture will be further reviewed at any onsite accreditation visit/s.

Signed 

Name Mr Trevor Danos AM

Position Chair, Northern Sydney Local Health District Board

Date 18/7/23

Counter signed by the Health Service Organisation's Chief Executive Officer (however titled)

Signed 

Name Adjunct Professor Anthony Schembri AM

Position Chief Executive, Northern Sydney Local Health District

Date 18.07.2023

NSW GOVERNMENT

Northern Sydney
Local Health District

NORTHERN SYDNEY LOCAL HEALTH DISTRICT

Partnering with Consumers Framework: 2021-2026

NSW GOVERNMENT

Health
Northern Sydney
Local Health District

Acknowledgements

Northern Sydney Local Health District (NSLHD) would like to thank the consumer advisors and NSLHD colleagues for their support and guidance in developing this important document, NSLHD Partnering with Consumers Framework. The Framework was reviewed by members of the NSLHD Board Consumer Committee, Consumer Advisory and Participation Committees, Mental Health Drug and Alcohol Consumer Peer and Carer Workforces and champions of consumer engagement in NSLHD.

Audience: The Framework has been developed for all consumers and NSLHD staff to support consumer engagement, co-design and person centred care. All NSW Health service providers and staff share responsibility for integrating consumer engagement, co-design and person centred care into everyday practice.

Contents

Commonly Used Terms

The Framework will refer to some commonly used terms as outlined below:

Consumer – any person who has used, or may potentially use, our health services, or is a carer for a patient or client using our health services.[1]

Consumer Advisor or Representative – a healthcare consumer provides a consumer perspective, contributes consumer experiences, advocates for the interests of current and potential health service users, and takes part in decision-making processes.[2]

Consumer Peer Worker (Mental Health Drug and Alcohol) – a person who has a lived experience of mental health and/or drug and alcohol challenges and recovery. Consumer Peer Workers support the recovery of consumers through sharing aspects of their personal recovery experiences with others in a safe, purposeful and effective way as well as participating in organisational planning and service development activities.

Carer Peer Worker (Mental Health Drug and Alcohol) – are employed specifically to work from their experience of caring for or supporting a person with a lived experience of mental health challenges and recovery. A carer peer worker uses their lived experience purposefully in working with families and carers, to provide support and model hope for recovery. Carer Peer Workers also work to promote positive improvements in mental health service delivery, through their representation, engagement and advocacy in committees, education and training, projects and service development activities.

Co-design – is a way of bringing consumers, carers and families together to improve health services. It creates an equal and reciprocal relationship between all stakeholders, enabling them to design and deliver services in partnership with each other.[2]

Community – diverse group of people who are linked by their potential to access our health services – this can be consumers, health professionals, the Sydney North Health Network, local councils, community managed and charitable organisations, other government agencies, peak consumer councils, and other community group.

Community Engagement – participation with a community of people, rather than an individual citizen, incorporates the diversity and dynamics of communities.[3]

Consumer Engagement – (sometimes called participation) is about involving consumers in decision-making. Be it decisions at an individual level (around people's own health, treatments and illness management) or at health service level (policy development, service design, delivery and evaluation).[4]

Health Literacy – refers to a person's ability to find, understand and use information to make decisions about their health.[5]

Multi-Disciplinary team – involves a range of health professionals from one or more specialties, working together to deliver comprehensive patient care.[6]

Partnering with Consumers – occurs when the health system, health service organisation and clinicians work in collaboration with consumers, with the aim of improving patient experience and outcomes.[2]

Person centred care – sees the person at the centre of care. This means they are actively involved in and equal partners in planning and decision making around their own care and treatment. It acknowledges and considers each person has different desires, values, family and social situations and ensures care and treatment appropriately aligns with these factors.[7]

Shared decision making – where a clinician and patient jointly make a health care decision.[2]

Trauma informed care – it requires services to ensure staff have a basic understanding of how trauma affects the life of a person and accommodate the particular sensitivities and vulnerabilities of trauma survivors. Most fundamentally, it represents a move away from a sole focus on diagnosis and towards the provision of holistic care based on lived experience and individual need.[8]

Recovery orientated practices – delivering recovery-oriented practice requires services to focus on achieving the best outcomes for people's mental health, physical health and wellbeing. Delivering recovery-oriented practice requires services to focus on achieving the best outcomes for people's mental health, physical health and wellbeing.[8]

1 https://www.safetyandquality.gov.au/publications-and-resources/resource-library/nsqhs-standards-guide-multi-purpose-services-and-small-hospitals

2 Agency for Clinical Innovation, A Guide to Build Co design Capability available at https://www.aci.health.nsw.gov.au/__data/assets/pdf_file/0013/502240/Guide-Build-Codesign-Capability.pdf

3 Child Family Community Australia, Community Engagement available at https://aifs.gov.au/cfca/sites/default/files/cfca39-community-engagement.pdf

4 Health Consumers NSW, What is Consumer engagement available at https://www.hcnsw.org.au/for-health-consumer-organisations/health-consumer-engagement/

5 Health Literacy Hub available at https://www.healthliteracyhub.org.au/what-is-health-literacy/

6 Ministry of Health, Multidisciplinary team care available at https://www.health.nsw.gov.au/healthone/Pages/multidisciplinary-team-care.aspx

7 Ministry of Health End of Life and Palliative Care Framework (2019) available at https://www.health.nsw.gov.au/palliativecare/Publications/eol-pc-framework.pdf

8 NSW Mental Health Commission (2014). Living Well: A Strategic Plan for Mental Health in NSW. Sydney, NSW Mental Health Commission available at Living Well: A Strategic Plan for Mental Health in NSW 2014-2024 | Mental Health Commission of New South Wales nswmentalhealthcommission.com.au

Our Vision: Partnering with Consumers

Message from the NSLHD Board Consumer Chair and Chief Executive

Northern Sydney Local Health District (NSLHD) has a proud history of partnering with consumers across the District. Through these strong partnerships we take a whole of organisation approach to achieve **our vision of being "leaders in healthcare, partners in wellbeing"**.

The Partnering with Consumers Framework (The Framework) is a re-affirmation of our commitment to consumer engagement, further embedding a culture of inclusive, integrated and valued consumer partnerships. The Framework shares how we will partner with consumers and the NSLHD community during all stages of health service planning, delivery, development and evaluation. NSLHD invites you to engage with us to help make healthcare work better, empowering consumers to be active partners in their own care and elevating the human experience.

The vision of The Framework is to grow and support inclusive, collaborative consumer engagement through valued partnerships to inform health service planning, delivery, development and evaluation from a lived experience.

"Consumers and carers provide us with a unique perspective on our health services because they are the ones with the lived experience of using those services. This makes them valuable partners in promoting safety and quality within our health service which contributes to positive health outcomes for all consumers.

Karen Filocamo
Chair, NSLHD Board Consumer Committee

We actively listen and learn from feedback and improve the patient, carer and staff experience to improve the health and wellbeing of the local community. We respectfully build trust and value the diversity of consumers and their differing needs.

As a District, we promote partnering with consumers and the community to:

- Improve our patients' and staff experiences and outcomes;
- Improve collaborative decision making about treatment and care;
- Enhance our health service development; and
- Improve the quality of our services

We only have to look at the rapid changes we have currently seen in health due to the COVID-19 pandemic to understand how consumers can partner across many levels of the organisation. We acknowledge the leadership commitment to Partnering with Consumers to improve both the staff and patient experience.

Deb Willcox
NSLHD Chief Executive

NSLHD, Director of Aboriginal Health (Peter Shine) was the first person in NSLHD to receive the Oxford/ AstraZeneca vaccine at the Hornsby Hospital Hub

Statement of Commitment to Aboriginal and Torres Strait Islander families and communities

NSLHD would like to acknowledge the traditional custodians of the Northern Sydney region, the Gaimaraigal and Dharug peoples. Their spirit can be found across the region and we honour the memory of their ancestors and Elders past and present.

As we endeavour to serve the health needs within the community, we recognise the importance of the land and the waterways, as an integral part of peoples' health and wellbeing.

Aboriginal and Torres Strait Islander are people from a resilient community who have a deep connection to family, culture and country. Intergenerational trauma caused by colonisation, stolen generations, racism and unconscious bias have impacted the community and significant health disparities exist between Aboriginal and non-Aboriginal people.

The NSW Aboriginal Health Plan 2013-2023 defines Aboriginal health as going beyond physical wellbeing to comprise "the 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 wellbeing of their community". One of the commitments in The Framework is to improve the cultural competency, engagement and recognition of Aboriginal and Torres Strait Islander consumers in NSLHD.

By co-designing healthcare with Aboriginal and Torres Strait Islander consumers it will ensure an approach where healthcare is delivered in partnership with the community and meets their needs.

Key elements of implementing The Framework to enable person centred care include:

- adapting resources;
- asking 'what matters to you';
- health literacy and providing the right information at the right time;
- care for the whole person inclusive of cultural considerations;
- providing a safe and welcoming space; and
- identification of Aboriginal and Torres Strait Islander people in NSLHD

Our commitment to improving Aboriginal and Torres Strait Islander health in NSLHD is a priority and aligns to the NSLHD Aboriginal and Torres Strait Islander Health Services Plan 2017-2022 and the NSLHD Clinical Services Plan 2019-2022. Key priorities include:

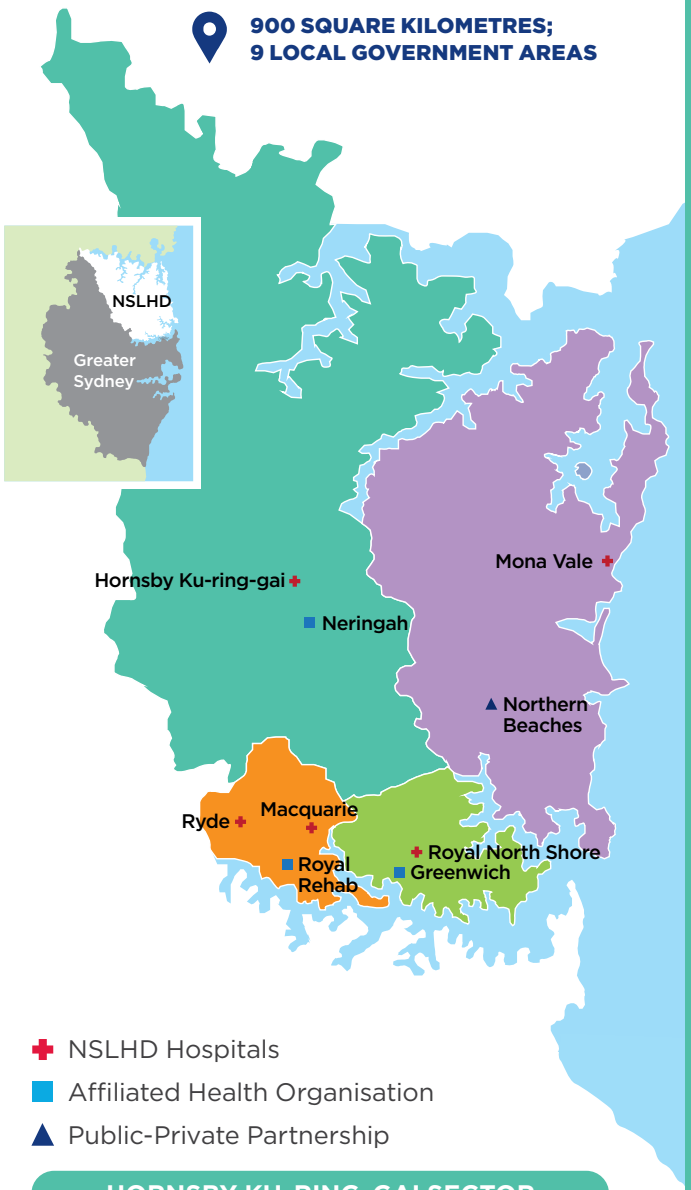
- identification of Aboriginal and Torres Strait Islander people when they attend our services/ facilities – resources such as 'Ask the Question' are made readily available
- increasing Aboriginal workforce and training and providing culturally appropriate care

We are committed to improving the health outcomes and experience of Aboriginal and Torres Strait Islander people in NSLHD.

NSLHD Community

What does the NSLHD community look like:

Northern Sydney Local Health District (NSLHD) is one of 15 geographic local health districts in NSW. It covers an area of approximately 900 square kilometres, originally inhabited by the Gaimaraigal, Guringai and Dharug peoples of the Eora Nation and ranges south from the Hawkesbury River to the northern shore of Sydney Harbour and Parramatta River as far as Ermington Point and west from the eastern seaboard to the Old Northern Road to Wisemans Ferry.



- NSLHD Hospitals
- Affiliated Health Organisation
- Public-Private Partnership

HORNSBY KU-RING-GAI SECTOR

NORTHERN BEACHES SECTOR

LOWER NORTH SHORE SECTOR

RYDE-HUNTERS HILL SECTOR

2020/21 Statistics

*As at 30 June 2021

More than 28,000 operations

More than 155,000 Emergency Department presentations

Cared for nearly 120,000 patients with 568,996 occasions of service in outpatient departments

Delivered close to 4,000 babies

14 COVID-19 Testing clinics established

Over 30,000 COVID-19 vaccinations provided

Total Workforce

10,691

(8,792 FTE)

51	Aboriginal and Torres Strait Islander employees
5,023	Nursing
1,404	Allied Health
1,488	Medical

985,708

residents (11.7% of the NSW population)

1,091,346

residents by 2031 (10.7% growth), passing 1 million residents in 2023

When We Partner Together

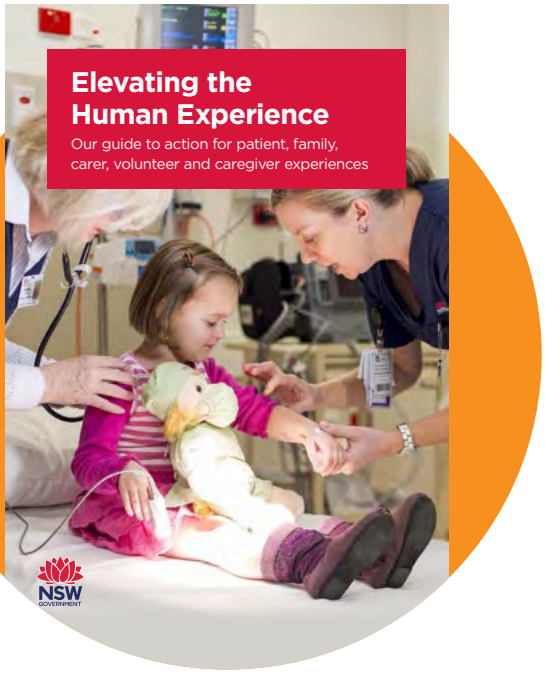
When we empower, engage and co-design with consumers, we partner towards a shared vision of delivering person centred care to support inclusive, collaborative consumer partnerships. By improving the voice and equity of all consumers in healthcare, it drives innovation and integration of services to deliver the best patient experience. This includes better access to care, better healthcare experiences and safety and quality outcomes.

When we have a shared vision:

- Health teams feel empowered when they themselves are listening and responding to meet the needs of the consumer and community.
- Consumers feel empowered that they can take a proactive approach in their own healthcare and are part of the care team.
- Consumers have a platform to feedback ideas and shape service design, development and delivery.

Once the consumer engagement culture (practices and approaches) are embedded and sustained, consumers can better navigate the health system, access and receive care that is more reflective of their needs and improve their experience of care. By improving shared decision making, consumers' feel informed and empowered to be more active partners in their own care.

NSLHD Board Consumer Committee Chair Karen Filocamo and NSLHD Board and RNSH Consumer Committee member Susan Barisic



What success looks like – Elevating the Human Experience

The guide 'Elevating the Human Experience – our guide for action for patients, families, carer and care giver experiences'[9] provides a roadmap for Local Health Districts to co-ordinate a strategic approach for patient experience. The guide provides planning for person centred care partnerships with consumers and staff and complements local initiatives to improve experiences. It is a key guidance document for developing The Framework.

> A consumer voice that is really listened to is a key component in improving health services and health outcomes. The community needs to be consulted about where our health services are going, to be involved in decision making, to be empowered.
>
> **YVONNE PARSONS, CHAIR**
> **MONA VALE CONSUMER PARTICIPATION COMMITTEE**

9 Elevating the Human Experience – Our guide to action for patients, family, carers and carergivers (2020) available at https://www.health.nsw.gov.au/patients/experience/Publications/elevating-human-experience-easy.pdf

Framework Overview

The Framework outlines NSLHDs commitment to partnering with consumers and the broader community.

Vision

The vision of the framework is to grow and support inclusive, collaborative consumer engagement through valued partnerships to inform health service planning, delivery, development and evaluation from a lived experience

CORE Values

Collaboration, Openness, Respect, Empowerment

Key Priority Areas

- **Priority 1** – Actively engaging consumers and carers as partners in care;
- **Priority 2** – Partnering with Consumers on service planning, design, delivery, measurement and evaluation;
- **Priority 3** – Enhance health literacy of consumers and the community;
- **Priority 4** – Support consumers and staff to partner in NSLHD; and
- **Priority 5** – Expand consumer engagement network opportunities

Principles of Consumer Engagement

- Participation
- Person Centred
- Accessible and inclusive
- Partnership
- Diversity
- Mutual respect and value
- Support
- Influence
- Continuous improvement

Consumer and community engagement

The Framework has been developed alongside the release of the second edition of the Australian Charter of Healthcare Rights[10], National Safety and Quality Health Service Standards (the Standards) - Standard 2: Partnering with Consumers and Elevating the Human Experience guide[11].

10 Australian Commission on Safety and Quality in Australia, Australian Charter of Healthcare Rights available at https://www.safetyandquality.gov.au/Consumers/working-your-healthcare-provider/australian-charter-healthcare-rights

11 Elevating the Human Experience – Our guide to action for patients, family, carers and caregivers (2020) available at https://www.health.nsw.gov.au/patients/experience/Publications/elevating-human-experience-easy.pdf

Improving the voice of diverse groups in healthcare

People from the Aboriginal and Torres Strait Islander community, Culturally and Linguistically Diverse (CALD) communities, people who are socially isolated, people living with a mental illness, people living with a disability, people experiencing domestic and family violence, rough sleepers, Lesbian, Gay, Bi-Sexual, Transgender, Questioning and Intersex (LGBTQI+) and other consumers of diverse background want meaningful engagement to connect with the healthcare system. When resources and services are co-designed with consumers and the community it builds trust and respect that they are being heard and listened to.

NSLHD will adapt and respond to meet the needs of diverse communities and incorporates recommendations from peak reports e.g. Disability Royal Commission. Providing a safe and inclusive health service that recognises, acknowledges and responds to differing needs of people supports a collaborative approach to health care.

The NSW Mental Health Commission's Lived Experience Framework (*https://www.nswmentalhealthcommission.com.au/report/lived-experience-framework*) comprises a language guide, vision, guiding principles, actions and implementation approach to embed lived experience across mental health and social services systems.

We improve equity in the consumer voice by:

- Removing barriers to healthcare to improve physical access to facilities
- Removing barriers to healthcare to improve access and use of technology
- Identifying and respond to the diversity of the community by adapting resources, translating resources and providing interpreters to diverse groups
- Asking the right questions to understand preferences, values and goals of the consumer
- Engaging the diversity of consumers' by providing a welcoming and safe space for all
- Recognising traumatic events or experiences and delivering care in a sensitive way with compassion and kindness

Core Values

In NSLHD, we improve the staff and consumer experience in alignment with CORE values. The CORE values we promote for both staff and consumers are:

- Collaboration
- Openness
- Respect
- Empowerment

The Elevating the Human Experience work goes beyond CORE values and extends to working in kindness with each other, communicating in ways that empower people and promoting collaborative relationships. We all have our unique experiences and to improve the experiences of both staff and consumers we do so in partnership.

NSLHD District Board Consumer Committee Chair (Karen Filocamo), NSLHD District Board Consumer Committee members Barbara Bice (centre) and Susan Barisic (right)

NSLHD Strategic Alignment

Northern Sydney Local Health District Strategic Plan 2017-2022[12] has five themes. The key actions within The Framework are aligned with the strategic themes:

THEME 1
Healthy Communities

Prevention, early intervention and community development strategies will improve health outcomes

THEME 2
Connected Person-Centred Care

People have a good experience of care, which meets their health needs, in partnership with multiple care providers

THEME 3
Evidence-Based Decision Making

Decisions are made on the basis of best available information and a philosophy of continuous improvement

THEME 4
Responsive & Adaptable Organisation

Our structure and systems support the delivery of innovative and responsive services in partnership with other providers and our community

THEME 5
Engaged & Empowered Workforce

Our staff are confident, capable and committed to the support and delivery of good care every day

The Framework also aligns to the Clinical Governance Framework and the National Standards.

12 NSLHD, NSLHD Strategic Plan 2017-2022, available at *https://www.nslhd.health.nsw.gov.au/AboutUs/StrategicPlan*

Consumer and Community Engagement Principles

Consumer engagement means checking in and continuously improving what we are doing. It embeds a culture of committing to consumer partnerships and acknowledging the value of a lived experience, ensuring that we learn from the people who use our services and those who care for them. The following principles and priorities drive the achievement of mutually satisfying consumer and community engagement.

We have identified nine principles that improve consumer and community engagement (Table 1). They are: Participation, Person Centred, Accessible and inclusive, Diversity, Mutual respect and value, Support, Influence and continuous improvement.

TABLE 1 » PRINCIPLES FOR CONSUMER ENGAGEMENT
(adapted from the Health Consumers Queensland Consumer and Community Engagement Framework[13])

13 Health Consumers Queensland, Consumer and Community Engagement Framework, February 2012, Queensland Government available at https://www.hcq.org.au/wp-content/uploads/2016/03/HCQ-Consumer-and-Community-Engagement-Framework-20121.pdf

The key principles and priorities are aligned in Table 2 below to the NSLHD Strategic Priorities and National Standards.

TABLE 2 » PRINCIPLES AND PRIORITIES ALIGNED TO STRATEGIC OBJECTIVES AND STANDARD 2: PARTNERING WITH CONSUMERS

Consumer and Community Engagement Principles in NSLHD	Consumer and Community Engagement Priorities in NSLHD	NSLHD Strategic Objectives	Addresses Standard 2. Partnering with Consumers Criterion
Participation Person Centred	**Actively engaging consumers and carers as partners in care** 1	Connected Person-Centred Care	Partnering with patients in their own care
Partnership Influence Continuous improvement	**Partnering with Consumers on service planning, design, delivery, measurement and evaluation** 2	Engaged & Empowered Workforce Responsive & Adaptable Organisation Evidence-Based Decision Making	Partnering with Consumers in organisational design and governance
Support	**Enhance health literacy of consumers and the community** 3	Connected Person-Centred Care Healthy Communities	Health Literacy
Mutual respect and value	**Support consumers and staff to partner in NSLHD** 4	Connected Person-Centred Care Engaged & Empowered Workforce Evidence-Based Decision Making	Shared decision making
Accessible and Inclusive Diversity	**Expand consumer engagement network opportunities** 5	Connected Person-Centred Care Responsive & Adaptable Organisation	Clinical governance and quality improvement systems to support partnering with Consumers

Consumer and Community Engagement Priorities

The priorities for action were co-designed with consumer advisors and a working group and are in line with current and emerging best practice found in the literature. The priorities provide a structure to guide next steps to strengthen consumer engagement and the patient and staff experience.

There are a number of levels of consumer engagement in which to build capacity and partner collaboratively so that a culture of nurturing a collaborative practice of partnering and learning together is achieved. There are 4 levels of consumer involvement[14].

Individual → **Service** → **Network** → **System**

The levels and domains to engage consumers occurs at different stages and need to be tailored to meet their needs. We do the thinking together across the different levels of engagement to design, plan, deliver, monitor and evaluate the healthcare system.

14 Health Consumers Queensland, Consumer and Community Engagement Framework, February 2012, Queensland Government available at https://www.hcq.org.au/wp-content/uploads/2016/03/HCQ-Consumer-and-Community-Engagement-Framework-20121.pdf

Here's how we are prioritising consumer engagement

1

PRIORITY 1

ACTIVELY ENGAGING CONSUMERS AND CARERS AS PARTNERS IN CARE

Engaging consumers personally happens when treatments, services and programs are clearly explained, when the staff member takes the time to explain things in a way that consumers can understand, and when a patients' goals, preferences and values are understood and incorporated into care plans. It engages consumers at an **Individual level** in the healthcare system. A consumer who is more informed and an active ***participant*** in their own care is able to navigate the health system better and receive ***person centred care***.

Priority delivered by:	Actioned by:	Example:	Engagement domain
Asking if the consumer received and understood the Australian Charter of Healthcare Rights (The Charter)	Survey and audit results are reviewed to measure if the Charter was displayed, received and understood. Further information is provided if elements of care are not understood. Posters are displayed.	Braille and translated version of the Charter are available. Interpreters are booked as required. Consent is obtained and verified	Planning and design
Developing a care plan with the consumer that reflects their goals, preference and values	Audit for shared decision making – consumers participate in the development of their care plan and be a part of the multi-disciplinary care planning, documentation of goals, preferences and values and how they are met are captured. Training on shared decision making provided	A joint care plan is agreed where all information is explained and understood. Choices are provided and discussed	Planning and design
Carers are recognised and supported as part of the care team	Carers are identified and registered in the eMR Carer tab and referred to the Carer Support Service. Carers are included by Medical in treatment and care decision making especially when the patient has a cognitive impairment. Carers are involved as much as the patient wants them to be.	The Carer Support Service contact details are provided to carers and referred for additional support	Service delivery
Promoting a seamless care journey through integration and co-ordination of care	Consumers navigate the health system through easy access to health care information (internet or provided in person)	'My Surgery Journey' brochure provided for what to expect when coming in for surgery	Service delivery
Promoting General Practice engagement by partnering with Sydney North Health Network (Health Network)	Improve General Practice (GP) integration through secure messaging of referrals and discharge plans to improve communication. Be responsive and alert to community issues by partnering with the health network	The regular General Practitioner (GP) contact details are captured in the medical record and discharge plans are provided back to GPs	Service delivery
Providing a safe, clean and welcoming space	People who identify from diverse backgrounds are made to feel welcome into health care facilities/services	Promote 'Ask the Question' video and refer to health services (e.g. Aboriginal Health Unit)	Service delivery
Ensure timely open disclosure if incidents occur	Timely communication with the patient and family about what occurred, reported in the Incident Information Management System	Ensure 'Dedicated Family Contact' resources are provided to the family contact. Enquire what additional information / support may be needed	Service delivery
Write up consumer experiences and outcomes, patient and carer stories for quality improvements	Overall consumer experience scores across the District meet a target of >85%. Experience feedback and patient and carer stories are incorporated into safety and quality improvements	Survey feedback was collected and evaluated to initiate safety and quality improvements e.g. You said, we did initiatives	Monitoring and evaluation

PRIORITY 2

PARTNERING WITH CONSUMERS ON SERVICE PLANNING, DESIGN, DELIVERY, MEASUREMENT AND EVALUATION

2

When consumers are meaningfully engaged on a level playing field it engages them at a **service** level in the healthcare system. When consumers and healthcare providers co-design together it strengthens healthcare experiences and outcomes. Co-design activities to plan, design, deliver, measure and evaluate health care initiatives include:

- developing easy to read health information;
- ***partnering*** on safety and quality initiatives;
- ***influences*** committees, projects and activities, research initiatives; and
- ***continuous improvement*** on models of care development

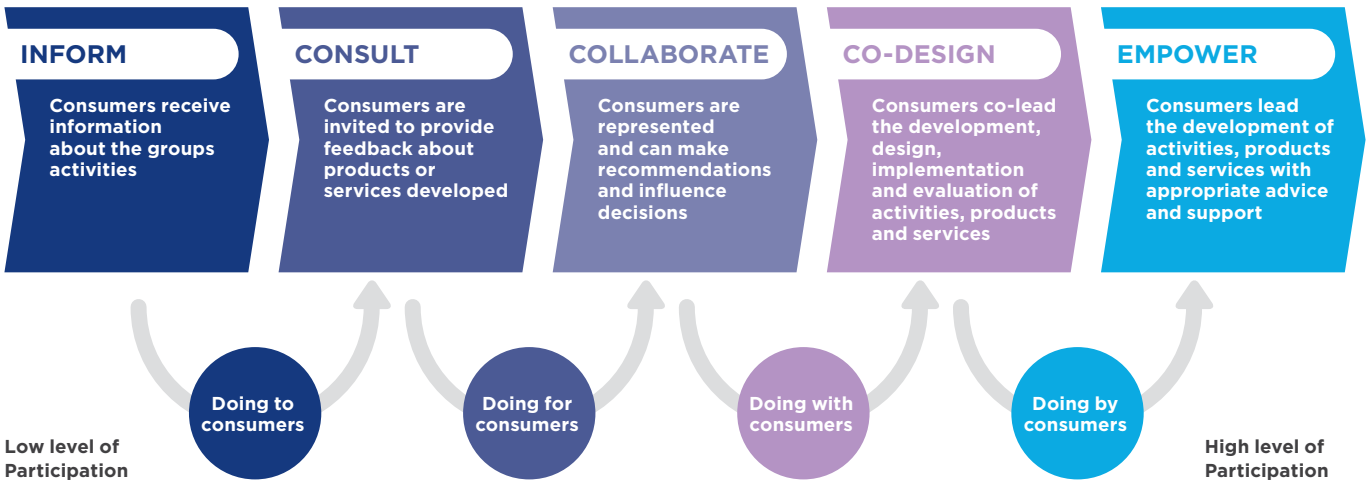
"Consumers attend and are involved in forums where community members can discuss health issues.

Priority delivered by:	Actioned by:	Example:	Engagement domain
Implement the Partnering with Consumers Framework	Consumer and community engagement delivery will be measured against the framework, monitor change management processes to embed The Framework	An annual report of consumer advisor activities and improvements will be delivered and shared via numerous communication platforms	Monitoring and evaluation
Engagement of consumers to influence and co-design services and improve care planning, designing, delivery, evaluation and monitoring	District Board Consumer Committee, Consumer Participation/Advisory Committees, MHDA Consumer and Carer Peer Workforce Committee and consumers on other committees/ activities co-design and are engaged throughout the District. We close the loop by demonstrating how consumers feedback was incorporated and refer to co-design guides e.g. ACI – a guide to build co-design capability or Mental Health Australia – Co-design in mental health policy	People with a lived experience of having a stroke co-design a new model of care with regard to transfer of care (from hospital to rehabilitation)	Service delivery
Create a 'buddy system' for new Consumer Advisors	New and existing consumer advisor education and resources (including the buddy system) are provided in the Consumer Toolkit	A new consumer advisor 'buddy' with an experienced consumer advisor to support them during the first 3 months	Planning and design

Priority delivered by:	Actioned by:	Example:	Engagement domain
Promote research driven by consumers with a lived experience to identify priorities	Consumers advisors are trained to participate and partner in research initiatives, opportunities to participate are promoted and aligned to the NSLHD Research strategy	NSLHD, Sydney Health Partners and Health Consumers NSW co-facilitated a joint training day on 'Introduction to consumer involvement in health research' with consumers and staff	Planning and design
Leadership have a shared vision to partner with consumers and consumer advisors	Executives and Managers model the culture of inclusive consumer engagement and demonstrate continuous improvement achieved in performance reviews	NSLHD Chief Executive attends regular consumer events e.g. Cancer Services Plan consumer focus group and MHDA Peer Workforce forum	Planning and design
Governance is inclusive of consumer engagement	There is clear governance of how and when consumers are engaged in planning, delivery, development and evaluation	The NSLHD Board Consumer Committee Terms of Reference has representation from the local consumer committees to feedback into NSLHD	Monitoring and evaluation
Measure the impact of consumer activity on strategic priorities	Invite consumers to represent the diversity of the consumer voice of NSLHD on Local Health District and state initiatives	Consumer advisors are nominated to peak state committees e.g. Ministry of Health Elevating the Human Experience enabler groups for strategic priorities	Monitoring and evaluation

In order to partner in the designing, planning, monitoring and evaluation of health services, consumers can participate at different engagement levels. The International Association of Public Participation (IAP2) Spectrum of Engagement[15] outlines the low to high levels of engagement (inform, consult, collaboration, co-design and empower) in Table C. What's central in the health system is how NSLHD engages consumers to incorporate their ideas across the different levels. When it's done well, you increase the levels of consumer engagement from informing to co-design to co-produce.

TABLE 3 » LEVEL OF CONSUMER ENGAGEMENT[16]



15 International Association of Public Participation, IAP2 Spectrum, retrieved on 9 July 2021 at https://iap2.org.au/wp-content/uploads/2020/01/2018_IAP2_Spectrum.pdf

16 Health Consumers Queensland, Consumer and Community Engagement framework available at https://www.hcq.org.au/wp-content/uploads/2016/03/HCQ-Consumer-and-Community-Engagement-Framework-20121.pdf

PRIORITY 3

ENHANCE HEALTH LITERACY OF CONSUMERS AND THE COMMUNITY

When information is provided in a way that consumers can understand it improves access and choice to make informed decisions at a **systems level**. Consumers are empowered and ***supported*** to navigate the health system by having the right information at the right time.

> **Health literacy is about how people understand information about health and health care, and how they apply that information to their lives, use it to make decisions and act on it.**[17]

17 Australian Commission on Safety and Quality in Healthcare, Health literacy available at Health literacy | Australian Commission on Safety and Quality in Health Care.

Priority delivered by:	Actioned by:	Example:	Engagement domain
Tailor information to meet the needs of diverse groups of consumers	Improve access to and quality of health literate consumer information. Use the consumer tick procedure to develop brochures and clinical information/instruction sheets	Translated resources are developed to breast screen the Tibetan community	Service delivery
Provide communication training to encourage feedback and check levels of understanding between staff and consumers	Measure the number of staff and consumers engaged in health literacy training such as TeachBack	The patient is asked to repeat back to staff what they heard regarding their new medications to confirm their level of understanding	Service delivery
Drop the jargon, use non-judgemental language	Refer to resources such as the Recovery Oriented Language Guide[18] and run events such as Drop the Jargon Day	Mental Health Drug and Alcohol Consumer Peer workers co-design new resources and submit using the Consumer Tick process to develop health literate consumer resources	Planning and design
Provide access to resources for staff to develop easy to read resources	Number of consumer resources developed using the Consumer Tick procedure, reduce jargon used and develop an acronyms list, increase way finding/signage co-designed with Consumers	A new consumer brochure 'Health Living Program' used the Hemingway app (hemingwayapp.com) to grade the brochure to ensure it is easy to read	Planning and design
Provide support tools to develop health literate resources	Policies, procedures and guidelines are provided to develop resources, links to My Health Learning health literacy modules are available	The Consumer Tick procedure to develop the 'Health Living Program' was used to develop the brochure Consumer Tick resources for staff	Planning and design
Health Literacy strategy	Improving the quality and accessibility of NSLHD produced patient information and communication	Health Literacy and Teach back – education is available through My Health Learning Code: 241744958	Service delivery

CONSUMERS AND CARERS APPROVED

When you see this logo on a brochure, it means that consumers with a lived experience have reviewed the document and their feedback has been included.

18 Recovery Oriented Language Guide available at http://www.mhcc.org.au/wp-content/uploads/2019/08/Recovery-Oriented-Language-Guide_2019ed_v1_20190809-Web.pdf

PRIORITY 4

SUPPORT CONSUMERS AND STAFF TO PARTNER IN NSLHD

Consumer and staff resources to partner together is pivotal. By providing toolkits and resources it promotes staff and consumer engagement across the District. By addressing culture change and systemic barriers through consumer and staff partnerships it improve ***mutual respect and value*** to promote consumer engagement.

Being a consumer advisor has given me the ability to influence and help make decisions which affect health care in the NSLHD. From small to large, I have been able to offer opinions and assistance. The doctors and administrators make me feel the community voice is genuinely important in developing the best possible outcomes across the district. Even though I have no medical or scientific knowledge or experience, I have been made to feel part of the team.

JEBBY PHILLIPS, CHAIR
HORNSBY KU-RING-GAI HOSPITAL
CONSUMER PARTICIPATION COMMITTEE

Priority delivered by:	Actioned by:	Example:	Engagement domain
Build capacity of staff and consumer advisors to partner together	Provide a consumer and staff toolkit to partner together and measure its effectiveness including training, provide resources on the internet and intranet	New consumers are provided with a consumer toolkit when they join as a consumer advisor	Planning and design
Sponsors to collect consumer advisor feedback on committees and activities	Feedback reports from consumer advisors advising of their engagement on committees and consumer activities	When a consumer advisor attends a meeting or activity in NSLHD, they can feedback on their participation in the committee	Monitoring and evaluation
Analyse consumer compliments and complaints	Measure the number of safety and quality initiatives progressed from consumer initiated compliments and complaints, implement actions from complaints	A complaint re: coordination of administering blood products with a GP was reviewed, new models of care were developed for administering blood products in the community	Monitoring and evaluation
Promote consumer forums, health summits, conferences, focus groups and events	Regular invitations to consumer events to prioritise initiatives and listen to issues that matter to consumers	A 'What Matters To You' event to ask, listen and do what matters captures consumer feedback to action	Service delivery
Close the loop and feedback results of consumer engagement	Demonstrate how the consumer feedback was included and inform consumers of the end result of the engagement activity	The final report incorporating consumer feedback from the joint training day on 'Introduction to consumer involvement in health research' was provided	Planning and design
Provide consistent branding for consumer engagement resources	Resources developed for consumer engagement are easily identifiable	Patient experience templates with graphics and logos are available	Planning and design
Promote champions of consumer engagement	Collect profiles of consumers and consumer engagement champions and what safety and quality initiatives they have delivered	A consumer advisor profile is collected and uploaded to the internet and intranet to share their experience	Planning and design
Capturing patient and carer stories	A guideline of capturing patient and carer stories is embedded and training and education provided to staff	A carer of a person who passed away shares their experience of the care and compassion they were shown and what made a difference	Planning and design
Provide resources for partnering with Consumers	NSLHD internet page provides resources for partnering in care and regularly updated resources on the intranet page	Resources such as 'Top Tips for Safe Health Care' are available on the internet page	Service delivery

PRIORITY 5

EXPAND CONSUMER ENGAGEMENT NETWORK OPPORTUNITIES

5

There are many opportunities to engage with consumer advisors however we need to expand the consumer network by broadening the ways we engage at a **network level**. This will ensure more ***diverse*** groups are represented and engaged from the community. The feedback from this diversity will then reflect the needs of the community more accurately and provide ***better access and inclusion***.

Priority delivered by:	Actioned by:	Example:	Engagement domain
Promote the diversity of consumer advisors in NSLHD	Recruitment of consumers from a Culturally and Linguistically Diverse (CALD), Aboriginal and Torres Strait Islander, LGBTQI, Disability, Vulnerable and Priority Population backgrounds are promoted and mechanisms are in place to support recruitment. Continue to build relationships with community leaders	The Culturally and Linguistically Diverse (CALD) Consumer Advisory Group support the recruitment of CALD consumers to a committee and the Consumer toolkit is adapted for diverse groups	Planning and design
Make it easy to engage	Information on how to join as a consumer advisor is displayed on the internet. Diversify the times, meeting places and ways we communicate to provide options to members of the community to attend	Staff and consumer advisors attend an expo to recruit new consumers by having face to face conversations and providing resources	Planning and design
Provide easy to find consumer resources on the NSLHD internet and intranet	Consumer resources are easily accessible and hits on the website are recorded and measured. Resources are reviewed and updated with consumer advisors	A consumer is attending an appointment in Ambulatory Care. The hospital maps are easy to find and he makes his appointment on time	Service delivery
Deliver a shared vision of consumer engagement with Strategic Partners	Partners of NSLHD have a shared vision of consumer engagement and person centred care; highlighted in service level agreements	When a patient is airlifted in, that referral path-ways and access to care with strategic partners back home are coordinated through a shared vision	Service delivery
Maintain a register of consumer advisors and their interest areas	Tailor consumer engagement opportunities to the skills and interests of consumer advisors. Consumer advisors are registered as contingent workers to facilitate and evaluate consumer engagement	The Consumer and Patient Experience team send expressions of interest for consumer engagement committees/ activities based on the consumer advisors interest areas	Monitoring and evaluation
Deliver a consumer advisor annual evaluation and participation survey	Annual feedback of consumer engagement, participation, education and activities are collected to improve the consumer experience	Feedback from the survey indicates that new consumers would like the support of an experienced consumer buddy	Monitoring and evaluation

In the Elevating the Human Experience guide, it notes, "**People** are the most important factor in providing excellent experience, when they are supported by the best **processes** and a clean, safe and accessible **place** to care for each other".

The three factors (people, process and place) are made up of seven focus areas to provide excellent experiences. The priorities of The Framework are aligned to the Elevating the Human Experience guide as follows:

Elevating the Human Experience Focus areas		NSLHD Framework priority areas
1	Leadership, accountability and governance	Partner with consumers on service design, planning, delivery and development
2	Culture and staff experience	Support consumers and staff to partner in NSLHD
3	Collaborative partnerships	Actively engage patients and staff as partners in care
4	Innovation and technology	Expand our Consumer networks
5	Information and communication	Enhance health literacy of Consumers and the community
6	Measurement, feedback and response	All priority areas
7	Environment and hospitality	Actively engage patients and staff as partners in care

Further information about the Elevating the Human Experience guide is available here:
https://www.health.nsw.gov.au/patients/experience/Publications/elevating-human-experience-easy.pdf

We want our health system to...

Be designed in partnership with patients, families, carers, caregivers and the wider community to provide care that meets their needs, expectations and preferences

View people who use healthcare as its "makers and shapers" instead of "users and choosers"

Give high-quality care and experiences that matter to patients, families and carers

Care for the whole person, considering their culture and education, social and economic status, and support networks

Use feedback and other information to understand what is working well, what could be done differently and where we can do better

Principles that guide the priorities[19]

1. The patient, their family and carers, our volunteers and staff are at the centre of everything we do.
2. All levels of healthcare are to be considered – from the individual to the service and system levels.
3. Cultural change evolution and change management are key to achieving systems change.
4. Exploration and planning in partnership with patients, families, carers and caregivers will be needed.
5. These priorities allow for flexibility when it comes to delivery and execution.
6. Quality, safety and clinical excellence underpin everything.
7. All organisations will have varying levels of maturity on their patient experience journey.

19 Elevating the Human Experience – Our guide to action for patients, family, carers and carergivers (2020) available at https://www.health.nsw.gov.au/patients/experience/Pages/elevating-the-human-experience.aspx

Want to know more

Consumers can find further resources on the Consumer and Community Participation page (https://www.nslhd.health.nsw.gov.au/aboutus/pages/community-participation.aspx) and Partner in my care page (https://www.nslhd.health.nsw.gov.au/AboutUs/caring/)

Join us!

Consumer Advisors are valued members of Committees and activities. The NSLHD District Board Consumer Committee includes a representative from each local facility and service Consumer Participation/ Advisory Committee and Mental Health Drug and Alcohol Peer Workforce Committee. This peak committee is for people with a lived experience to advise on organisational matters. Committee members also include representation from Carers, Culturally and Linguistically Diverse, Aboriginal Health and Youth Consumers. The friendly Consumer and Patient Experience team are here to support you.

Training and education

A consumer toolkit with training and education is available from the Consumer and Patient Experience team.

Email NSLHD-ThePatientExperience@health.nsw.gov.au

Staff education, resources and training for consumer engagement and patient experience is available on the Consumer and Community Partnerships intranet page.

Handy links to publications and resources

The following publications are available for further reading. They highlight some key areas that may help inform consumer and community engagement.

Our strategic plan - Northern Sydney Local Health District

https://www.nslhd.health.nsw.gov.au/AboutUs/Pages/Our-Strategic-Plan.aspx

NSLHD Aboriginal and Torres Strait Islander Health Services Plan 2017-2022

https://www.nslhd.health.nsw.gov.au/aboriginal_health/Documents/37856%20NSLHD%20Aboriginal%20and%20Torres%20Strait%20Islander%20Health%20Services%20Plan%202.pdf

Multicultural Health Service

https://www.nslhd.health.nsw.gov.au/Services/Pages/MHS.aspx

NSLHD Carer resources

https://www.nslhd.health.nsw.gov.au/carer/Pages/Carer-Resources.aspx

Responding to Needs of People with Disability during Hospitalisation

https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2017_001.pdf

Safety and Quality Account

https://www.nslhd.health.nsw.gov.au/AboutUs/caring/Pages/Resources.aspx

NSLHD Diversity, Inclusion & Belonging strategy

https://www.health.nsw.gov.au/workforce/dib/Documents/nslhd-dib-strategy.pdf

Framework Implementation

The importance of consumer partnerships cannot be understated and the consumer voice is pivotal in all that we do. Evaluation of The Framework is important and will require organisational change and development. It is anticipated that The Framework will be implemented over a two year period. An implementation plan of actions and activities from not only a District but local facility and service level will be approved through the NSLHD District Board Consumer Committee.

The Framework provides the parameters to provide an inclusive and forward thinking health system that reimagines healthcare with the consumer at the centre of everything we do. By having strong aligned relationships with consumers and the community in Northern Sydney we achieve our vision of being "**leaders in healthcare, partners in wellbeing**".

> **Nothing about us, without us.**
>
> Quote by the Late Betty Johnson AO, esteemed and highly respected NSLHD Consumer Advisor, Co-Founder of Health Consumers NSW

nthsydhealth
RoyalNorthShore
MonaValeHospitalNSW
HornsbyHospital
RydeHospital
NSLHD.MHDA

Northern Sydney Local Health District

NthSydHealth

nthsydhealth

NSW GOVERNMENT

Health
Northern Sydney
Local Health District

PEOPLE PLAN

2022-2027

NSW GOVERNMENT

Northern Sydney
Local Health District

A PLACE WHERE
OUR PEOPLE ARE ENGAGED AND WELL SUPPORTED

Acknowledgement of Country

Northern Sydney Local Health District acknowledges the traditional custodians of the lands on which our health services are located, the Guringai and Dharug peoples, and we honour and pay our respects to their ancestors.

We acknowledge and pay our respects to all Aboriginal and Torres Strait Islander peoples and to Elders past and present.

We acknowledge that past, current and future Aboriginal and Torres Strait Islander peoples are the continuing custodians of this country upon which we live, work and meet and that it is from their blood, courage, pride and dignity that we are able to continue to live, work and meet on this ancient and sacred country.

Waraba Wandabaa (Turtle Spirit)

The Waraba (turtle) was painted by Adjunct Associate Professor Peter Shine, Director Aboriginal and Torres Strait Islander Health, Northern Sydney Local Health District.

Muru Dali Gili Gili (path to shine)

The Muru Dali Gili Gili background artwork was created by the Northern Sydney Local Health District Aboriginal and Torres Strait Islander Employee Network, Muru Dali Gili (meaning path to shine). Through painting, employees have come together to tell their story of connectedness to the community, the District and to each other.

All artwork has been used with permission.

Contents

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01 About this People Plan

02 The six priority areas

03 Governance and Planning Overview

Welcome to the People Plan

Northern Sydney Local Health District has a clear mission: Exceptional care, leaders in research, partners in wellbeing.

At NSLHD we know that the key to achieving our mission is all about people working together. Ensuring our workforce is engaged, and well supported is the key to delivering excellent healthcare for our patients/ consumers, their carers and the community.

Our *People Plan* demonstrates our dedication to making NSLHD a great place to work and receive care. Our workforce is rapidly changing and so is the world in which we work. Our plan promises that we will lead with compassion and inclusivity, with the health and wellbeing of our staff at the heart of what we do.

Our *People Plan* is the roadmap that will help us create a workforce to which we all want to contribute and belong. It links every aspect of an employee's career at NSLHD; from the factors that count when first joining such as recruitment and onboarding; to offering development opportunities to support career and promotion. From ensuring the highest standards of leadership and management to sustain a motivated and engaged workforce; to fostering a culture which is inclusive and provides a work life balance.

Our leadership promise is that we will ensure our people are positioned for success and have the skills, strengths, capacity and resilience to do their best work, each and every day and flourish in the workplace.

The *People Plan* has six key focus areas that define how we will address and respond to the internal and external context and drivers that influence our organisational goals.

The *People Plan* is the result of consultation with staff and managers during 2021 and 2022, as well as a review of alignment to the district and state plans.

Ultimately the *People Plan* is a framework to guide investment – both financial and time – in you. It will shape how we lead, manage, engage and develop our people to enhance our organisational way of being.

Lee Gregory
Interim Chief Executive

Paula Williscroft
Director People and Culture

Mridula
Pharmacy Educator,
NSLHD

01

ABOUT THIS PEOPLE PLAN

> It is a privilege to work at NSLHD – a large and diverse organisation with a passion for quality care, improvement and innovation. I love being involved with developing the capability of our staff to maximise their potential, and support them in being able to provide the best care for our patients.

About us

Northern Sydney Local Health District is one of the leading health services in Australia providing high-quality healthcare to a population of nearly 970,000 people.

The district has a skilled and dedicated workforce of more than 11,000 staff committed to providing high-quality safe patient care to the community. Services are provided in the hospital setting and in the community.

The district covers a region approximately 900 square kilometres between Sydney Harbour and the Hawkesbury River. This includes the Local Government Areas of Hornsby, Ku-ring-gai, North Sydney, Mosman, Northern Beaches, Ryde, Hunters Hill, Lane Cove and Willoughby.

As well as providing health care services to the local population the district also provides statewide services at Royal North Shore Hospital – the district's principal tertiary referral hospital. These include major trauma, severe burns, spinal cord injuries, neonatal intensive care, bone marrow transplantation, neurosurgery and interventional neuroradiology.

Our other hospitals in the district include Ryde, Mona Vale and Hornsby Ku-ring-gai hospitals. Northern Beaches Hospital provides public health services purchased by NSLHD from the private operator of the hospital. Other health services include Primary and Community Health and Mental Health Drug and Alcohol.

We are establishing Australia's first Adolescent and Young Adult Hospice at Manly.

Some of our Key People Achievements over the last 5 years

Introduction of Workforce Integrated Dashboard for human resources case management

Establishment of a safer environment for staff via initiatives such as Speaking up for Safety, and Violence Prevention and Management training

CORE values firmly embedded into our culture

Strong focus on wellbeing and mental health for staff including the first NSLHD Health and Wellbeing Plan

Development of the first NSLHD Diversity Inclusion and Belonging Strategy

COVID-19 Care initiatives

Development of the first NSLHD Leadership Strategy including specific development programs and the Leader Charter

Introduction of additional reward and recognition initiatives such as Allied Health Awards, Exceptional People Awards and the compliment portal

Gabby
Occupational Therapist, Mona Vale Hospital

I love working in the palliative care unit at Mona Vale. I work amongst a most dedicated, kind and compassionate team of professionals while hearing the crashing of waves and smell the salty ocean air. It is a privilege to work in such a location while working with patients experiencing palliative care.

Bianca
Registered Nurse, Mona Vale Hospital

For the past and a year and a half, I had pleasure of working amongst amazing staff of nurses, doctor and Allied health team combined. My favourite part about our Health District is how motivated we are towards achieving person centred care and positive outcomes for all.

WORKFORCE PROFILE*

Headcount

14,250
Total headcount of all workers

2,340
Total headcount of Medical workforce

1,562
Total headcount of Allied Health workforce

5,513
Total headcount of Nursing & Midwifery workforce

4,835
Total headcount other workforce

Gender

APPROXIMATELY
73%
of employees are females while

26% are male and

1% are non-binary or gender diverse

51%
of Senior Leaders identify as female**

Employment Status

64% are full time

36% are part time

67% of staff are permanent
16% are temporary/contract workers
17% are causal

MEDIAN AGE IS
40 years
with 66% of workforce over 34 years of age

NSLHD Tenure

34% have been working within NSLHD for more 10+ years

24% have been working within NSLHD for at least 5 years but less than 10 years

28% have been working within NSLHD for at least 1 year but less than 5 years

13% have been working within NSLHD for less than 1 year

RESULTS FROM THE 2022 PEOPLE MATTER EMPLOYEE SURVEY INDICATED THAT...

(completed by 41% of NSLHD staff)

1% of staff identify as Aboriginal and/or Torres Strait Islander

28% speak a language other than English at home

5% of staff identify as having a disability

LGBTIQ+ **6%** of staff identify as lesbian, gay, bisexual, transgender, gender diverse, intersex or queer

*Information on page 8 has been extracted from Stafflink as at December 2022

**Senior leaders are non-casual employees with a salary equal to or higher than $169,728 in 2022, excluding Health roles of a specialist or technical nature with no leadership or managerial responsibilities and Health Executive Staff who are employed by the Ministry of Health

Elise
Occupational Therapist, Royal North Shore Hospital

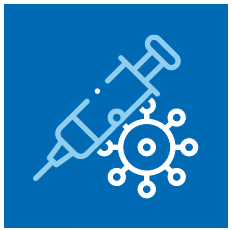
"NSLHD were the first district to give me the chance to start my career as an acute care occupational therapist, and I've been lucky enough to work at a variety of different sites within the area ever since. The opportunities for growth from both a clinical, organisational and even personal point of view, mean I haven't stopped learning new and exciting things since I've been here, and these things have made me the clinician I am today. I'm proud to be part of an organisation that fosters change and development, and aims to truly reflect the community they serve.

The Strategic Context

There are some big things on the horizon and in the current eco-system that impacts on what we want to do and how we will approach things.

01. Global workforce trends

The world of work is changing at a rate never before experienced. Advancements in technology, the impact of three years of a pandemic and the war for talent, now informs how Health sector employers of choice attract, retain, develop staff and build organisational cultures that provide safety, security, flexibility and high levels of purpose-driven job satisfaction.



02. The Global Pandemic

The arrival of COVID-19 acted as a springboard, bringing about an incredible scale and pace of transformation, and highlighting the enormous contribution of all our people. NSLHD must build on this momentum and continue to transform – keeping people at the heart of all we do.

03. Demands on the Health System

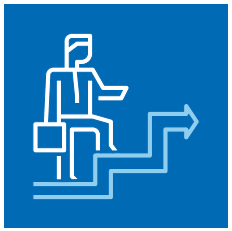
As the NSLHD population grows and ages, our services will continue to need to respond to changing demands by working differently, and utilising resources in the most effective ways for our community.

04. Adoption of new technologies and models of care

Health services and work processes are constantly evolving to take advantage of research and technologies, including the increased adoption of Virtual Care, greater patient ICT systems integration and innovations in diagnostics, treatment, education and the patient experience. The role of data and analytics will continue to grow in shaping decisions in the delivery of healthcare.

05. Community Expectations

Community expectations are constantly increasing. Our communities have shown terrific support to health care workers during the pandemic. Expectations of health care into the future include to have digitally enabled communications, booking processes, seamless pathways across acute and primary health, reduced duplication and bureaucracy, preventative health care including keeping more people at home, and access to services at times that suit the community.



06.
Ageing Workforce

It is estimated that approximately 19% of the District's workforce will retire in the next 5–10 years which in turn could be influenced by such factors as personal financial position, health and job satisfaction.

07.
Emerging Capabilities

The World Economic Forum Future of Jobs Report (2020) maps the jobs and skills of the future, tracking the pace of change. It aims to shed light on the pandemic-related disruptions in 2020, contextualised within a longer history of economic cycles and the expected outlook for technology adoption, jobs and skills in the next five years. The newly emerging skills in the 2020 edition of the Report are in the areas of active learning, learning capabilities, creativity and technology; emotional intelligence and leadership abilities will keep being sought-after.

2020		2025	
1.	Analytical thinking and innovation	1.	Analytical thinking and innovation
2.	Complex problem-solving	2.	**Active learning and learning strategies**
3.	Critical thinking and analysis	3.	**Creativity, originality and initiative**
4.	Active learning and learning strategies	4.	**Technology design and programming**
5.	Creativity, originality and initiative	5.	Critical thinking and analysis
6.	Attention to detail, trustworthiness	6.	Complex problem-solving
7.	Emotional intelligence	7.	Leadership and social influence
8.	Reasoning, problem-solving and ideation	8.	Emotional intelligence
9.	Leadership and social influence	9.	Reasoning, problem-solving and ideation
10.	Coordination and time management	10.	Systems analysis and evaluation.

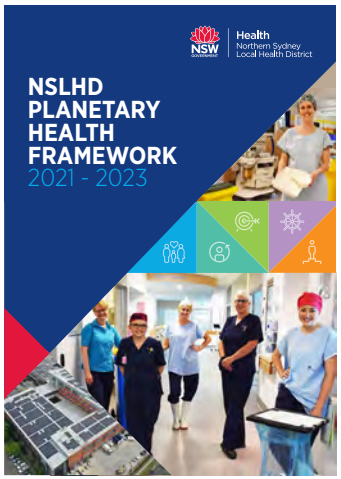
Matt
Anaestheologist,
Royal North Shore Hospital

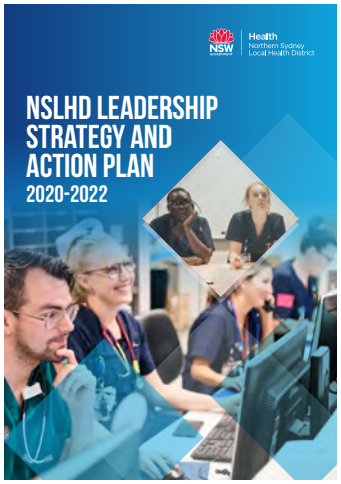
> It is a privilege to work at NSLHD – a large and diverse organisation with a passion for quality care, improvement and innovation. I love being involved with developing the capability of our staff to maximise their potential, and support them in being able to provide the best care for our patients.

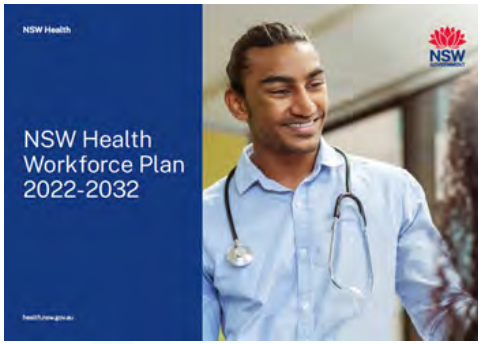
Alignment with the Future Health Strategic Framework and our district priorities

The *People Plan* has a direct line of sight to the *NSLHD Strategic Plan 2022-2027*, the *NSLHD Research Strategy 2019-2024* and the *Planetary Health Framework 2021-23*, as well as the *Future Health Report 2022-2032* and the *NSW Health Workforce Plan 2022-2032*.

The *NSLHD Diversity, Inclusion, Equity and Belonging Strategy*; *Leadership Strategy (2020-2022)*; and the *Health and Wellbeing Plan* will also be refreshed as part of the work program for 2022/23.







Mary-Ellen
Speech Pathology Manager,
Royal North Shore Hospital

> Working in NSLHD has assisted to expand and extend my skills as a clinician and then as a leader. I have always felt supported for ongoing education and I was supported through my MBA in Health Management by the district. I feel lucky to work in NSLHD and feel that this district is an employer of choice for me.

Our People Vision, Commitment and Values

Our Vision

Staff are engaged and well supported to deliver safe, reliable person-centred healthcare and equipped to respond to a changing healthcare environment.

People join us and continue their careers at NSLHD, because they have a strong commitment to providing excellent human-centric healthcare. Our people find opportunities to grow and develop their skills in an innovative organisation that prioritises their wellbeing.

Our People Commitment

- We will consult our patients/consumers and their families/carers
- We will make things as simple as possible
- We will say yes as often as we can
- We will treat all peoples with respect, and work with our First Nations colleagues to progress our workplace culture together
- We will strengthen our constructive and open feedback culture in order to embrace continuous improvement
- We will enable our people to grow and develop in the workplace
- We will enable people to be themselves
- We will support mental and physical wellbeing and safety in the workplace
- We will support our volunteer community
- We will seek and embrace new ideas and smarter ways of doing things
- We acknowledge and will undertake our role in the ongoing protection of our natural environment, and its relationship with the health and wellbeing of our employees, community and First Nations peoples
- We will drive positive employee experience across the Employee Life Cycle
- We will support our leaders to be compassionate, insightful, and authentic.

Our CORE Values

Collaboration – We collaborate by working together to care for the needs of patients, clients and carers. We appreciate each other's input, skills and experience. Together we are stronger and contribute more.

Openness – We listen to others ideas and opinions and are willing to be challenged and try new ways of working. We ensure input from patients and clients and carers about their care. We are honest and straightforward while listening to each other's experiences. We value quality outcomes and safety.

Respect – We respect the needs of our patients, clients and carers and of each other. We encourage each other, actively listen, are courteous , and value the contribution of others.

Empowerment – We support and develop each other to deliver on our shared vision and mission. We support autonomy in our work and decisions and hold ourselves and each other accountable.

Emma
Nursing Unit Manager,
Hornsby Ku-ring-gai Hospital

“

Growing up in the local Hornsby community, I have always wanted to have a positive impact on people’s lives, especially those who enter the healthcare system. Being a part of the team at Hornsby, I have been provided with opportunities for career growth and development early in my career as a nurse. I attribute to acknowledging that every nurse/midwife needs to start their career as a novice and must evolve into an expert. This enhances patient care and team building, which leads to a high functioning organisation.

Diane
Clinical Nurse Consultant,
Mental Health Drug & Alcohol Services

02

THE SIX PRIORITY AREAS

“

I have worked as mental health nurse in NSLHD for the past 23 years. During this time I’ve had the privilege of working alongside dedicated clinicians and peer workers who continually strive to provide the best service possible to consumers and families in their time of need. I’m extremely proud to belong to such a dedicated team. I’m also proud to belong to an organisation which respects and embraces diversity including the LGBTIQ+ network of which I am a founding member.

In order to

- Attract the best people to the organisation
- Provide employees with the tools and skill-building experiences necessary to build innovative programs and practices
- Enable employees to pursue varied career paths at NSLHD
- Support our leaders and managers to support their teams
- Take care of our people's wellbeing
- Create a dynamic, authentic, safe, resilient culture that values diversity and is inclusive across the employee life cycle

Over the course of the next five years we will focus on six areas of priority:

1.

Cultivate a safe, flexible and positive workplace culture where staff feel valued, heard, empowered and are supported to perform to their best

2.

Ensure our workforce reflects the diversity in our community and our culture leverages diversity of thinking

3.

Develop our talent and leadership capability across our workforce

4.

Develop a skilled and capable workforce equipped to provide high-value and innovative person-centred care

5.

Support and foster innovative thinking and practices around future care

6.

Develop our workforce to have the capabilities and culture to address future demands on the health system

Pratima
Registered Nurse,
Northern Sydney Home
Nursing Service

"I love my job as a Community Nurse. Providing care to patients in their home is so rewarding. We really get to know our patients and deliver holistic care in partnership with them, their families and carers. I work with a great team and love coming to work every day.

PRIORITY FOCUS

1

Cultivate a safe, flexible and positive workplace culture where staff feel valued, heard, empowered and are supported to perform to their best.

Respect for people is a central principle of everything we do. We will continue to build a respectful workplace and inclusive workplace culture, one that values the unique strengths of each individual, and take action to support employee resilience and wellness. We will build on the foundations we have achieved and build awareness and acceptance of what NSLHD means by 'valued', 'heard', 'empowered', 'safe' and 'positive', ensuring our leaders and managers are confident to champion this work.

We will continue to monitor our workplace and best practice and, update our Wellbeing Plan in order to enhance the resources in place to support and promote employee wellness.

We will focus on increasing our proficiency in finding solutions to issues before they become serious problems through evidence-based problem- solving discussions with our union delegates, and implementing practical solutions to recurring issues.

We will monitor the safety of the physical and psychological environment for our people to ensure they have access to the essential equipment, training and resources to prevent injuries and threats in their workplaces. We will continue to work towards a workplace that is free of incidents, injuries and aggression and offer our people the safest work environment we can by meeting legislation and standards (exceeding them where possible).

We will have zero tolerance for workplace behaviour that is intended to harm others.

OUTCOME

Staff who feel safe and valued, and experience an empowering and inclusive work environment, are better equipped and able to provide person-centred care to their patients and colleagues.

Objectives:

- Support the physical and psychological wellbeing of all staff, including volunteers, students, trainees and interns, through a safe and supportive work environment, safe work practices, workload and leave management and access to wellness support programs.
- Demonstrate our CORE values and continue to build a culture that promotes collegiality and collaboration across internal and external stakeholders to provide cohesive and connected patient care.
- Support staff to achieve a work life balance through mutually agreed flexible arrangements that are beneficial to all relevant stakeholders and suited to the context of delivering healthcare services.
- Cultivate a work culture where staff are kept informed, have access to information and are encouraged to be involved in developing solutions to improve services and processes.

District Initiatives include:

- Refresh NSLHD CORE values framework 2023/2024
- Embed psychologically safe workplaces risk management framework 2023-2027
- Refresh NSLHD *Health and Wellbeing Plan 2023-2027*
- Complete and embed *Safe Behaviours Together* roll out 2023/2024
- Implement new model for Violence Prevention and Management training 2023/2024
- Review reward and recognition strategies 2024/2025
- Implement and strengthen contemporary flexible working arrangements 2023 onwards
- Continue to improve proactive management of workplace grievances, performance and behavioural issues to reduce volume of formal investigations 2023 onwards
- Review and improve level of staff empowerment in decision making 2023 onwards
- Implement post-event huddle resources

Hospital and Service Initiatives include:

- Manage WHS Audit findings
- Manage Security Improvement Audit Tool (SIAT) audit findings
- Schwartz Rounding
- Implement *Speaking up for Safety*
- Implement Safe Behaviours Together
- Implement *People Matter Employee Survey* action plans
- Wellbeing at Work Committees and local initiatives
- Recognition days, awards, thank yous

How we will know we are improving:

- Staff satisfaction – improving results in the annual *People Matter Survey* for the overall engagement and culture indices
- Specific focus on improvement in results for:
  - Safety
  - Burnout
  - Grievance management
  - Team culture
  - Flexible working
  - Performance and development feedback
  - Diversity
  - Line manager support
  - Professional development and equipped to do job
- Retention and Turnover trends including % early turnover (employees leaving within one year)
- Improved incident reporting particularly violence and aggression
- Reduced physical assaults on health care workers
- HR formal case statistics trending down
- Monitor Speaking up for Safety training data and *Safe Behaviours Together* observations
- Improved trending in psycho-social injuries and return to work
- Report, support and encourage planned leave and reduction in excess leave
- Reduce excess leave to pre pandemic levels by 2025, and < pre pandemic level by 2027

PRIORITY FOCUS

2

Ensure our workforce reflects the diversity in our community and our culture leverages diversity of thinking

Andrew
Physiotherapist,
Ryde Hospital

> I like working at Ryde Hospital as the community here is welcoming, friendly and very supportive. There are many opportunities to develop as a clinician and to collaborate with the team towards better patient care. Ideas and innovation are always welcome and encouraged.

We will enact the NSLHD Diversity, Inclusion, Equity and Belonging strategy and conduct a review of our human resources programs and practices to identify impediments to workforce diversity, inclusion and equity. The insights from these activities will assist in developing an updated Diversity, Inclusion, Equity and Belonging strategy to strengthen the diversity and inclusiveness of our workplace.

OUTCOME
Understand the needs and values of our diverse community to improve the patient and carer experience.

Objectives:

- Promote diversity, inclusion, equity and belonging in the workplace to attract talented people from diverse backgrounds.
- Ensure diverse representation in our leadership and decision-making roles to inform policy development, service design and continuous improvement.
- Provide equitable opportunities to all underrepresented groups in the workforce.
- Provide access to culturally appropriate employee assistance and support programs

District Initiatives include:

- Update NSLHD Diversity, Inclusion, Equity and Belonging Strategy to 2023-2027
- Establish new talent acquisition and retention strategies for diverse groups
- Develop diversity resources for staff
- Celebrate days of significance for diverse groups
- Advancing Women in Medical Leadership group, including 2023 conference
- Staff networks
- Embed a flexible working strategy that includes the needs of older employees and supports a healthy transition to retirement
- Strengthening the recruitment process to facilitate increase in employment of diverse staff
- 2023 LGBTIQ+ Health Symposium

Hospital and Service Initiatives include:

- Get Skilled Access Program
- Supporting placements and traineeships for people from a diverse background
- Supporting local champions for diversity, inclusion, equity and belonging
- Supporting staff attendance of diversity training including *Respecting the Difference*
- Local workforce initiatives e.g. partnering with the Aboriginal and Torres Strait Islander Health Service
- Supporting flexible working models that meet the needs of the individual, team, stakeholders and patients

How we will know we are improving:

- Staff satisfaction – improving results in the annual *People Matter Survey* for the overall engagement and culture indices
- Specific focus on improvement in results for:
  - Diversity
  - Safety in under-represented groups
- NSW Health – workforce diversity inclusion metrics
  - Disability 5.6%
  - Women in leadership positions 50%
  - Aboriginal and Torres Strait Islander workforce 3%
- Achieve 50% women in Senior Medical Leadership roles
- Recruitment KPIs
  - Approval to Offer < 40 days
- Retention and Turnover trends including % early turnover (employees leaving within one year) for underrepresented workforce groups
- Inclusion of LGBTIQ+ data in Stafflink and appropriate gender selection options in employment experience and processes
- Ensure CALD employee representation is comparable with NSLHD population including in Leadership positions

PRIORITY FOCUS

3

Develop our talent and leadership capability across our workforce

We will have a District-wide capability framework mapped to position descriptions in place and use it as the integrating foundation for our talent processes and programs. We will review and update the current leadership Strategy with the competencies needed to achieve our strategic plan, and identify the behaviours associated with each competency for professional, facility and other roles at the District level. We will use the competencies in employee recruiting, selection, performance development and learning to provide us with a solid integrated foundation for moving forward.

We will continue to support the development of new leaders and managers in the District through our suite of Leadership Development Programs. These will be offered virtually and blended to provide broader access to internal professional development programs for enhanced performance and career growth.

We will update our leadership succession planning framework and monitor the development of potential internal successors for leadership positions. This will provide focused, purposeful competency growth experiences for identified individuals and provide the District with an in-house pool of experienced talent for future leadership opportunities.

We will use the *People Matter Employee Survey* feedback to support improvements in leadership and communications.

OUTCOME

Effiective leadership is be demonstrated at all levels of the organisation and across all roles.

Objectives:

- Engage and empower our leaders and staff to role model our values with a focus on continually improving a person-centred and respectful culture of high performance.
- Ensure leadership development strategies are aligned, valued, accessible and deliver measurable outcomes for our workforce and our organisation.
- Develop a pipeline of future clinical and non-clinical leaders to support promotion from within our organisation.
- Equip leaders with the necessary skills and capabilities for their roles.
- Support leaders to guide our workforce to meet current and future demands of the health system through robust performance and development management processes.

District Initiatives include:

- Refresh of NSLHD *Leadership Strategy 2023-2027*
- Update and re-launch the managers toolkit on the basis of findings in the learning needs analysis exercise 2024
- Map capabilities to appropriate position descriptions including the *Public Sector Commission Capability Framework*
- Publish and implement talent management and succession planning framework 2023-2027
- Implement leadership masterclasses
- Establish alumni for leadership development program participants with ongoing mentorship opportunities
- Evaluate the impact of the *Leadership Development Program* and *Senior Leadership Development Program*, including on the readiness of the leadership pipeline

Hospital and Service Initiatives include:

- Strengthening leader rounding, listening and communications with staff
- Support staff to participate in NSLHD leadership development programs
- Support staff to participate in the *Safety and Quality Essentials Pathway*
- Support staff to participate in secondments, coaching, mentoring and external development opportunities where appropriate
- Establish talent and succession management cycles for priority leadership positions and teams e.g. medical

How we will know we are improving:

- Pipeline of future ready leaders
- Recognition as employer of choice
- Recognition of our capability to develop great leaders
- Staff satisfaction – improving results in the annual *People Matter Survey* for the overall engagement and culture indices
- Specific focus on improvement in results for:
  - Communication / senior management
  - Change management
  - Performance and development feedback
  - Line manager support

PRIORITY FOCUS

4

Develop a skilled and capable workforce equipped to provide high-value and innovative person-centred care

Change is a constant in the current healthcare environment. Our ability to adapt to change — in the way we work and the way we interact with each other — will become an increasingly important determinant of success. As well, significant planned change is on the near-term horizon. We will continue to support the development of best practice change leadership at NSLHD.

We will provide employees with information and resources to assist in managing their career paths at the District, housed on a Career Hub the intranet. Initially, the Career Hub will hold a set of career mobility principles, opportunities for mentoring and career coaching and samples of responsibilities and requirements for frequently posted positions. Other resources will be added over time, focused on capability development for the future of health.

We are all accountable for our work, and we must ensure managers and supervisors have the skills, tools and support to manage performance and give employees the feedback they need to continuously improve. Responding to the annual People Matter Employee Survey results, we will support development of high-performance teams and people by:

- providing additional resources for planning career pathways,
- offering capability development opportunities for all craft groups,
- managing unacceptable behaviours and
- improving feedback mechanisms and the development and performance support system through a refresh of the Performance and Talent (PAT) system (where appropriate).

OUTCOME

Support the development of capability and skills across our workforce ensuring we have the right skills and knowledge to adapt to a rapidly changing environment.

Objectives:

- Provide continuous professional development opportunities essential for the delivery of safe, reliable, quality patient care.
- Support staff to be digitally capable through access to relevant information, communication and technology resources as well as training and ongoing support to maximise impact on patient experience and outcomes, and improve staff work experience.
- Encourage staff to achieve their full potential and to be fulfilled at work through providing professional development and other opportunities for growth.

District Initiatives include:

- Conduct learning needs analysis exercise across the LHD to inform priorities, innovations required and model of delivery for capability development services (clinical and non-clinical workforce)
- Launch updated People and Culture *Intranet and Career Hub*
- Implement targeted career development programs for non-clinical staff
- Implement secondments for development programs
- Establish Education and Training Governance Committee for District
- Refresh and implement the NSLHD development and performance process (PRIDE) to support career development, performance management, excess leave management, wellbeing and retention
- Build and implement mentoring network / framework where required across different craft groups

Hospital and Service Initiatives include:

- Support staff to participate in projects and programs that develop their capability to provide high-value and innovative person-centred care e.g. Elevating the Human Experience, Safety and Quality Essentials, service redesign and redevelopment
- Ensuring regular PRIDE development and performance conversations take place between managers and staff

How we will know we are improving:

- Improving results in the annual *People Matter Survey* for the overall engagement and culture indices:
  - Engagement (Achieve 75% engagement in PMES)
  - Feedback and performance management
  - Learning and Development
  - Equipped to do the job
- Trend data:
  - % turnover
  - % early turnover (employees leaving within one year)
  - % turnover of high performers as identified in succession management process
- Increase recorded completion of Performance Development Reviews (PDRs) to 90% by 2027
  - Implement “Performance and Talent – PAT” ICT system where appropriate 2023-2027
  - Develop “PRIDE ONLINE” tool and support package for front line teams 2023/24
  - Implement “PRIDE ONLINE” for front line teams 2024/25

PRIORITY FOCUS

5

Develop our workforce to have the capabilities and culture to address future demands on the health system

Northern Sydney Local Health District exists to provide exceptional healthcare to patients, consumers, clients and their families and we all have a role to play, whether it's direct patient care, keeping our facilities clean or monitoring the finances. Our patients/consumers and their carers must be at the centre of everything we do. To this end, we will attract, develop, value, support and celebrate an exceptional human-experience-centred workforce with the skills needed to deliver on our mission, mandate and strategic plan.

We will focus on the skills needed today and those needed into the future. We will develop skills in sustainability and global, planetary healthcare to enable our people to prioritise initiatives that positively impact the world. We will support staff to deliver digitally-enabled care that is informed by research and data by uplifting capability in healthcare technology and establishing research capabilities for all roles in the District.

OUTCOME

Plan, design, monitor and develop our workforce for the future

Objectives:

- Embed workforce planning disciplines to inform recruitment to future workforce profile and the development of the capability mix in our clinical and non-clinical positions to meet demands.
- Implement talent acquisition and employee experience strategies to support the recruitment and retention of a high performing workforce, as a recognised employer of choice in the Australian health sector.
- Build a technologically prepared workforce.
- Build best practice people analytics dashboards, performance reporting and tools that meet the needs of all stakeholders.

District Initiatives include:

- Update and implement new *Exit Survey* with feedback loop reporting into relevant stakeholders
- Complete and implement *Employee Value Proposition (EVP)* project
- Introduce strategic workforce planning methodologies
- Develop and implement *Talent Acquisition and Employee Experience Strategy*
- Engage with tertiary sector to promote NSLHD as employer of choice
- Continue to mature succession planning and identify key 'hard-to-fill' roles beyond leadership positions
- Innovate recruitment practices to ensure greater competitiveness
- Monitor, report and manage retention levels
- Develop and implement workforce initiatives to support the *Planetary Health Strategy*
- Implement Stay conversations as part of the updated development performance process (PRIDE)
- Identify and implement any additional district initiatives in response to the *Future Health Plan* and *Ministry of Health Workforce Plan*
- Implement a review and redesign of all people analytic dashboards and performance reporting capability

Hospital and Service Initiatives include:

- Promote and support evidence and research based practice through Grand Rounds, in-services and quality improvement projects

How we will know we are improving:

- Trend Recruitment KPIs including:
  - % offers accepted
  - Time to recruitment
- Retention and Turnover trends including % early turnover (employees leaving within one year)
- 90 day survey feedback on employment experience
  - Exit interview feedback
  - Stakeholder feedback and utilisation of people dashboards and performance reporting
- Review, release and refine; user needs designed dashboards and tools
  - Accreditation dashboard 2023
  - Excess leave dashboards 2023
  - Finance & Performance Dashboard (Balanced Scorecard)
  - Workforce dashboards 2023
  - PRIDE ONLINE 2024

PRIORITY FOCUS

6

Support and foster innovative thinking and practices related to future care

Our workforce will be equipped to lead innovation.

We will have ongoing opportunities to learn and upskill, so our workforce is fit-for-purpose for now and the future. This will include the need for new technological skills, data capabilities, and virtual care skills as well as continuing to support and develop foundational skills in communication, teamwork and clinical care.

We will provide employees an opportunity to connect and share best practices through the creation and sustainability of relevant Communities of Practice, Schwartz Rounds and Employee Networks. We will foster innovation by adapting human centred approaches such as Design Thinking to the Healthcare environment.

We will continue to develop access to people and culture data through the development and improvement of digital analytic tools so that managers and teams will have increased access to data and reports necessary for evidence-based decision-making.

We will work together across disciplines to support capability development in our workforce to be better able to implement innovation.

OUTCOME

Promote a culture where staff feel able and confident to speak freely and challenge current practice and processes and look for ways to improve patient care, experience and outcomes, and system efficiency.

Objectives:

- Enable and lead change, support and engage staff, and provide opportunities to have an active role in developing and implementing the change.
- Encourage innovation and improvements which positively impact patient experience and outcomes, organisational performance and employee experience.

District Initiatives include:

- Review and develop capacity and capability in technology based learning and development tools
- Develop workforce capability development offerings for the delivery of virtual healthcare
- Define Human-centred design strategy; training and supporting tools and where best to utilise
- Realise full capability of available technology platforms in people processes
- Broaden the capacity of Schwartz Rounds across the District
- Strengthen the sharing of ideas and innovation, and capacity development in partnership with district portfolios (e.g. Clinical Governance, professional leads, People and Culture) and external parties

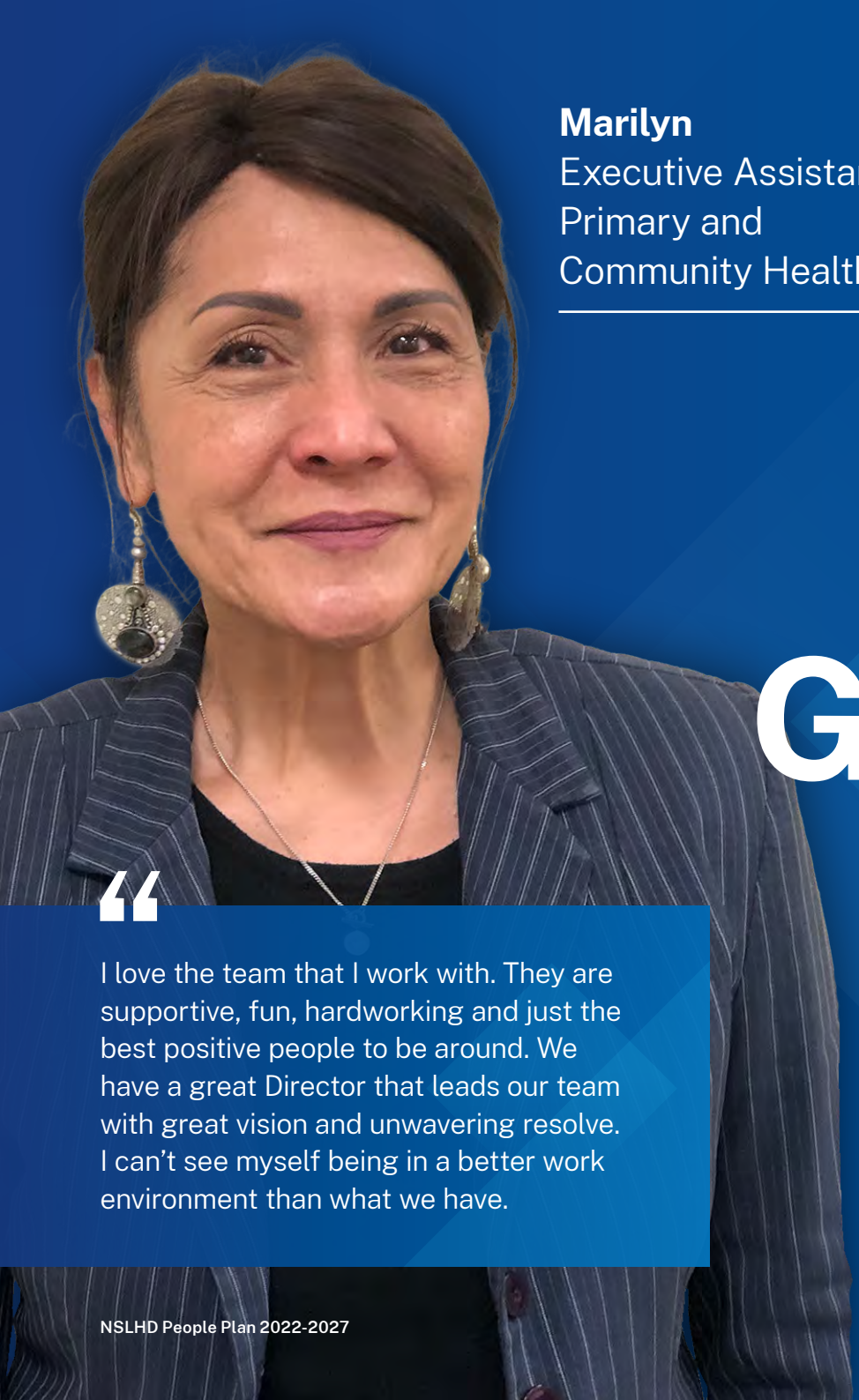
Hospital and Service Initiatives include:

- Continue to innovate service models and models of care with the involvement of staff
- Continue to innovate and use technology to improve the delivery of healthcare and build staff capability

How we will know we are improving:

- Improving results in the annual *People Matter Survey* for the overall engagement and culture indices:
  - Innovation
  - Patient focus
  - Feedback and performance management
  - Quality of care provided
  - Change management
  - Learning and Development
- Trend data on participation in innovation programs and outcomes realised
- Trend data on participation in *Quality and Safety Awards* and outcomes realised
- Innovation across the LHD is thriving and supported, including research

Leo
Environmental Services,
Ryde Hospital



Marilyn
Executive Assistant,
Primary and
Community Health

03

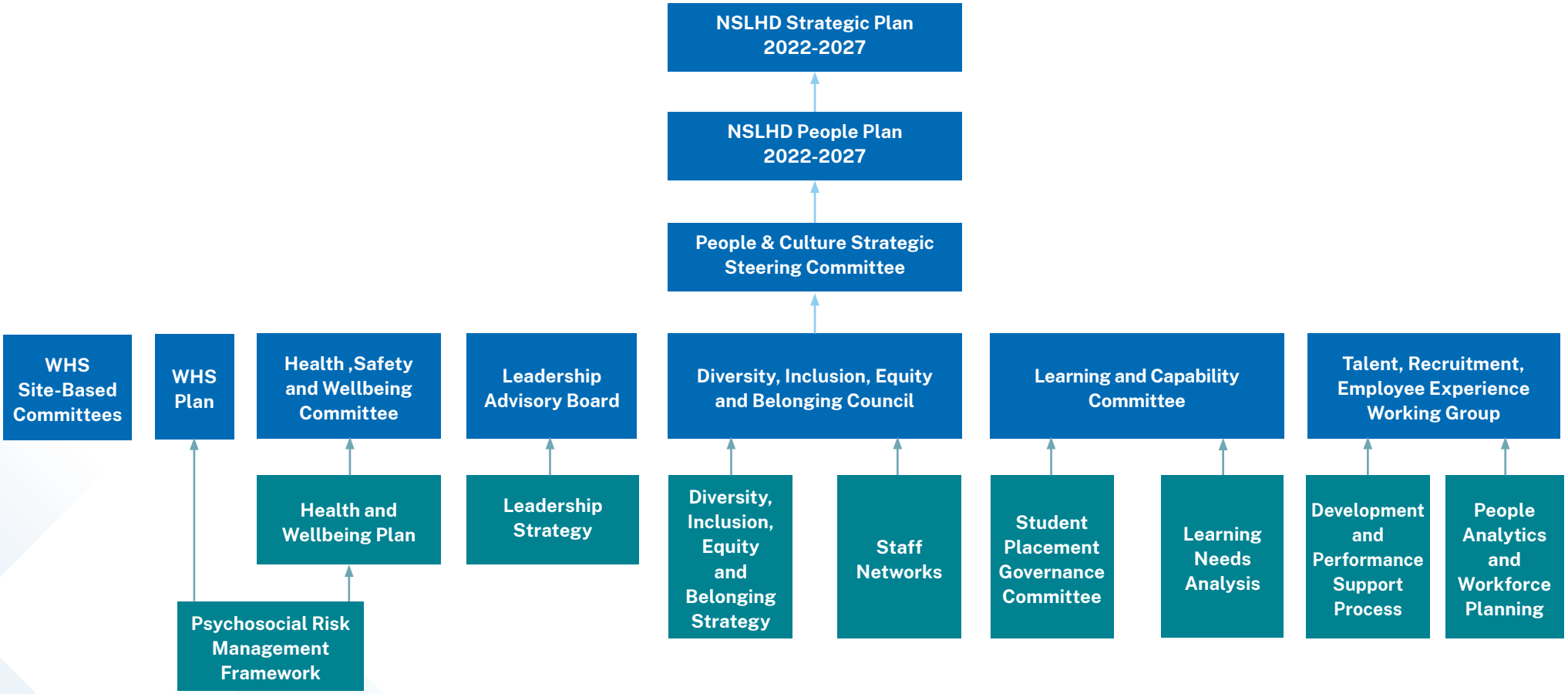
GOVERNANCE AND PLANNING OVERVIEW

“

I love the team that I work with. They are supportive, fun, hardworking and just the best positive people to be around. We have a great Director that leads our team with great vision and unwavering resolve. I can’t see myself being in a better work environment than what we have.

The following section provides detail on the Governance and Planning of the *People Plan*.

The governance structure provides a framework for delivery to the *People Plan* including outlining reporting structures in line with relevant committees at the LHD level.



Liang
Registered Nurse,
Mental Health Drug & Alcohol Services

> I enjoy working for NSLHD and MHDA. It is the people and their passion and support to achieve the best care that makes it a great place to be.

Northern Sydney
Local Health District

NSW GOVERNMENT

Northern Sydney
Local Health District

Diversity, Equity, Inclusion and Belonging Strategy 2023-2027

Acknowledgement of Country

Northern Sydney Local Health District acknowledges the traditional custodians of the lands on which our health services are located, the Guringai and Dharug peoples, and we honour and pay our respects to their ancestors. We acknowledge and pay our respects to all Aboriginal and Torres Strait Islander peoples and to Elders past and present. We acknowledge that past, current and future Aboriginal and Torres Strait Islander peoples are the continuing custodians of this country upon which we live, work and meet and that it is from their blood, courage, pride and dignity that we are able to continue to live, work and meet on this ancient and sacred country.

All artwork has been used with permission.

Contents

Our strategic objectives relating to DEIB:

Message from the Chief Executive and Board Chair

Taking care of the physical and psychological health of our patients and consumers is the cornerstone of what we do at Northern Sydney Local Health District (NSLHD). We cannot serve our community unless our people are healthy and well too. Ensuring our workforce is engaged, and well supported is the key to delivering excellent healthcare for our patients/consumers, their carers and the community.

Our Diversity, Equity, Inclusion and Belonging Strategy shows our commitment to making NSLHD a great place to work, not just for some, but for all, regardless of personal background or life experience.

From 2020 to 2022 we implemented our first ever Diversity, Inclusion and Belonging Strategy. Despite this strategy being launched just before the COVID-19 pandemic impacted healthcare and the world, we made some impressive advances towards greater inclusion and diversity at our district.

We have delivered programs that enhance Aboriginal and Torres Strait Islander employment and employment for people with disability. We have made significant headway in the areas of inclusion for people who are LGBTIQ+. Women in medical leadership has also been a key focus with some wonderful initiatives supporting female doctors to progress to senior clinical and leadership positions. We have also delivered a range of activities to support culturally and linguistically diverse employees.

This strategy outlines our plans for continuing to build on these strong foundations, developing a more diverse and inclusive workplace for all our people, recogising that a diverse and engaged workforce delivers the best health outcomes for our community.

The central aspiration of our 2023 to 2027 strategy is to have a workforce that reflects the diverse community we serve, one where people from all walks of life are represented, respected and feel they belong. An inclusive work environment is one where people feel safe, where they can be themselves and diverse opinions can be respectfully and freely shared without fear of judgment. It is a place where all people belong regardless of their role, age, gender, sexual orientation, sexual characteristics, ethnicity, physical abilities or life experiences.

Research tells us that more socially diverse groups outperform homogenous groups. A diverse mix of viewpoints in the workplace enhances creativity, improves decision making and problem solving. Importantly, employees feel empowered to innovate when they are part of a diverse and inclusive workplace, which will be essential as we shape our health service for the future.

We also know that diverse and inclusive workplaces have an increased ability to attract talented staff with a range of backgrounds, and they have higher levels of staff retention. As we face a global skills shortage there is an even greater imperative to build a diverse and inclusive workplace, thereby empowering our organisation to attract and retain top talent in an increasingly competitive employment market.

The COVID-19 pandemic has changed the way people work across the world and in our own local health district. Employees' expectations of the workplace are rapidly evolving, and along with flexible working, diversity, inclusivity and equity are increasingly things employees are expecting.

As we commence work on our second Diversity, Equity, Inclusion and Belonging Strategy I am mindful that there are still many challenges for under-represented people in the Australian workplace, such as equity of access to education, employment, recognition, as well as career development and advancement opportunities. This strategy will guide our journey as we tackle these issues and it will support us to build a workplace where everyone can participate equally.

The strategic objectives included in this document set out a challenge, not just to leaders and managers in our organisation, but to all our people, to embed diversity, equity and inclusion into everything we do. We all have a role to play to create an inclusive environment, a place where our colleagues and everyone here at NSLHD feel they belong.

Lee Gregory
Interim Chief Executive

Trevor Danos AM FTSE
Board Chair

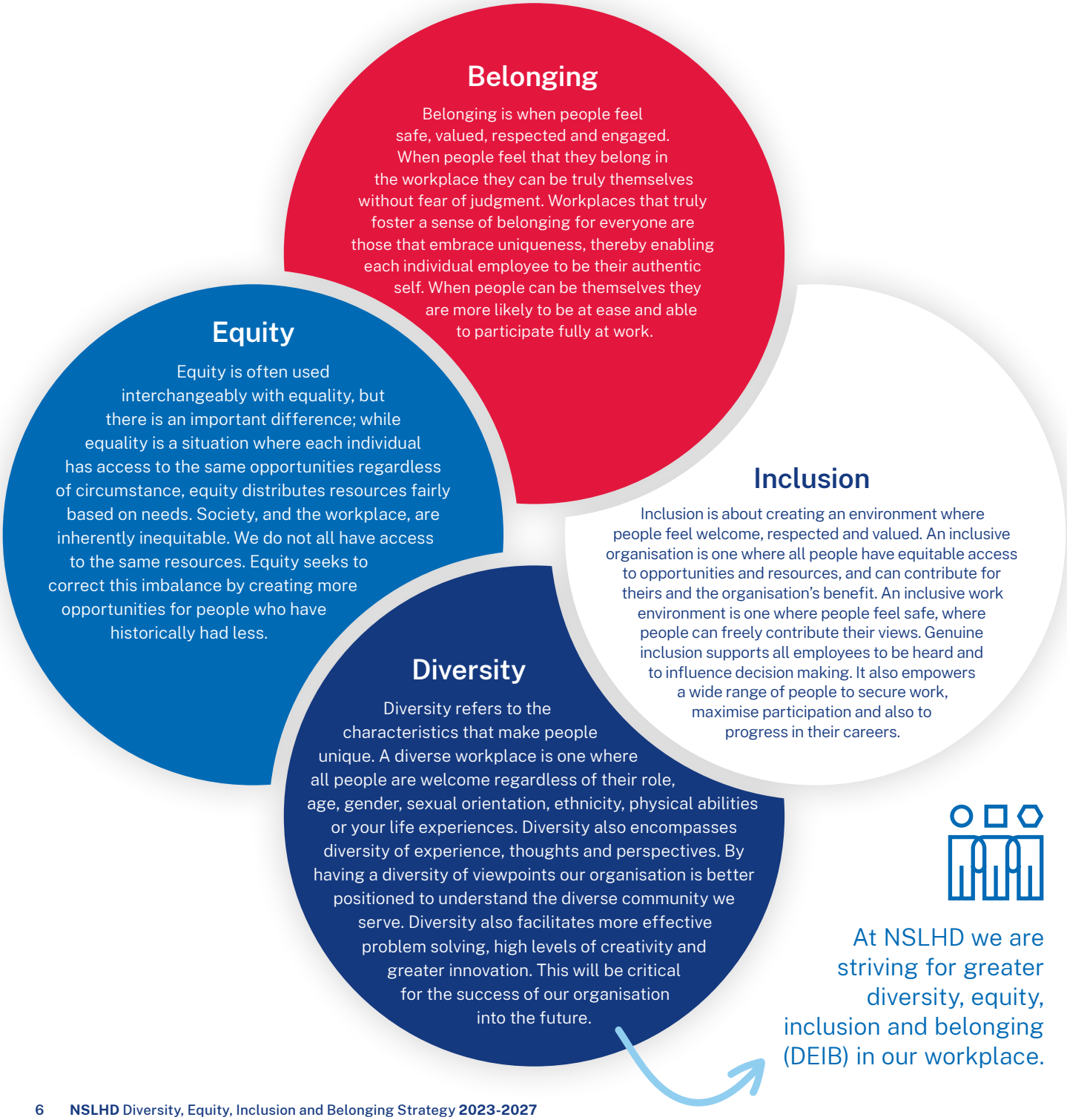
Our Vision

Our vision is to create a workforce that reflects the community we serve, where people from all walks of life are represented, respected and feel that they belong.

What is Diversity, Equity, Inclusion and Belonging?

Everybody is unique. We all have unique backgrounds, experiences, perspectives and views of the world.

Some people have visibly different characteristics, others have unseen differences, but we are all unique and we all want to feel that we belong.



At NSLHD we are striving for greater diversity, equity, inclusion and belonging (DEIB) in our workplace.

Why is Diversity, Equity, Inclusion and Belonging important?

There has been a significant push at NSLHD and organisations across the world for greater workplace diversity for some time, and there is a myriad of reasons why this is occurring.

Quality care

The research tells us that diversity in the workplace delivers positive outcomes for individual employees, teams, customers and the organisation as a whole. One of the reasons for this is because diverse workplaces create a greater sense of belonging for all staff. When people feel that they belong, this leads to increased levels of employee engagement. Engaged employees strive to do their best at work, and for NSLHD, this translates to high performance and quality care for our patients and consumers. We also know that a diverse staff group is better able to capitalise on diverse viewpoints. Diverse perspectives support creativity and innovation, which enables NSLHD to create progressive health programs that best meet the needs of the diverse community we serve.

Positive culture

Our behaviours and attitudes in the workplace are just as important as our work, as these contribute to a positive experience at work for all. The evidence tells us that diverse workplaces are an indicator of a positive workplace culture. Underpinning culture and everything we do at NSLHD are our CORE Values of Collaboration, Openness, Respect and Empowerment. When our CORE values are enacted they contribute to an inclusive workplace culture and a reduction in unacceptable behaviours such as bullying, harassment and discrimination. A positive experience of the workplace contributes to a greater sense of psychological safety and enhanced staff wellbeing. Feeling safe at work leads to greater collaboration and innovation.

Attract and retain talent

At NSLHD we have developed a reputation for being one of New South Wales' highest performing health agencies. To sustain this we must continue to attract and retain the best healthcare talent. Great people are looking for a workplace where they can 'fit in' and feel welcome, even if they do not express this explicitly. In an increasingly competitive employment market it's more important than ever to shape a diverse workplace as we compete with other health agencies and industries to secure top talent.

Inclusion benefits everyone

It's well known that people who are part of minority or marginalised groups can feel isolated in non-diverse workplaces. They may not feel that they can be their authentic self at work and might be reluctant contribute their ideas. It is also true that people who are not from minority groups might struggle to fit in or find their voice in the workplace. This may be because of specific life experiences that have shaped the way they see the world. Respectful, supportive and inclusive practices in the workplace can empower everyone to participate equally in the workplace regardless of their background or life experiences.

Inclusion does not just benefit under-represented groups, it benefits everyone.

Diversity is a fact.
Equity is a choice.
Inclusion is an action.
Belonging is an outcome.

Arthur Chan
(Diversity, Equity & Inclusion Advisor
and Behavioural Scientist)

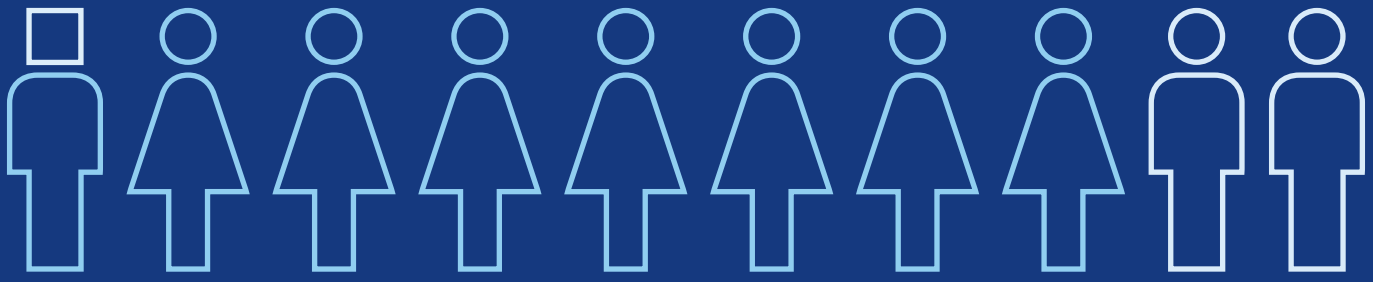
Diverse workforce profile

14,250
Total headcount of all workers

1% non-binary/ other

73% female

26% male



1.09% of the workforce have disclosed to NSLHD they have a disability, however, **5%** of the respondents to the 2022 People Matter Employee Survey have a disability

28% speak a language other than English at home

1% staff identify as Aboriginal and/or Torres Strait Islander

6%
of staff members who responded to the People Matter Employee Survey are **LGBTIQ+**

66% workforce over 34 years – median age 40 years

Alignment with the Future Health Strategic Framework and our district priorities

This document has been developed to build on the strong foundations laid by our first Diversity, Inclusion and Belonging Strategy which was implemented between 2020 and 2022.

Over the last three years NSLHD has implemented a range of programs to enhance diversity and inclusion, but there is more work to do.

Our *Diversity, Equity, Inclusion and Belonging Strategy* aligns with the *NSW Health Future Health Strategic Framework*, the *NSW Health Diversity Inclusion Belonging Guide* and the *NSW Premier's priorities*, with a particular focus on the creation of a 'World-class Public Service'. It also addresses how NSLHD will meet the employment and workplace diversity targets established by the NSW Premier and the Ministry of Health.

The NSW Premier's Priorities – World Class Public Service

Drive public sector diversity by 2025 through:

- having 50% of senior leadership roles held by women
- increasing the number of Aboriginal people in senior leadership roles
- ensuring 5.6% of government sector roles are held by people with disability

The *NSLHD Strategic Plan 2023–2027* and the *NSLHD People Plan* are the key district level documents guiding the development of our *Diversity, Equity, Inclusion and Belonging Strategy for 2023-2027.*

Our Diversity, Equity, Inclusion and Belonging Strategy is underpinned by NSW Health's CORE Values:

Our CORE Values

Collaboration – We collaborate by working together to care for the needs of patients, clients and carers. We appreciate each other's input, skills and experience. Together we are stronger and contribute more.

Openness – We listen to others ideas and opinions and are willing to be challenged and try new ways of working. We ensure input from patients and clients and carers about their care. We are honest and straightforward while listening to each other's experiences. We value quality outcomes and safety.

Respect – We respect the needs of our patients, clients and carers and of each other. We encourage each other, actively listen, are courteous , and value the contribution of others.

Empowerment – We support and develop each other to deliver on our shared vision and mission. We support autonomy in our work and decisions and hold ourselves and each other accountable.

Taking care of the physical and psychological health of our patients and consumers is the cornerstone of what we do at NSLHD. We cannot serve our community unless our people are healthy and well too.

Lee Gregory
(Interim Chief Executive)

The NSLHD Diversity, Equity, Inclusion and Belonging Strategy primarily supports **Strategic Outcome 4** of the NSLHD Strategic Plan 2022-2027.

Our staff are engaged and well supported

Staff are engaged and well supported to deliver safe, reliable person-centred healthcare and equipped to respond to a changing healthcare environment.

To ensure all *'our staff are engaged and well supported'*, we will focus the following 6 priority areas:

1.

Cultivate a safe, flexible and positive workplace culture where staff feel valued, heard, empowered and are supported to perform to their best

2.

Ensure our workforce reflects the diversity in our community and our culture leverages diversity of thinking

3.

Develop our talent and leadership capability across our workforce

4.

Develop a skilled and capable workforce equipped to provide high-value and innovative person-centred care

5.

Support and foster innovative thinking and practices around future care

6.

Develop our workforce to have the capabilities and culture to address future demands on the health system

NSLHD Strategic Objective 4	How does this relate to diversity, inclusion and belonging?	What we will do	Who we will work with	Underpinned by our values
4.1 Cultivate a safe, flexible and positive workplace culture where staff feel valued, heard, empowered and are supported to perform at their best.	Staff who feel safe, valued, and experience an empowering and inclusive work environment, are better equipped to provide person-centred care and high quality services.	We will create a workplace with a positive and welcoming culture for all, regardless of personal background or life experiences. We will build wellbeing, flexibility and supportive leadership practices allowing people to balance work and personal life. We will demonstrate our CORE values of Collaboration, Openness and Respect and Empowerment in everything we do, ensuring a consistent staff experience for all.	**Our patients and consumers** 	COLLABORATION
4.2 Ensure our workforce reflects the diversity in our community and our culture leverages diversity of thinking.	A diverse workforce helps us to understand the needs and values of our diverse community, which helps us to improve the patient and carer experience.	We will attract, recruit, engage and develop diverse talent. We will build diverse leadership teams who will implement inclusive practices across all levels of the organisation. We will provide equitable opportunities for all under-represented groups in the workforce. We will provide access to culturally appropriate employee assistance and support programs.	**Our people** 	OPENNESS
4.3 Develop our talent and leadership capability across our workforce.	Our leaders need to be diverse, to enact inclusive leadership practices and always role model our CORE values.	We will empower our people with the knowledge, skills and resources to ensure a high performing, respectful and inclusive culture for all. We will encourage and support under-represented employees to participate in our leadership development programs and other career progression opportunities.		

NSLHD Strategic Objective 4	How does this relate to diversity, inclusion and belonging?	What we will do	Who we will work with	Underpinned by our values
4.4 Develop a skilled and capable workforce equipped to provide high-value and person-centred care.	Enhancing capability across our workforce not only improves the skills of our people but also ensures that they are modelling our values and enacting supportive practices.	We will invest in continuous professional development programs for our people that are underpinned by our CORE values. We will encourage all staff, including under-represented groups, to achieve their full potential and to be fulfilled at work.	**Our people leaders** 	RESPECT
4.5 Support and foster innovative thinking and practices related to future care.	Building a workforce comprising of people with diverse viewpoints enhances creativity and innovation.	We will create psychological safety at work for all people thereby fostering innovation to improve our services. We will establish a culture that empowers people to question the status quo and challenge discrimination if it arises in the workplace.		
4.5 Support and foster innovative thinking and practices related to future care.	Building a workforce comprising of people with diverse viewpoints enhances creativity and innovation.	We will implement talent acquisition and employee experience strategies that support us to recruit and retain a diverse, high performing workforce, positioning NSLHD as an employer of choice in the health sector.	**Our employee networks** 	EMPOWERMENT

The following additional plans, legislation and agencies have also informed the development of our strategy:

- NSLHD Disability Inclusion Action Plan 2023 – 2026
- NSLHD Aboriginal and Torres Strait Islander Health Services Plan 2017 – 2022
- NSW Premier's Priorities
- Future Health Report 2022-2032
- NSW Health Workforce Plan 2022-2032
- NSW Public Sector Aboriginal Employment Strategy 2019 – 2025
- NSW Health Diversity and Inclusion Belonging Guide
- NSW Plan for Healthy Culturally and Linguistically Diverse Communities 2019–2023
- NSW LGBTIQ+ Health Strategy 2022-2027
- Ageing Well in NSW: Seniors Strategy 2021–2031
- NSW Health Good Health, Great Jobs: Aboriginal Workforce Strategic Framework 2016-2020
- NSW Women's Strategy 2023-2026
- Government Sector Employment Act 2013
- Disability Discrimination Act 1992
- NSW Disability Inclusion Act 2014
- Age Discrimination Act 2004
- Australian Government Workplace Gender Equality Agency 2019-2020
- NSW Health Gender Balance in Leadership Guide
- ACON – Pride in Diversity
- Australian Network on Disability
- Champions of Change Coalition

People at the centre

NSLHD is one of the leading health services in New South Wales providing high quality healthcare to a population of almost one million people.

It is our people that make our organisation such an outstanding healthcare agency, and a healthcare industry employer of choice. We recognise this and our organisation's Diversity, Equity, Inclusion and Belonging Strategy is one of the many ways we demonstrate that our people are genuinely at the heart of everything we do.

Since launching our first Diversity, Inclusion and Belonging Strategy in 2020 we have facilitated many opportunities for our people to have their say on what's important to them in relation to diversity, inclusion and belonging. We have undertaken extensive consultation with our employees, people with lived experience, external agencies and other thought leaders to gain input and to inform our direction.

We have also analysed the results of our 2022 People Matter Employee Survey, which provided valuable insights relating to equity, diversity, flexibility as well as many other insights on what's important to our people.

A key source of input to inform our 2023 -2027 strategy has been from our Diversity Employee Resource Networks. These networks were established as part of the delivery of our first strategy and are pivotal in driving forward our ambitious diversity, inclusion and belonging agenda. The voices of people in our employee networks importantly include those with lived experience and so were essential in developing this strategy. We placed lived experience at the centre of our strategy consultation process.

NSLHD is proud to offer all our people an opportunity to participate in any of our five Employee Resource Networks including:

1. Muru Dali Gili Gili Network; Aboriginal and Torres Strait Islander Employee Network
2. Cultural and Linguistically Diverse Employee Network
3. Employee Resource Network on Disability
4. LGBTIQ+ Employee Network
5. Embrace Gender Equity Employee Network

People with lived experience, or those who are allies, are welcome to join the Employee Resource Networks and support our journey towards greater diversity, inclusion and belonging at NSLHD.

We have also gathered input from the executive sponsors of our employee networks, subject matter experts and NSLHD's Diversity, Equity, Inclusion & Belonging (DEIB) Council. Our DEIB Council is the governance committee that oversees the implementation of the strategy and provides senior level support to the important work delivered by all our employee networks.

This strategy synthesises all the information gathered from our people through the various channels. It then presents a framework that not only aligns with our organisational strategic objectives but strongly incorporates employee voice.

> "Inclusion is not a matter of political correctness. It is the key to growth."
>
> **Jesse Jackson** (Politician and Civil Rights Activist)

Some of our current DEIB initiatives

Aboriginal and Torres Strait Islander Recruitment and Retention Procedures have been implemented and recruitment to our talent pool operates year round

NSLHD provides domestic and family violence workplace assistance and participates in the annual 16 Days of Activism campaign

NSLHD's Diversity, Inclusion Belonging Council meets bi-monthly to progress our agenda for change

Aboriginal and Torres Strait Islander Workforce Plan developed – for implementation 2023

A collaboration between NSLHD and the Public Service Commission results in a series of focus groups at NSLHD in 2022 gathering insights on the challenges for cultural and linguistically diverse staff in the workplace – these are used to shape our inclusion action plans

Participation in the 'Stepping Into' Mentorship Program – has enabled practical paid work experience at NSLHD for university students with disability who may face significant barriers in gaining employment

'Days of Significance' – raising awareness of issues faced by marginalised or under-represented groups in society and the workplace have been marked across NSLHD annually

Annual opportunities for career advancement for people from all backgrounds via NSLHD leadership development program – including targeting of under-represented groups

Implementation of NSLHD's Aboriginal and Torres Strait Islander New Staff Welcome Orientation Checklist and linking with a mentor

Our 'Advancing Women in Medical Leadership' group has been raising awareness across the medical discipline regarding the under-representation of women in medical leadership – a conference on this theme will be held at NSLHD in 2023

'Respecting The Difference' Aboriginal cultural awareness education program is mandatory for all staff and enables cultural understanding

Implementation of the 'Get Skilled Access' pilot program at Ryde Hospital; to uplift health staff capacity to support people living with disability

In 2021 NSLHD's LGBTIQ+ Employee Network made their first ever submission to the Australian Workplace Equality Index; a national survey which quantifies the impact of inclusion initiatives on organisational culture

Liz (She/Her/Hers)

Organisational Development and Leadership Coordinator

I work in the Organisational Development and Capability (ODaC) team, which is part of the People and Culture Directorate at NSLHD. I was born in India, and my parents moved around countries like Saudi Arabia, Ireland, and Australia as part of their work. As a child, growing up in different countries helped me learn more about different cultures and people. I grew up with a passion to work with people; hence, I graduated in HR. I joined NSLHD a couple of months ago, and so far it has been a great enriching experience. One thing that stands out with NSLHD compared to other organisations I have worked for is the diverse work culture and the continuous work they do for the inclusion and belonging of all staff.

Through my work at NSLHD, I am able to support multiple diversity, inclusion and belonging (DEIB) programs like the CALD Employee Network and DEIB Council. Both of these strive to achieve a workplace where our employees feel like they belong and are valued, respected, and embraced. I feel very proud to be part of this work and to be part of an organisation like NSLHD, where they embrace and recognise their staff.

Given I am in the early stages of my career, I have learned many valuable skills from my team. I am grateful for all the guidance and mentoring provided by my colleagues. I look up to all my amazing ODaC team members and I am highly appreciative of all the work we do to make a positive impact in NSLHD.

Our strategic objectives relating to DEIB

1. Communication, capability and capacity building

Communication and education that enable a greater level of awareness, understanding and tolerance for all people will be pivotal to the delivery our Diversity, Equity, Inclusion and Belonging Strategy. The fundamentals of diversity related communication and education, such as reducing biases, prejudices and discrimination for under-represented or marginalised groups' remain central to our work. However, we will also promote the concept; '*diversity is for everyone*' highlighting the richness of the human experience that comes from diversity in our workplace and our world.

Our aim

We communicate why diversity, inclusion and belonging is so important for NSLHD. We increase awareness and understanding of the challenges faced by under-represented groups through delivery of a range of communication initiatives and education programs. We enhance the learning experience for all our people through the use of story-telling, highlighting how diversity enriches our workplace. We will build on this foundation by delivering on more complex topics such as unconscious bias and intercultural competence training for our employees, people leaders and managers, empowering everyone to act as a champion for diversity in the workplace.

What does success look like?

- ✓ Employees, people leaders and managers have conducted cultural awareness training and/or inclusiveness training.
- ✓ Policies due for renewal are reviewed for diversity and inclusivity.
- ✓ Hiring managers receive information about diversity and inclusion when conducting recruitment processes.

Strategic Objectives	Strategic Alignment	Target Date
Publish an annual Diversity, Equity, Inclusion and Belonging progress report.	NSLHD Strategic Outcomes: 4.1 4.2	2023-2027
Revise and implement NSLHD's updated Diversity, Equity, Inclusion and Belonging Strategy, then support Employee Networks to develop action plans to meet the strategic objectives.	NSLHD Strategic Outcomes: 4.1 4.2	2023
Develop a range of diversity, inclusion and belonging resources for all employees.	NSLHD Strategic Outcomes: 4.1 4.2 4.3 4.4 4.6	2023-2027
Establish a Diversity, Equity, Inclusion and Belonging dashboard using specific data points available in the NSW Public Sector's People Matter Employee Survey.	NSLHD Strategic Outcomes: 4.1 4.2	2027

Strategic Objectives	Strategic Alignment	Target Date
Audit and report on the recruitment process to ensure diversity in panels, applications and a positive experience for all candidates.	NSLHD Strategic Outcomes: 4.1 4.2	2025-2027
Implement an ongoing communication strategy to raise awareness and encourage a broad range of staff and volunteer engagement in the Diversity, Equity, Inclusion and Belonging Strategy Employee Networks and Council.	NSLHD Strategic Outcomes: 4.1 4.2 4.3 4.4 4.6	2025-2027
Review our people related policies, practices and protocols (and the policy development and renewal process) to ensure they promote diversity, inclusion and belonging.	NSLHD Strategic Outcomes: 4.1 4.2	2025
Regularly measure and review the psychological safety of under-represented staff groups to ensure they feel safe, supported and valued.	NSLHD Strategic Outcomes: 4.1 4.2	2026-2027
Support all employees to stand up and act as diversity and inclusion champions, particularly those staff who are active in the Employee Networks.	NSLHD Strategic Outcomes: 4.1 4.2	2023-2027
Enable employees and visitors to the organisation to be aware of the values of NSLHD and of their rights and responsibilities related to equity, diversity and inclusion.	NSLHD Strategic Outcomes: 4.1 4.2	2024
Incorporate diversity and inclusion initiatives in our employee recognition award program and innovation pitch.	NSLHD Strategic Outcomes: 4.5 4.6	2023-2027
Deliver education to our people, empowering them to champion diversity, inclusion and belonging transformation initiatives.	NSLHD Strategic Outcomes: 4.1 4.2 4.3 4.6	2024-2027
Embed diversity and inclusion training into the district orientation program, new managers training, recruitment training and incorporate unconscious biases training into the NSLHD manager's learning pathway.	NSLHD Strategic Outcomes: 4.1 4.2 4.3 4.6	2024

> "The wind blows in a certain direction which I can't change but I can adjust my own sails to reach the destination that I am hoping for."
>
> **Dainere Anthoney** (Australian Author)

2. Aboriginal and Torres Strait Islander Workforce

Engaging, supporting and growing NSLHD's Aboriginal and Torres Strait Islander workforce is essential to ensuring the delivery of culturally safe, respectful and effective health services for Aboriginal and Torres Strait Islander people.

Our aim

We create career pathways and provide traineeship opportunities for Aboriginal and Torres Strait Islander people who wish to pursue a career in healthcare.

We empower Aboriginal and Torres Strait Islander employees to develop and progress in their careers at NSLHD, supporting the NSW Premier's Priority to increase the number of Aboriginal and Torres Strait Islander people in leadership roles in the NSW public sector by 2025.

We provide access to culturally appropriate healing and support programs, maximising wellbeing for Aboriginal and Torres Strait Islander people.

In conjunction with the NSLHD Aboriginal Health and Torres Strait Islander Health Plan 2017-2022 we will develop and implement an Aboriginal and Torres Strait Islander Workforce Strategy to further accelerate our efforts to maximise employment opportunities for Aboriginal and Torres Strait Islander people.

What does success look like?

- ✓ Progress towards 3% minimum workforce composition target across all salary bands by 2025
- ✓ Double the number of Aboriginal and Torres Strait Islander people in leadership roles by 2027*

  * Leadership roles are defined as Health Service Manager positions or equivalent
- ✓ Increase the number of Aboriginal and Torres Strait Islander people in senior leadership roles by 2025**

  ** Senior leadership roles are defined as people earning >=$169,638

In 2022; 0.54% of NSLHD employees identified as Aboriginal and/ or Torres Strait Islander, 10 held leadership positions and none held senior leadership positions."

Adam (chooses to identify as 'Ads')

Project Manager, Community Inclusion and Capacity Building

My name is Adam Cryer and I am a Wiradjuri man born and grown on Darug and Guringai Country and I have worked for NSLHD since 2021.

Having been born and raised on the lands on which NSLHD sits, it is fantastic to be part of the district health team now and be able to support the mob in and around northern Sydney.

My background covers a number of state government organisations including FaCS and Education, however I have found that in my time here at NSLHD, the want for Aboriginal and Torres Strait Islander success is the most genuine and openly supported of any environment I have worked in.

When I am asked to provide cultural support here in the NSLHD I feel that it is not tokenistic but rather my skills and expertise are recognised and valued alongside all others in the room.

I really look forward to the growth of our mob across the district and welcome all staff, patients and stakeholders that wish to connect more strongly with our traditional cultures.

Strategic Objectives	Strategic Alignment	Target Date
Develop and implement an Aboriginal and Torres Strait Islander Workforce Strategy to 2027 at NSLHD.	NSLHD Strategic Outcomes: 4.1 4.2 4.3 4.4 4.6	2023-2027
Promote, attract, recruit, engage and support Aboriginal and Torres Strait Islander talent, including increasing the establishment of identified or targeted positions for Aboriginal and Torres Strait Islander applicants.	NSLHD Strategic Outcomes: 4.2 4.3 4.5	2023-2027
Increase the number of Aboriginal and Torres Strait Islander people in senior leadership roles and increase the number of Aboriginal and Torres Strait Islander people in leadership roles to at least 20 by maximising participation in talent and leadership development programs, coaching, secondments and acting opportunities.	NSLHD Strategic Outcomes: 4.2 4.3 4.4 4.6	2027
Empower managers and people leaders with knowledge, skills and resources to attract and recruit Aboriginal and Torres Strait Islander talent into positions at all levels of the organisation utilising recruitment practices that provide appropriate cultural support for applicants."	NSLHD Strategic Outcomes: 4.1 4.2 4.3 4.4	2024
Provide access to culturally appropriate healing, employee assistance, psychosocial support and mentoring programs for Aboriginal and Torres Strait Islander staff.	NSLHD Strategic Outcomes: 4.2 4.3	2023
Empower people to discuss their concerns and report on discrimination or racism against Aboriginal and Torres Strait Islander people so this can be addressed.	NSLHD Strategic Outcomes: 4.1 4.2	2023-2027
Continue to develop and support our Muru Dali Gili Gili Employee Network, which provides peer support and opportunities to work together with allies to deliver positive change for Aboriginal and Torres Strait Islander people at NSLHD.	NSLHD Strategic Outcomes: 4.1 4.2	2023-2027
Foster inclusion and a celebration of Aboriginal and Torres Strait Islander people, by celebrating events of significance such as NAIDOC Week, Mabo Day and Sorry Day.	NSLHD Strategic Outcomes: 4.1 4.2	2023-2027

> "Racism is a disease in society. We're all equal. I don't care what their colour is, or religion. Just as long as they're human beings they're my buddies."
>
> **Mandawuy Yunupingu** (Aboriginal Singer / Songwriter/ Educator)

Ian (He/Him/His)
Clinical Liaison Officer

It was time for a change after 40 terrific years in banking and IT and to move into something else where I did not take work home anymore, that life-balance thing people talk about, and to secure a role that I would eventually transition to retirement from.

I thought of continuing my other casual role, that of a professional tennis official, but I had been doing that for over 40 years as well.

A friend suggested I apply for an admin role with RNSH Emergency Department. He supported my application and I was in. I started part-time 4 1/2 years ago working normal shifts, double shifts, overtime (what have I done?) but at least I could not take this work home. It was a great team of very clever and professional people to work with, the doctors, nurses, allied health, SSOs, volunteers and our administrators. I really did feel I was doing something important in helping patients and those that came with them. I did like the culture and sense of belonging, maybe not all the manual paperwork. Where is the automation? Anyway, it was the change I needed, and it was also the time of COVID, so we were all needed. But change sometimes comes when you least expect it and I was asked to relieve in an inpatient data corrections role, shortly followed by another request to temporarily take on the Floor Manager role in Ambulatory Care Centre (ACC). So much for transitioning to retirement anytime soon! Twelve months later I was appointed to the Floor Manager role full-time.

I have since moved on to another role in the district where I am now responsible for training and supporting our staff in and with the eMR application. I work in a great team in ICT that come from such diverse backgrounds, who are willing to share their skills and knowledge. Every day I learn something new!

I guess retirement is going to have to wait a bit longer as I am still having a good time.

3

3. Multi-Generational workforce

Australian workplaces could see up to five generations co-existing in the one business – with differing skill sets, values and attitudes to work (Sarumpaet, 2019). Research shows that age diversity in the workplace can improve organisational performance, drive innovation, reduce employee attrition and improve complex decision making. Productivity is also higher in mixed-age teams. Australia has an ageing workforce and people are increasingly working to older ages since the retirement age was lifted from 65 to 67 in 2009.

Our aim

We harness and utilise the talent brought by each generation to meet both our organisational objectives and the needs of our people.

We flexibly support all employees across the age spectrum to maximise their engagement and wellbeing at work, whilst balancing personal commitments acknowledging their needs change during a career and a lifetime.

We value the wisdom and expertise our senior workforce contribute, we will support career transition and development conversations, and support their safety and wellbeing, enabling those who wish to continue to work into older ages, to do so.

What does success look like?

- ✓ 100% managers have access to resources or education on generations and communication styles
- ✓ Maintain % of mature workers aged 50-54, 55-59, 60-64, 65+ (as indicated by PMES data)
- ✓ Attract and retain Generation Y (born 1980-1994) and Generation Z (born 1995-2010) employees over next five years
- ✓ Workforce flexibility is reported by age bracket

AGE	% of Full Time Equivalent Staff
<25	6.88%
25-34	29.32%
35-44	22.33%
45-44	19.08%
55-64	17.22%
>=65	5.17%

* Median age = 40 years

Strategic Objectives	Strategic Alignment	Target Date
Promote and encourage applicants of all ages to work for NSLHD.	NSLHD Strategic Outcomes: 4.2	2023-2027
Promote mentoring, coaching, support programs and training for emerging managers and leaders, utilising intergenerational teams and knowledge management strategies.	NSLHD Strategic Outcomes: 4.2 4.3	2023-2027
Develop an Age Diversity Employee Network and explore the possibility of implementing an employee Alumni professional register.	NSLHD Strategic Outcomes: 4.1 4.2	2023

Strategic Objectives	Strategic Alignment	Target Date
Promote traineeships, cadetships, reskilling and supportive onboarding and induction pathways for those new and existing to the workforce to gain employment and enjoy rewarding work with us.	NSLHD Strategic Outcomes: 4.2 4.3	2023-2027
Encourage and enable flexible working practices for all staff at NSLHD.	NSLHD Strategic Outcomes: 4.1 4.2	2023-2027
Provide career transition pathways and support arrangements for staff across the range of age groups and scenarios, such as return to work post parental leave, reduction in working hours, career break, long service leave, retirement planning or change of career direction.	NSLHD Strategic Outcomes: 4.1 4.2 4.3	2023-2027
Implement the NSLHD Health & Wellbeing Plan 2023 – 2027 and ensure the plan is updated for relevance to the age profile of the NSLHD workforce.	NSLHD Strategic Outcomes: 4.1 4.2	2023-2027
Implement a range of workforce support strategies to minimise the physical and psychological risks associated with working at all ages, including into older ages, such as injury or burnout.	NSLHD Strategic Outcomes: 4.1 4.2	2024
Promote a range of social engagement initiatives to encourage connection and engagement between staff, amongst teams and sites/service across NSLHD.	NSLHD Strategic Outcomes: 4.1 4.2	2023-2027

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4. Culturally and linguistically diverse workforce

We work in one of the most multicultural states in Australia, with 29.3% of the NSW population being born overseas (ABS, 2021).Research shows that broad multicultural experiences help leaders communicate more competently and lead more effectively, especially when leading diverse teams (Lu et al, 2021).

Engaging talent and supporting career progression for cultural and linguistically diverse people helps NSLHD create a workforce that reflects the diverse community we serve. This empowers NSLHD to offer culturally safe services for all our patients and consumers.

Our aim

We ensure culturally and linguistically diverse workforce groups to feel valued, empowered to contribute, and to progress in their healthcare careers.

We attract and promote career development and leadership development opportunities for people from CALD backgrounds. We actively seek to uplift the representation of CALD people in senior leadership positions.

We will celebrate the cultural and linguistic diversity of our people and will continue to strive to build an inclusive workplace for people from diverse cultural backgrounds.

We strive for greater social cohesion for all our people by addressing racism where it arises in our workplace and promoting anti-racism campaigns.

What does success look like?

- ✓ 100% of recruitment panels have at least one CALD panel member when candidates identify from non-English speaking backgrounds.
- ✓ Report CALD diversity of Senior Managers and Executives at NSLHD.
- ✓ Promote leadership development programs to employees from a CALD background.

28% of our staff speak a language other than English at home

Himani (She/Her/Hers)
Finance Officer

I came to Australia 12 years ago with many dreams. After completing my university studies here, I started my accounting and finance career. I have evolved as a person with various experiences of working in the retail industry, not for profit organisations and in different NSW government agencies. I have always desired to work in the health sector and after securing my current role as a Finance Officer at Northern Sydney Local Health District; my parents back in India are feeling so proud. I love numbers and I am really enjoying my current role working with my team.

I have always been working with a diverse group of people. Diversity and inclusion is very important in success of any business. Diversity brings in new ideas and experiences, and people can learn from each other. Bringing in different ideas and perspectives leads to better problem-solving. Working in diverse teams opens dialogue and promotes creativity.

I believe, the more the organisation is open to perspectives from people of different backgrounds, the more creative and resilient it becomes. In my current team, we always share new ideas and we encourage each other as per our CORE values.

Strategic Objectives	Strategic Alignment	Target Date
Ensure our workforce reflects the diversity in our community by attracting, recruiting and engaging talent from CALD backgrounds whilst also promoting a culture that leverages diversity of thinking.	NSLHD Strategic Outcomes: 4.2	2023
Provide equitable opportunities for career progression for CALD people by facilitating mentoring opportunities and maximising diverse representation in leadership and talent development programs.	NSLHD Strategic Outcomes: 4.2 4.3	2023-2027
Provide access to culturally appropriate employee assistance and support programs for CALD people.	NSLHD Strategic Outcomes: 4.1 4.2	2024
Seek best practice models for supporting refugees to work for NSLHD.	NSLHD Strategic Outcomes: 4.2	2024
Continue to develop and support our CALD Employee Network, which will provide peer support and opportunities to work together with allies to deliver positive change for people from CALD backgrounds at NSLHD.	NSLHD Strategic Outcomes: 4.1 4.2	2023-2027
Address racism and/or discrimination towards culturally diverse employees including; addressing racism where it arises in the workplace, working to address unconscious bias amongst NSLHD staff, undertaking a self-assessment of our workplace cultural diversity and promoting the national campaign; '*Racism. It Stops with Me.*'	NSLHD Strategic Outcomes: 4.1 4.2 4.3	2023
Foster inclusion and celebration of CALD people e.g. celebrating Harmony Day and International Day of Tolerance.	NSLHD Strategic Outcomes: 4.1 4.2	2023-2025

RACISM. IT STOPS WITH ME

– is a national campaign working to challenge racism in society.

Adam (He/Him/His)
Consumer Advocate & Board Member

I have been part of this health service for all my life. Coming into the world two or so months early at 1000 grams in Manly Hospital, I have many memories of orthopaedic surgery and wards. It was probably far more disruptive for my family than it was for me, if I never see or smell wet plaster again that will not be a loss.

When the local council sought community representatives on a health services consultative committee, this was my first big step into planning and policy. On this committee I learnt how 'political' health could become, while also learning much about how the system really worked and, how fortunate we are to live here. After the conclusion of that process, I was thrilled to be invited back, joining community consultative committees, as well as other internal committees like Medication Safety and Clinical Governance. Not only was I learning, but by then, the many others who could not or would not speak of their own health experience were very much on my mind.

Many district staff and consumers have encouraged and supported me over many years, and today I am a consumer advisor to the Mental Health Drug and Alcohol (MHDA) Directorate. A variety of training, consultation and guideline writing activities have seen me learn about a unique area of health. Still, I ask the same questions: what are patients, carers and families experiencing, how well are our services meeting all parties' needs and, have we been asking these questions regularly.

5. Accessibility, adjustments and employees living with disability

People with disability are less likely to participate in the labour force than those without disability. In 2018, just over half (53.4 per cent) of people with disability were in the labour force, compared with 84.1 per cent of people without disability (ABS, 2018).

NSLHD is an inclusive employer that enables equal access to employment, training, career development and our health services for people with disability, whether they be current employees, prospective employees, our patients, consumers or another part of our community.

We know that not all our employees with disability feel comfortable to disclose their disability to us *. This has informed our strategic aims as detailed below.

Our aim

We strive to create psychological safety and an environment where all our people feel safe to inform us about their disability and record this on our information systems.

We foster a culture of inclusion and participation at NSLHD for all people living with disability. We enable this by building the capability of our employees (including hiring managers), so they have the right skills to support people with disability to access employment, to contribute fully in the workplace and also provide the best possible care to our patients and consumers.

We ensure that current and prospective employees with disability are supported to participate in our recruitment processes and able to access reasonable adjustments at work.

We ensure that people with disability have access to peer support via our Employee Resource Network on Disability and have equal opportunity to progress in their careers.

We maximise the accessibility of our facilities for all people with disability.

What does success look like?

- ✓ Progress towards increasing roles held by people with disability in NSLHD to 5.6% by 2025.
- ✓ 100% leadership development programs promoted to employees living with a disability.
- ✓ Increased representation of people with disability in leadership positions
- ✓ Increased number of people with disability recorded on NSLHD workforce systems

*** 1.09% of our staff told us during onboarding that they are living with disability, while 5% of respondents to the People Matter Employee Survey in 2022 stated that they had a disability.**

Strategic Objectives	Strategic Alignment	Target Date
Build staff awareness of the rights and capabilities of people with disability, supporting the development of positive attitudes and behaviours towards people with disability.	NSLHD Strategic Outcomes: 4.1 4.2 4.3 This also aligns with focus area 1 of the NSLHD Disability Inclusion Action Plan.	2023
Provide equitable opportunities for career progression for people with disability by facilitating mentoring opportunities and maximising diverse representation in leadership and talent development programs.	NSLHD Strategic Outcomes: 4.2 This also aligns with focus area 3 of the NSLHD Disability Inclusion Action Plan.	2025
Review the adoption of the NSW Government definition of disability, ensuring the definition we utilise maximises participation for people with disability.	NSLHD Strategic Outcomes: 4.2	2023
Continue to establish and actively promote available targeted positions for candidates with a disability.	NSLHD Strategic Outcomes: 4.2	2023-2027
Support access to meaningful employment by making adjustments to the recruitment process for people with disability, in accordance with the individual needs of candidates. We strive to become a Disability Confident Recruiter (DCR), by completing a comprehensive review of our recruitment policies, practices and processes in liaison with the Australian Network on Disability (AND).	NSLHD Strategic Outcomes: 4.2 6.3 This also aligns with focus area 3 of the NSLHD Disability Inclusion Action Plan.	2024
Participate in the Access & Inclusion Index, which will provide us with a benchmark on our current capacity to meet the needs of our employees, patients and consumers with disability. We will use the insights to inform our planning for a more inclusive environment at NSLHD.	NSLHD Strategic Outcomes: 1.1 4.2	2024
Continue to develop and promote training, resources, policies, procedures and guidelines that enable greater inclusion for people with disability and neurodiversity at NSLHD.	NSLHD Strategic Outcomes: 1.1 4.1 This also aligns with focus area 3 of the NSLHD Disability Inclusion Action Plan.	2023
Continue to develop and support our Employee Resource Network on Disability (ERNoD), which provides peer support and opportunities to work together with allies to deliver positive change for people with disability at NSLHD.	NSLHD Strategic Outcomes: 1.2 4.1 4.2	2023-2027
Continue to build the capacity of all staff and people leaders at NSLHD to employ, engage, empower and manage people with a disability, via participation in the *Get Skilled Access* program and other capability building initiatives.	NSLHD Strategic Outcomes: 4.1 4.2 4.3	2023-2027
Address discrimination towards employees living with disability.	NSLHD Strategic Outcomes: 4.1 4.2	2023-2027
Foster inclusion for those living with a disability in our community by celebrating International Day of People with Disability.	NSLHD Strategic Outcomes: 4.1 4.2 4.3	2023-2027
Continue to participate in the 'Stepping Into' Mentorship Program with the Australian Network on Disability, providing successful students or recent graduates with disability with practical paid work experience opportunities within various sites/service at NSLHD.	NSLHD Strategic Outcomes: 4.2	2023-2027

6. Gender diversity and representation

At NSLHD 77% of our staff are women, 22% are male and 1% are non-binary. In 2022, 52% of our senior leadership positions were held by women.* Noting that 77% of the total workforce at NSLHD are women, then women are disproportionately underrepresented in senior leadership roles when compared to men.

Women are under-represented at NSLHD in most medical disciplines in Staff Specialist and Visiting Medical Officer award categories, where the ratio of women to men is 30:70.

Only 13.72% of nursing and midwifery positions at NSLHD are held by men. It is acknowledged that nursing has traditionally been a female dominated profession, however, we actively encourage more men to take up these roles.

Noting the above workforce statistics, NSLHD is continuing our program of work to promote greater gender equity across our organisation and more proportionate gender representation at senior levels.

* Senior leadership positions are defined by the Department of Premier and Cabinet as those roles with a salary equal to or higher than $169,638 per year.

Our aim

We support the NSW Premier's Priority in relation to gender equity in the workforce; to increase the proportion of women in senior leadership roles to 50% by 2025 **. Whilst NSLHD has achieved 52% of our senior leadership roles being filled by women, we will continue to uplift this percentage so there is more proportionate representation of women in these senior roles.

We strive for gender equity in senior medical roles and medical leadership. We will implement a range of initiatives to change the status quo and increase the number of women in medical leadership roles.

We work to increase the number of men in nursing and midwifery.

We will work to achieve a gender balance in allied health, clinical and non-clinical teams. Achieving greater gender balance across our organisation will allow NSLHD to realise the benefits of gender diversity and establish our credentials as a thought leader on gender equity in the workplace.

** There are no specific targets set by the Premier in relation to the proportions of trans and gender diverse identities, such as non-binary people and other variations of traditional gender identity, within the workforce or senior leadership roles. Our aims in relation to these groups are outlined in the section of this strategy relating to LGBTIQ+ diverse workforce.

What does success look like?

- ✓ At least 55% women in senior leadership roles as a % of total workforce numbers by 2027
- ✓ A ratio of 40:40:20* in senior medical leadership roles by 2027 (*40% men, 40% women, 20% of any gender.)

Rajni (She/Her/Hers)
Geriatrician

Ryde Hospital has a unique quality where the average age of patients presenting to emergency is 83 years.

As a geriatrician, I thrive working at Ryde Hospital as it supports the ageing population, which requires managing patients presenting with delirium and dementia to frailty and social issues. My day-to-day role includes supporting the medical team, allied health professionals, and most importantly, the patients and families.

Before choosing my career as a geriatrician, I was fortunate enough to experience various fields of medicine. I travelled across Australia working in remote areas, including Alice Springs and became a part of the flying doctors team, thereon I gained experience working in Queensland and Tasmania. I have also enjoyed working in ICU and anaesthetics.

Now, a perioperative physician, my career development over the years and experience has allowed me to understand and navigate the system and better communicate with colleagues, which is essential for our older, frail and complex patients.

Though the system for junior doctors can be challenging, having a mentor is what helped me through, and I enjoy doing the same for my juniors. As a female doctor of Indian cultural heritage and being born in Sydney, I am privileged to support and understand the minority group of patients and overseas trained doctors. The Australian health system thrives because of the wealth of knowledge and experience brought along by our overseas in collaboration with our locally trained professionals, giving NSLHD the opportunity to shine with colour and with pride.

Strategic Objectives	Strategic Alignment	Target Date
Target leadership training, talent development, coaching and career mentoring for workforce groups where there is female under representation.	NSLHD Strategic Outcomes: 4.2 4.3	2023-2027
Improve flexible working opportunities for all employees, ensuring women looking to progress to senior leadership positions are not disadvantaged through lack of access to flexibility, and include flexibility wherever possible in job design of senior roles.	NSLHD Strategic Outcomes: 4.2 4.3	2023-2027
Improve flexible working opportunities for all employees, ensuring women looking to progress to senior leadership positions are not disadvantaged through lack of access to flexibility, and include flexibility wherever possible in job design of senior roles.	NSLHD Strategic Outcomes: 4.1 4.2	2023-2027
Build awareness and understanding of gender equity issues, with the aim of reducing gender biases in People and Culture processes including (but not limited to); recruitment, talent management and succession planning.	NSLHD Strategic Outcomes: 4.2 4.3	2023
Developing and establishing career pathways and a Succession Planning Program for all sites and services at NSLHD, to assist in strengthening leadership pathways across all disciplines.	NSLHD Strategic Outcomes: 4.2 4.3	2025
Empower people to discuss their concerns and report on sexism, sexual harassment, abuse or assault in the workplace so this can be addressed.	NSLHD Strategic Outcomes: 4.1 4.2	2024
Work in partnership with the PARVAN service to enhance accessibility and practical support options for staff experiencing domestic and family violence, in alignment with the annual action plan.	NSLHD Strategic Outcomes: 4.1 4.2	2023-2027
Foster inclusion and a celebration of gender equity, appreciation and respect in the workplace, such as International Women's Day and International Men's Day.	NSLHD Strategic Outcomes: 4.1 4.2	2023-2027
Continue to develop, support and promote the Embrace Gender Equity Employee Network including the Advancing Women in Medical Leadership (AWiML) Working Group, which provide opportunities to work together and deliver a range of initiatives to improve gender equity at NSLHD.	NSLHD Strategic Outcomes: 4.1 4.2	2023-2027

Strategic Objectives	Strategic Alignment	Target Date
Deliver a range of initiatives to increase the number of women working in medical leadership positions including; raising awareness relating to under-representation of women across medical disciplines, hosting women in medical leadership events, identifying female medical employees as potential successors for senior medical roles, establishing a female medical employee talent pool, engaging female doctors in our leadership development programs and exploring ways to reduce the barriers to career progression associated with working part-time under medical employee awards.	NSLHD Strategic Outcomes: 4.2 4.3 4.4	2025-2027
Identify and empower allies or champions of change to lead action on gender equity in the workplace. This includes men, women and non-binary people working together to accelerate change in relation to gender equity. This will involve providing opportunities for emerging leaders, such as coaching and mentoring by leaders and establishing succession plans.	NSLHD Strategic Outcomes: 4.2 4.3	2025
Exploring ways to ensure that medical employees working under NSW state industrial awards who are trainees, working part-time, taking parental leave or career breaks, are not disadvantaged in relation to career progression or other employee benefits.	NSLHD Strategic Outcomes: 4.1 4.2	2027

> “I believe that as more women around the world take on leadership positions – in their communities, countries, across continents – the impact of female leadership will be profound... And let’s face it, including women in leadership teams adds a diversity of attitudes, outlooks and experience. And greater diversity means the team is more likely to come up with new ideas, more creative approaches, and more flexible thinking and responses to challenges.”
>
> **Julie Bishop** (Former Australian Politician)

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7. LGBTIQ+ diverse workforce

Psychological and emotional distress associated with stigma, discrimination and social isolation are major issues facing LGBTIQ+ people in our community. Addressing this is the cornerstone of our work for LGBTIQ+ people at NSLHD.

Our aim

NSLHD is an LGBTIQ+ inclusive employer. This means all people are valued and respected, and have access to the same freedoms and opportunities as everyone else – without exception.

We ensure all our health facilities are safe and inclusive spaces where LGBTIQ+ people can access services, and work free from gender, sexuality and sex characteristic related discrimination.

We enhance psychological safety at NSLHD for all LGBTIQ+ people, leading to improved health outcomes for the community we serve and enhanced wellbeing for our staff.

It is our intention that employees who are LGBTIQ+ have positive employee experiences, and feel comfortable, supported and safe enough to share their whole selves at work.

We work to enhance visibility of the LGBTIQ+ community at NSLHD and promote the important role of allies in progressing inclusion for LGBTIQ+ people.

What does success look like?

✓ Progress towards our workforce reflecting the community, with at least 11% of staff having a diverse sexual orientation, sex or gender identity.

LGBTIQ+ stands for 'lesbian, gay, bisexual, transgender, intersex, queer and more'. NSLHD has adopted the acronym LGBTIQ+ to represent diverse sexual orientation, gender identity, and/or sex characteristics. This aligns with NSW Health's LGBTIQ+ Health Strategy 2022-2027.

6.5% of our staff who responded to the PMES in 2022 are LGBTIQ+.

Strategic Objectives	Strategic Alignment	Target Date
Continue to foster supportive, safe, empowering and inclusive environments for all LGBTIQ+ people.	NSLHD Strategic Outcomes: 1.2 4.1 4.2	2023-2025
Continue to enhance, support, promote and increase visibility of the LGBTIQ+ Employee Network, which provides peer support for LGBTIQ+ people and opportunities to work together with allies to deliver positive change for LGBTIQ+ people at NSLHD.	NSLHD Strategic Outcomes: 4.1 4.2	2023-2025
Empower people to discuss their concerns and report on discrimination or harassment for LGBTIQ+ people so this can be addressed.	NSLHD Strategic Outcomes: 4.1 4.2	2023-2025
Continue to build a culture that fosters access, inclusion and a celebration of sex, sexuality and gender diversity by celebrating a wide range of days of significance for the LGBTIQ+ community each year.	NSLHD Strategic Outcomes: 4.1 4.2	2023-2025
Continue to enhance and promote our LGBTIQ+ inclusion training by; educating our people on LGBTIQ+ matters, creating greater understanding of the experiences of LGBTIQ+ employees, communicating methods to maximise an inclusive culture for all and maximising employee participation in the training program.	NSLHD Strategic Outcomes: 4.2 4.3	2023
Continue to promote the contact details of LGBTIQ+ people that work outside of the People & Culture Directorate, and the Employee Assistance Program (EAP), ensuring that all LGBTIQ+ staff have access to confidential peer and psychological support.	NSLHD Strategic Outcomes: 4.1 4.2	2023
Explore opportunities to catalyse and/or undertake research examining outcomes relating to our DEIB Strategy interventions for LGBTIQ+ people.	NSLHD Strategic Outcomes: 4.1 4.2 5.2	2024
Co-design a gender affirmation support framework and associated policy and resources to support staff through affirmation of their gender, by engaging with peak organisations and Transgender and Gender Diverse (TGD) staff.	NSLHD Strategic Outcomes: 4.1 4.2	2024
Collaborate with intersex organisations to ensure our work to promote inclusion and reduce discrimination for intersex people aligns with the Darlington statement.	NSLHD Strategic Outcomes: 1.2 4.1 4.2 6.3	2024
Support the implementation of the NSW LGBTIQ+ Health Strategy 2022-2027 with a focus on the two priority areas including: • Delivering high quality, safe inclusive and responsive healthcare • Capturing data on sexuality, gender and intersex variations at the point of care and population level	NSLHD Strategic Outcomes: 1.2 5.4	2023-2025

Tidge (They/Them/Theirs)
Executive Officer

I joined NSLHD in 2020, and over the last few years – I have felt respected both personally and professionally at NSLHD. NSLHD has provided me with opportunity to grow and bring my whole self to work.

The organisation and I share a passion for Diversity, Equity, Inclusion and Belonging, because NSLHD is about making sure no one is left behind, and everyone is valued for what they can and will bring to the table. This has led me to Co-chair the District's LGBTIQ+ Employee Network and advocate for awareness, our CORE values, and the adoption of best practice.

I'm all too familiar with looking for cues and symbols to indicate I will be respected and "allowed" to participate. As a person who identifies as gender diverse and queer, it's a privilege I don't always find.

It means a lot to me when it comes to my feelings of safety, my feelings of value and being able to come to work and apply myself to the tasks at hand; to find this in a workplace.

It's been positive to see a shift in recent years to support the promotion of open, safe and supported conversations around sexuality, gender and inclusion. There is so much we can do and should do... and I love that NSLHD is doing the work.

NSW GOVERNMENT

Northern Sydney
Local Health District

NSW GOVERNMENT
Health
Northern Sydney
Local Health District

NSLHD RESEARCH STRATEGY

2019-2024

Northern Sydney Local Health District acknowledges the Traditional Custodians of the lands on which our health services have been built, the Gaimariagal, Guringai and Dharug peoples, and we honour and pay our respects to their ancestors. We acknowledge and pay our respects to all Aboriginal and Torres Strait Islander peoples and to Elders past, present and emerging. We acknowledge that past, current and future Aboriginal and Torres Strait Islander peoples are the continuing custodians of this country upon which we live, work and meet and that it is from their blood, courage, pride and dignity that we are able to continue to live, work and meet on this ancient and sacred country.

Further copies of this document can be downloaded from the NSLHD website **www.nslhd.nsw.gov.au** | August 2019

CONTENTS

FOREWORD
NSLHD RESEARCH STRATEGY 2019-2024

Health research is at the core of achieving better outcomes for our patients. We are fortunate to live in an era of rapid and exciting advances in research. New technologies and discoveries are revolutionising the healthcare we provide to patients and uncovering novel ways to tackle the health problems confronting our communities.

Northern Sydney Local Health District (NSLHD) has a long and proud history of being leaders in research. To build on our existing research strengths and meet the demands placed on the health system, it is important to continue to develop a coordinated, strategic approach to research across the District.

The Northern Sydney Local Health District Research Strategy 2019-2024 (the Strategy) has been developed to support our research endeavours and further establish the District as a research-oriented organisation. It will ensure we continue to deliver health research that is underpinned by emerging trends including genomics, precision medicine and the convergence of medical and digital technologies.

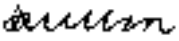
Our primary goal in the Strategy is to ensure that quality research underpins and improves patient care and community wellbeing, with advances translated effectively from the laboratory to the bedside. The District's research culture will be enhanced to sustain a robust and flourishing environment for our researchers, opening doors to the next generation of leaders in health innovation. The Strategy seeks to enhance research infrastructure and partnerships.

Consumer and community involvement in health research is widely recognised as key to improving both the quality and direction of research. For that reason, consumers, carers and families, and the broader community are at the centre of our research strategy.

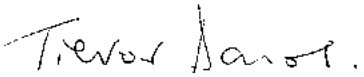
Ensuring strong partnerships with other organisations is also essential if we are to translate the benefits of our research to patients and our community. The NSLHD Research Strategy will guide our partnerships with the University of Sydney, principally through the Kolling Institute of Medical Research (which is a joint venture between the two organisations) as well as Sydney Health Partners, HammondCare, Royal Rehab, Healthscope, the Northern Sydney Academic Health Sciences Centre, Macquarie University, Sydney North Health Network, the Australian Catholic University, the University of Technology Sydney, the NORTH Foundation (formerly the Kolling Foundation), industry and our other valued partners.

The Strategy identifies six priority areas that we will focus on over the next five years: growing our research; engaging our community; improving research leadership and developing research career opportunities for our workforce; enhancing our partnerships; building research infrastructure; and increasing the impact of our research.

We thank all our staff and colleagues, and the community, who have contributed their expertise to the development of the Strategy. We are confident it will deliver on our vision of being a high-performing research organisation that provides best-practice healthcare and improves the wellbeing of our community, today and into the future.



Deborah Willcox, Chief Executive
Northern Sydney Local Health District



Trevor Danos AM, Chair
Northern Sydney Local Health District

EXECUTIVE SUMMARY

VISION: LEADERS IN HEALTHCARE, PARTNERS IN WELLBEING

Our vision is to be a high performing, research-oriented District that delivers best-practice healthcare and improves overall community wellbeing.

MISSION

Our mission is to embed a robust, inclusive and translational research culture across our District, in collaboration with our community, our workforce and our research partners, to underpin high quality, evidence based healthcare delivery.

PRIORITY AREAS

We will establish NSLHD as a leading research organisation by focusing on six priority areas of equal importance. Communication and culture are intrinsic to these priority areas.

OUTCOME

By 2024, NSLHD will be recognised as a research-oriented Local Health District, with improved community engagement in our research; an organisation-wide culture of evidence-based decision making; a thriving and inclusive research culture and strong research leadership; and high impact research that underpins quality patient care.

INTRODUCTION

It is an exciting time for health research. The boundaries for exploration expand constantly, as do the problems that need resolving. There is widespread support for health research from government, the private sector and philanthropic groups, and community engagement with health research is at an all-time high.

Significant research funding has become available in recent years through Federal Government programs such as the Medical Research Future Fund (MRFF), adding to the ongoing contribution of the National Health and Medical Research Council (NHMRC). At the State level, funding for research and infrastructure support is available through the NSW Ministry of Health and associated government entities. The NSW Health and Medical Research Strategic Review (2012) highlighted the importance of research as an expected component of patient care and health service delivery stating, "NSW will deliver a priority-driven approach to research and innovation in our health services that will generate new evidence and translate knowledge into the delivery of a better health system and improved health".

We now know that the best quality healthcare is provided in settings with a robust and clearly defined feedback loop between systematic research and health delivery. As well, research that is driven by the priorities of health districts, in conjunction with their communities, has the best chance of delivering improved community health outcomes. These trends are reflected in current funding criteria for health and medical research, with priority given to both the translation of research and the engagement of our community to inform research priorities. In addition to medical research, allied health, nursing and midwifery, mental health and health systems research are pivotal to providing best-practice patient care.

To deliver the best quality patient care, the Strategy focuses on:

- highlighting research strengths that contribute to optimal health care delivery and promotion, and improve the health of the community;
- ensuring the community is engaged with our research and priority setting;
- investing in our people to enable them to engage with research;
- building research infrastructure;
- enhancing research partnerships; and
- increasing our research impact..

The Strategy builds upon the excellent research that has been conducted over decades by our people, both within our flagship medical research institute, the Kolling Institute of Medical Research, and across our health services. While acknowledging many past contributions and achievements, the Strategy recognises there is significant potential for the District to have greater research impact. It outlines a blueprint for action, describing initiatives that will be undertaken within each of the six priority areas. The Strategy also establishes a comprehensive and cohesive framework to ensure NSLHD is recognised as a research-oriented health service, and provides a mechanism for holding the District accountable for ensuring the agreed outcome measures are delivered.

RESEARCH FUNDING AND PRIORITIES

Funding and policy for health and medical research is complex. The research priorities identified through our consultation process are largely shaped by current trends in research policy and investment and by the needs of our consumers. The NHMRC, the Australian Research Council (ARC), the NSW Ministry of Health and the Office of Health and Medical Research (OHMR) and the MRFF priorities and strategic documents identify a number of common themes:

- Community engagement
- Translational research
- Collaboration across clinical specialties and academic disciplines
- Engagement with partners
- Effective and efficient supporting infrastructure
- The use of clinical and population health data
- The promotion of clinical trials

These themes are evident in the following plans, which have also contributed to direction and focus of the NSLHD Research Strategy: Australian Medical Research and Innovation Strategy 2016-2021; the NHMRC Corporate Plan 2019-2020; the ARC Corporate Plan 2019-2020; the NSW Aboriginal Health Plan 2013-2023; NSW State Health Plan: Towards 2021; NSW Population Health Research Strategy 2018-2022; NSW Government Response to the NSW Health and Medical Research Strategic Review 2012-2022; Living Well: Putting People at the Centre of Mental Health Reform in NSW; eHealth Strategy for NSW Health 2016-2026; Consumer and Community Engagement Model report; NSW Health Genomics Strategy; and the CSIRO Future of Health Report.

The NSLHD Research Strategy 2019-2024 complements the NSLHD Strategic Plan 2017-2022.

Allied Health

"**Professor Jim Elliott**'s vision for NSLHD is one where research and patient care go hand in hand: "When people walk into our hospitals, they should not be surprised when invited to be involved in at least one research study. People should come to expect that part of their journey in and across our LHD could include being involved in a research study aimed to improve not only their experience, but their health outcome as well. That way, we can deliver the best possible evidence-informed care on a patient-by-patient basis."

Population Health

"Our Public Health Unit is part of the NSW Public Health Network and participates in research aimed at informing population based communicable disease control, increasing immunisation uptake and managing health risks associated with the exposure to environmental hazards, with the aim of improving the health and wellbeing of our community."

– Dr Michael Staff

NSLHD RESEARCH

The research priorities shaping the development of our Strategy are carried through into current research at NSLHD. Alongside clinical care, research is undertaken in each clinical network and across the healthcare continuum, from *Women and Babies Research* at Royal North Shore Hospital, to the NHMRC Partnership Centre on *Dealing with Cognitive and Related Functional Decline in Older People* at Hornsby Ku-ring-gai Hospital. This includes Mental Health, Drug and Alcohol; Allied Health; and Nursing and Midwifery, each of which has a robust program of research. There is a strong appetite from within the District and from our community for continuing to grow and protect research that is set in a clinical environment. This is mirrored in policy and government funding changes that underscore the importance of collaboration across health services, research organisations and industry, to ensure effective research translation. An integral part of this Strategy lies in ensuring the framework exists for continual development of research that is undertaken in a clinical setting.

This is complemented by research undertaken within the Kolling Institute of Medical Research. The Kolling Institute is a joint venture established by NSLHD and the University of Sydney, located at Royal North Shore Hospital. Research conducted within the Kolling Institute is overseen by a Governing Council, comprised of equal representation of NSLHD and the University of Sydney, with an independent Chair. The interface between NSLHD, the University of Sydney and the Kolling Institute is complex, and many of our Kolling researchers have clinical appointments at NSLHD and/or academic appointments at the University of Sydney. Through the initiatives outlined in this Strategy, NSLHD will ensure ongoing support is provided equally for researchers and research activities within the Kolling Institute, and throughout the District.

OPPORTUNITIES

Health and medical research occurs in complex environment. Many challenges our researchers and clinicians face are not unique to NSLHD, and are faced across the health and medical research landscape. Our partnerships, such as that with Sydney Health Partners, are invaluable in addressing common challenges in a systematic way, although other challenges need to be addressed within NSLHD in partnership with our workforce and our community. This Research Strategy lays the groundwork for doing so. For example, while there is a paucity of research training within the Australian healthcare landscape, across NSLHD there are multiple examples of programs designed to mentor and guide research training and skills, to improve the proportion of research-trained staff. Through this Strategy, we will build on the achievements of these programs to ensure our workforce has the scale, breadth and depth of research skills and training required to support a robust research culture. Second, health and medical research in Australia is notoriously fragmented, with research occurring across more than 50 independent medical research institutes. While this makes collaboration complex, NSLHD has robust relationships with key partners and these will continue to be built upon to forge effective alliances and improve efficiencies. Third, the translation of research outcomes into policy is notoriously slow, with findings taking an average of 17 years to be adopted in practice. There are a number of programs across the District that aim to accelerate translation, such as the Nursing and Midwifery Researcher Development Program, which supports the translation of clinical problems into research questions, as well as the translation of innovations into health delivery. The initiatives contained in this Strategy build on this and similar programs to support the translation of research into better patient care and health outcomes.

NURSING AND MIDWIFERY RESEARCH 2018

13	40	59	84	19
grants awarded, totalling $765,867	peer reviewed publications	active research studies	conference presentations	grant applications submitted, totaling $6.26m

NSLHD 2018 RESEARCH ACTIVITY

1,057
research papers published

196
new research projects approved

89
registered clinical trials

4
NHMRC Practitioner Fellows

410
industry or university collaborations

4
NHMRC Centres of Research Excellence with NSLHD investigators

1,100
active research projects

8
Lancet publications

NORTHERN SYDNEY LOCAL HEALTH DISTRICT

OUR COMMUNITY

NSLHD uses a broad definition of community that includes consumers, carers and family, the local population, partner research and industry organisations, philanthropists, our students, visitors and our workforce.

NSLHD covers an area of around 900 square kilometres, covering nine local government areas and almost one million people, which represents 11.7 percent of the NSW population. Our district has a slightly higher proportion of older residents than the NSW State average, and health outcomes are generally better than the NSW average. NSLHD residents have the nation's highest average life expectancy and lowest premature mortality, and the best infant and maternal health scores. The NSLHD population also scores better than the NSW average in terms of many health risk factors, including overweight, smoking, physical activity and fruit and vegetable intake, with obesity being only half as prevalent in NSLHD as in NSW as a whole. Nonetheless, health inequalities exist within Northern Sydney LHD. Aboriginal and Torres Strait Islander people experience poorer health outcomes across Australia, compared to non-Aboriginal and Torres Strait Islander people. Some Culturally and Linguistically Diverse (CALD) groups also experience poorer health outcomes, as do those who are disadvantaged socioeconomically and/ or suffer from mental illness. The characteristics and profile of our community offer both challenges and opportunities for researchers.

Within an expense budget of approximately $1.7 billion in FY2018/19, the District performed more than 34,000 operations, saw more than 200,000 Emergency Departments presentations, delivered 5,500 babies and cared for 565,210 patients in outpatient clinics.

OUR PARTNERS

NSLHD has a proud history of engagement with a variety of research partners, including universities, medical research institutes, public health organisations, industry, non-government organisations and philanthropic organisations.

NSLHD has a longstanding relationship with the University of Sydney, in particular through the Kolling Institute of Medical Research and the Northern Clinical School. The Kolling Institute shares research staff between the University of Sydney and NSLHD. The Northern Clinical School is an education and research unit of the Sydney Medical School within the University of Sydney. It has headquarters at NSLHD's Royal North Shore Hospital, with satellite units at Ryde, Hornsby Ku-rin-gai and Northern Beaches Hospitals. There is an excellent working relationship between the University of Sydney and NSLHD, and goodwill to retain and further develop the partnership.

NSLHD is a foundational partner of Sydney Health Partners, together with Western Sydney LHD, Sydney LHD, the Sydney Children's Hospital Network, the University of Sydney, and nine affiliated medical research institutes. The partnership aims to remove or reduce the barriers to efficient and effective translation of medical research into clinical practice and to increase the scale of research for our community. NSLHD looks forward to building on the existing partnership to increase collaboration and translation within the group.

OUR PARTNERS

Sydney Health Partners

"SHP is valuable because improving health care services and patient outcomes is a goal shared by all of the partners. People are working together in new ways, testing potential solutions in multiple sites and learning what works and where. We have leading clinician researchers at NSLHD who are working locally and with other SHP health services to help improve care for a wide range of patients, from pregnant women and babies, to patients with musculoskeletal conditions, and the elderly. This is great for our patients and great for NSLHD."

– Associate Professor Angela Todd

The Northern Sydney Academic Health Sciences Centre(NSAHSC) is a partnership between NSLHD, the University of Technology Sydney, Macquarie University and the University of Sydney that aims to foster collaborations in preventive healthcare research. The partner members intend to further develop the NSAHSC, and are committed to supporting research collaboration, translational research and professional development through the partnership.

The Sydney North Health Network was established in response to the Federal Government's Primary Health Networks initiative, designed to increase the efficiency and effectiveness of primary health services for patients, particularly those at risk of poor health outcomes, and to improve coordination of care to ensure patients receive the right care in the right place at the right time.

OUR RESOURCES

NSLHD is well positioned to continue supporting our strong research culture, while providing high quality, safe care for our community. The District has a dedicated focus on research at all our sites across the District and within the Kolling Institute of Medical Research.

With approximately 11,000 staff, we provide health services at five primary facilities: Royal North Shore Hospital, Hornsby Ku-ring-gai Hospital, Ryde Hospital, Mona Vale Hospital and the Northern Beaches Hospital (in public-private partnership with Healthscope). The District provides inpatient and community based Mental Health, Drug and Alcohol Services, and Primary and Community Health Services.

The Kolling Institute of Medical Research, a medical research organisation of intermediate scale by national standards, is embedded within NSLHD. This enables easier translation of research into clinical practice, and ensures the community has genuine input into research projects. The Institute aims to build on its existing strengths to further enhance the distinct quality and impact of its research programs, as well as expanding its portfolio with an outward-looking focus. The co-location of the Kolling Institute with the Royal North Shore Hospital, and researchers' access to state-of-the-art laboratories, ensures that the District is strategically placed to strengthen cutting edge bench-to-bedside research.

CULTURE AND COMMUNICATION

The NSW Health and Medical Strategic Review (2012) noted the importance of establishing a culture that supports research at every level within health service organisations, to ensure the best possible health outcomes for consumers, carers and family, and for community wellbeing. The Northern Sydney Local Health District Research Strategy 2019-2024 is committed to further developing a robust, supportive and inclusive research culture, to promote the delivery of high impact research and to foster a culture of enquiry and innovation in healthcare delivery. Integral to this process is recognising and promoting our research and researchers, providing opportunities to engage with research, and ensuring effective research leadership exists at all levels of NSLHD.

Effective communication connects and underpins the six priority areas. Most fundamentally, it is necessary for ensuring our workforce, our community and our partners are aware of the priorities identified by our stakeholders in the development of this Strategy, and thus the direction the District will take in implementing initiatives. To this end, a Research Advisory Committee will report annually on implementation progress, and review feedback on activities undertaken. At a more strategic level, transparent communication will support partnering with our workforce, community and partners to deliver initiatives, and build a robust and enriching research environment to improve outcomes for our community.

KOLLING RESEARCH HIGHLIGHTS 2018

Kolling Institute researchers were awarded $17,997,740 in grant funding.

31%
of all Professors and Associate Professors at the Kolling Institute were women.

Kolling Institute investigators conducted 350 research projects, including drug and device trials.

Kolling Institute researchers published more than 700 journal papers, books and book chapters.

The Kolling Institute had 280 Professors, Associate Professors, Post doctorates, research assistants, research technical officers and higher degree research (Masters and PhD) students.

OUR ACHIEVEMENTS

Our researchers make a significant contribution to health research and translation. With renewed direction, NSLHD will make further progress in research and translation, for the benefit of our consumers, families and careers, and community.

Establishment of the **Surgical Education Research and Training (SERT)** Institute to support and promote surgeons in academic and research activities.

Publication of **1,956** peer-reviewed papers since 2017

Appointment of the **Lawrence Penn** Chair of Bowel Cancer Research to NSLHD Professor

Establishment of the **Kolling Tumour Banks** that contain Breast, Gynaecological, Upper Gastrointestinal and Neuroendocrine tumour, tissue, blood and clinical information for research

Establishment of **Sydney Mass Spectrometry Centre** at the Kolling Institute of Medical Research, for the provision of state-of-the-art tools and expertise for proteomics, metabolomics and mass spectrometry

Delivery of Nursing and Midwifery research training to over **3,000** multidisciplinary NSLHD staff by the Nursing and Midwifery Research and Practice Development Unit

Establishment of the **John Walsh Centre for Rehabilitation Research** and furthering in 2016, for furthering research and education in rehabilitation and injury-related disability

Appointment of a Manager, **Research Strategy and Partnerships** to oversee the implementation of this Research Strategy and advocate for research across NSLHD and beyond

Establishment of a **Data Analysis and Surgical Outcomes** (DASO) Unit in 2016, to provide data support to deliver surgical audits and facilitate surgical outcomes research

Award of **$25M** NHMRC Partnership Centre on Dealing with Cognitive and Related Functional Decline in Older People to NSLHD Researcher

Advancement in **Nursing and Midwifery research** through the NSLHD and University of Technology Sydney conjoint appointment of Professor of Nursing and Midwifery

Development of **Sydney Health Partners** (SHP) in 2015, together with Sydney Research, Western Sydney Local Health District, Sydney Local Health District and Sydney Children's Hospital Network (Westmead). SHP was recognised as one of Australia's first NHMRC Advanced Health and Research Translation Centres

Advancement in **orthopaedic research** through the NSLHD and University of Sydney conjoint appointment of Professor of Orthopaedics and Traumatic Surgery

Appointment of several NSLHD researchers to **Expert Advisory Panels** to provide advice to the MRFF on future funding priorities

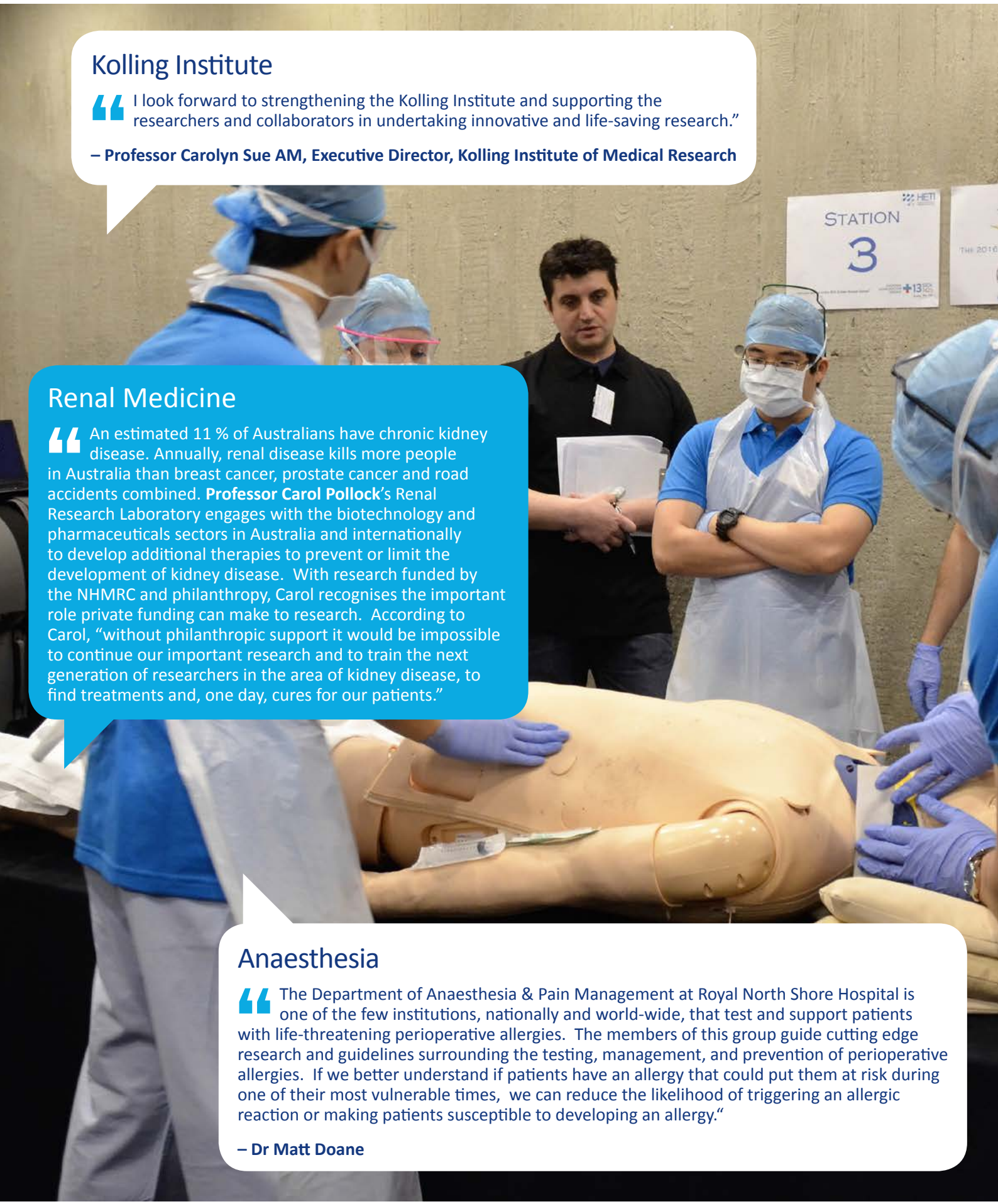
Advancement in **Allied Health research** through the NSLHD and University of Sydney conjoint appointment of Professor of Allied Health

Establishment of **Northern Sydney Academic Health Science Centre**, a partnership between NSLHD, the University of Technology Sydney, Macquarie University and the University of Sydney that aims to foster collaborations in preventative healthcare research

Kolling Institute

"I look forward to strengthening the Kolling Institute and supporting the researchers and collaborators in undertaking innovative and life-saving research."

– Professor Carolyn Sue AM, Executive Director, Kolling Institute of Medical Research



Renal Medicine

An estimated 11 % of Australians have chronic kidney disease. Annually, renal disease kills more people in Australia than breast cancer, prostate cancer and road accidents combined. **Professor Carol Pollock**'s Renal Research Laboratory engages with the biotechnology and pharmaceuticals sectors in Australia and internationally to develop additional therapies to prevent or limit the development of kidney disease. With research funded by the NHMRC and philanthropy, Carol recognises the important role private funding can make to research. According to Carol, "without philanthropic support it would be impossible to continue our important research and to train the next generation of researchers in the area of kidney disease, to find treatments and, one day, cures for our patients."

Anaesthesia

The Department of Anaesthesia & Pain Management at Royal North Shore Hospital is one of the few institutions, nationally and world-wide, that test and support patients with life-threatening perioperative allergies. The members of this group guide cutting edge research and guidelines surrounding the testing, management, and prevention of perioperative allergies. If we better understand if patients have an allergy that could put them at risk during one of their most vulnerable times, we can reduce the likelihood of triggering an allergic reaction or making patients susceptible to developing an allergy."

– Dr Matt Doane

STRATEGIC PRIORITIES

Embedded within these six priority areas are communication and culture.

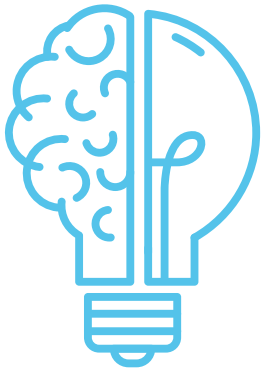
GROW OUR RESEARCH

Foster high impact research at NSLHD, leveraging existing efficiencies, to ensure research underlies quality healthcare delivery and translates to improved community health.

Initiatives	Timeframe
Widely promote our research achievements and our researchers using a variety of media platforms and communications mechanisms.	0 – 1.5 years
In conjunction with the NORTH Foundation, develop a fundraising strategy to increase philanthropic contribution to research.	0 – 1.5 years
Help researchers identify seed funding, in particular for early and mid-career researchers.	0 - 1.5 years
Adopt an explicit, transparent framework to determine research priority areas for NSLHD.	1.5 – 3.5 years
Develop a staged plan of priorities for research infrastructure expenditure, based on analysis of current resources that aligns with the NSLHD Strategic Priorities.	1.5 – 3.5 years
Establish and foster an inclusive research culture throughout each clinical network, recognising the unique roles played by different specialties and extent to which they are already engaged in research.	1.5 – 3.5 years
Develop a strategy to increase external research support at NSLHD.	1.5 – 3.5 years

IMPACT MEASURES

- Research priorities are transparent and clearly articulated.
- Research activities are tracked and monitored, visible and celebrated.
- A robust and inclusive research culture underlies clinical practice.
- Philanthropic support for research is increased.
- Government support for research is increased.



ENGAGE OUR COMMUNITY

Ensure our community, including consumers, carers and families are involved in all aspects of the research process, from planning, co-designing and evaluating, to participating in research at NSLHD.

Initiatives	Timeframe
Add research as a standing item to the NSLHD Consumer Committee.	0 – 1.5 years
Engage consumers, carers and families in the implementation of this Strategy via the Research Advisory Committee.	0 – 1.5 years
Ensure our diverse community is sufficiently represented in all aspects of the research process, including planning, co-designing, evaluating and participating in research at NSLHD.	0 – 1.5 years
Develop processes and resources to increase community involvement in research strategy, co-design and evaluation, as appropriate.	1.5 – 3.5 years
Develop initiatives to increase research participation rates across NSLHD.	1.5 – 3.5 years
Make our research "visible" across NSLHD via information leaflets, research posters, information days, public forums, our website and other communication mechanisms.	1.5 – 3.5 years
Develop strategies to promote NSLHD research achievements in our community	1.5 – 3.5 years

IMPACT MEASURES

- Our community, including consumers, carers and families, are involved in all aspects of the research process.
- Research participation rates are increased.
- NSLHD is recognised across our community as a research-oriented local health district.

IMPROVE RESEARCH LEADERSHIP AND CAREER DEVELOPMENT

Elevate the profile of research across our workforce, and develop and retain our researchers, to embed a robust and inclusive research culture across NSLHD.

Initiatives	Timeframe
Establish a Research Advisory Committee that includes representation from researchers and consumers across NSLHD to oversee the implementation of this Strategy.	0 – 1.5 years
Add research as a standing item on the agenda of the NSLHD Executive Committee and Board.	0 – 1.5 years
Promote research training opportunities provided by universities and other external bodies, and support access to these activities.	0 – 1.5 years
Support research open days and targeted research forums to improve networking opportunities.	0 – 1.5 years
Develop a Research Mentoring Program, in conjunction with University partners, to support early career researchers.	1.5 – 3.5 years
Establish early-career and/or post-doctoral research fellowship awards for “rising stars” and other researchers.	3.5 – 5 years
Identify and provide support for potential and current elite researchers who require additional support to remain within NSLHD.	3.5 – 5 years
Develop a workforce research development strategy that includes ‘protected time’ for engaging with research via leading, advocating, disseminating and/or conducting research. This should include modifying existing positions, where appropriate, and adding research accountability into clinician and department manager roles with specific emphasis for new recruits.	3.5 – 5 years

IMPACT MEASURES

- A clear definition of the research related activities, roles and responsibilities of the Kolling Institute and NSLHD exists.
- Improved oversight of research by the NSLHD Board and Executive.
- Increased retention of staff engaged with research.
- Increased research output.

BUILD RESEARCH INFRASTRUCTURE

Facilitate high impact research by embedding an efficient and effective research infrastructure across NSLHD.

Initiatives	Timeframe
Establish a clinical trials working group, to improve coordination of trials, as well as increase the number and quality of clinical trials, and clinical trial participation rates, across NSLHD.	0 – 1.5 years
Review the current model of research management, with a view to centralising and optimising the functionality of research support activities, including financial and grant management, ethics and governance, legal support, intellectual property and commercialisation.	0 – 1.5 years
Develop and maintain a web presence for NSLHD research via a variety of resources to enhance our research profile and promote our strengths.	0 – 1.5 years
Investigate and implement systems and processes to reduce ethics and governance complexity, and approval timeframes.	0 – 1.5 years
Ensure capital investments provide opportunities for use for both research and healthcare delivery.	1.5 – 3.5 years
Build expertise in health economics, health informatics, population health and epidemiology to inform research.	1.5 – 3.5 years
Develop processes and systems to improve access to (big) data, technology and metrics, to inform research.	1.5 – 3.5 years
Develop processes and systems to improve access to 'omics' and other novel clinical tools to inform research.	1.5 – 3.5 years

IMPACT MEASURES

- Ethics and governance reviews are timely.
- NSLHD research has an improved web presence.
- Research management processes are efficient.
- There are an increased number of clinical trials at NSLHD, and these trials recruit to target
- Research support staff retention increases.
- Increased proportion of research informed by data, metrics, health economics, 'omics' and other cross-cutting resources.

ENHANCE RESEARCH PARTNERSHIPS

Develop, maintain and increase collaborative partnerships within and beyond NSLHD to continue to deliver high quality, evidence based healthcare.

Initiatives	Timeframe
Strategically engage with research policy and funding bodies, such as the Ministry of Health, NHMRC and others to inform collaborative partnership arrangements.	0 – 1.5 years
Work in collaboration with Sydney North Health Network to continue developing primary care research that impacts on clinical care.	0 – 1.5 years
Continue to strengthen existing research partnerships with Sydney Health Partners, the Northern Sydney Academic Health Sciences Centre, as well as our industry, university and health organisation partners to drive research efficiencies and encourage innovation.	0 – 1.5 years
Enable and support internal research collaborations to ensure research is embedded into all clinical services.	1.5 – 3.5 years
Develop and implement a strategy for building productive internal and external research partnerships, including between NSLHD and the Kolling Institute, to deliver high impact research.	1.5 – 3.5 years
Grow NSLHD led research within partnerships with community, industry, universities and government to develop productive research partnerships that build on state or Federal strategic research priorities.	1.5 – 3.5 years

IMPACT MEASURES

- The proportion of collaborative and interdisciplinary research at NSLHD is increased.
- The proportion of research conducted by NSLHD in conjunction with external partners is increased.

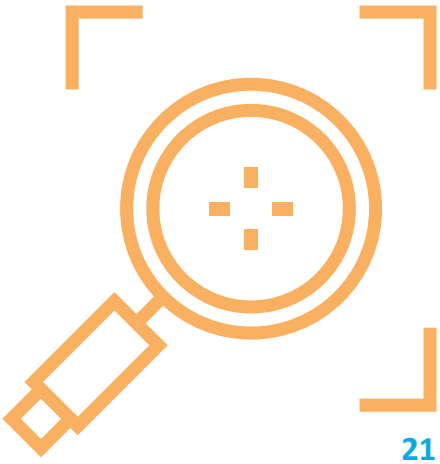
INCREASE RESEARCH IMPACT

Build and strengthen our research impact, to sustain the quality of the evidence base informing our healthcare delivery.

Initiatives	Timeframe
Establish a "research register" to map existing researchers and research activities and track future growth.	0 – 1.5 years
Investigate mechanisms to ensure research conducted within NSLHD (either by NSLHD staff, or using NSLHD resources) acknowledges NSLHD in publications and communications.	0 – 1.5 years
Adopt an agreed and transparent approach for measuring research impact.	0 – 1.5 years
Ensure research that improves the health and wellbeing of our vulnerable populations is supported.	0 – 1.5 years
Develop knowledge and capacity for intellectual property management and identify potential commercialisation partners.	0 – 1.5 years
Publish an annual NSLHD research report summarising research achievements, related activities and progress in implementing this Strategy.	1.5 – 3.5 years
Develop pathways, communication and collaboration to foster translation of research into clinical outcomes.	1.5 – 3.5 years
Publicise NSLHD research results, including case studies, so that our workforce and our community are aware of the potential for those results to improve health outcomes and health service delivery.	1.5 – 3.5 years

IMPACT MEASURES

- Translation time from research outcome to clinical care is reduced.
- Research impact increases.
- An intellectual property committee is in existence and provides guidance on IP matters.
- Research that involves vulnerable populations receives sufficient support.



APPENDIX A: DEVELOPMENT AND IMPLEMENTATION

The development of the NSLHD Research Strategy was facilitated by the NSLHD Executive and shaped by active and aspiring researchers and leaders, managers and community members between November 2018 and June 2019.

The first strategic research workshop was held on 23rd November 2018, with 78 attendees. The Workshop was facilitated by Mick Reid of Michael Reid & Associates. Dr Tony Penna, Executive Director, Office for Health and Medical Research provided a state perspective on the future of research. The workshop included researchers, clinicians and executive from NSLHD, including the Kolling Institute of Medical Research, and focused on the enhancement of clinical research across all disciplines.

Invitees were invited to complete a survey prior to the workshop to provide input into the priorities for research across NSLHD, mechanisms to strengthen research, and the barriers to a successful research culture.

Between December 2018 and April 2019, a series of targeted workshops was held with key researchers from across NSLHD to synthesise and further develop the outcomes from the first workshop. Feedback on key focus areas was grouped into categories and used to inform the development of the six priority areas and the initiatives within each priority area. Feedback was sought on these initiatives via smaller, focused workshops, and through an online survey of all staff across NSLHD.

The draft strategy was provided to the NSLHD Consumer Advisory Council for feedback, and this was combined with further feedback obtained via a large workshop held on 28th June, 2019 from key internal stakeholders.

The implementation of the NSLHD Research Strategy, 2019-2024, requires leadership across all levels of the District, within our partnerships and within existing programs of research. Many of the impact measures described in each priority area require quantification, so a key initial work area will be in establishing a baseline of our research, including research infrastructure and research output, with the aim of developing targets for improvement.

A Research Advisory Committee (RAC) will be established with oversight for this Research Strategy. The RAC will liaise with the Manager, Research Strategy and Partnerships, to oversee the delivery of the initiatives identified through the development of this Strategy. A report will be published annually by the RAC to report on implementation progress.


STRATEGIC
IMPACT
ETHICS
LOCAL HEALTH DISTRICT
TECHNOLOGY
BUILD
PRIORITIES
POSTGRADUATE
EVALUATE
ENGAGEMENT
INFRASTRUCTURE
PRECISION MEDICINE
ACHIEVEMENTS
PATIENTS
GOVERNANCE
PRECISION MEDICINE
CELEBRATE
RESEARCH
RETENTION
PARTNERSHIP
SCIENTIST
DEVELOPMENT
NHMRC
CAREER
DATA
PEER REVIEW
COMMUNITY
GENOMICS
FUNDING
CULTURE
GROW
PARTNERS
PHILANTHROPY
INCLUSIVE
ENHANCE
NSLHD
LEAD
CLINICAL

Health
Northern Sydney
Local Health District

/RYDEHOSPITAL
/HORNSBYHOSPITAL
/ROYALNORTHSHORE
/MONAVALEHOSPITALNSW

@NTHSYDHEALTH

Kolling Institute Response to the Special Commission of Inquiry to enquire into the funding of health services provided in NSW.

1. Introduction

Mr Michael Nugent, as Chair of the Kolling Institute's Governance Committee, received a letter from Mr Patrick Mullane, Special Counsel for the Inquiry into Healthcare Funding, informing him that the Governor of NSW has established a Special Commission of Inquiry to enquire into the funding of health services provided in NSW, and related matters. In his letter, Mr Mullane draws the Chair's attention to the opportunity available to the Kolling to provide a submission to the inquiry by 5pm on Tuesday 31 October. It has been decided that the response from the Kolling Institute will be incorporated into the response from the Northern Sydney Local Health District (NSLHD)

2. Background

The Kolling Institute is the oldest medical Research Institute in New South Wales and functions as an unincorporated joint venture (JV) between the University of Sydney (the University) and the NSLHD. It continues to build on over 100 years of collaborative research, education, and training, towards the overall improvement of patient care. The current Kolling research strategy leverages the collective strengths of our joint venture partners who both share a vision for excellence in translational research.

Kolling researchers are world leaders in investigating some of the biggest health challenges of our time from heart and kidney disease to musculoskeletal conditions, chronic pain, and neurodegenerative disorders, driving a wealth of new knowledge embedded in a philosophy of functional wellbeing of our community and our workforce.

Located on Sydney's Royal North Shore Hospital campus, our researchers are well placed to directly embed and translate scientific and medical progress into patient care. Our researchers are supported by a robust strategic framework and operational model that are strengthening our ability to achieve game-changing research and importantly, improve the care we all receive. Our partners invest in a complimentary manner in resourcing and supporting the Kolling, thereby minimising replication and duplication of resources.

3. Performance

In 2022 Kolling researchers applied for 121 research grants and were successful in 41 of these applications (Figure 1). This grant success rate of 34% is well above the national average and evidence of the high quality of research being conducted at the Kolling. Whilst nearly $11 million in research funding was awarded to Kolling researchers, $7,785,364 being Category 1 funding, the

Kolling is dedicated to securing a diversity of funding sources to leverage investment, grow, and improve the sustainability and impact of our research programmes.

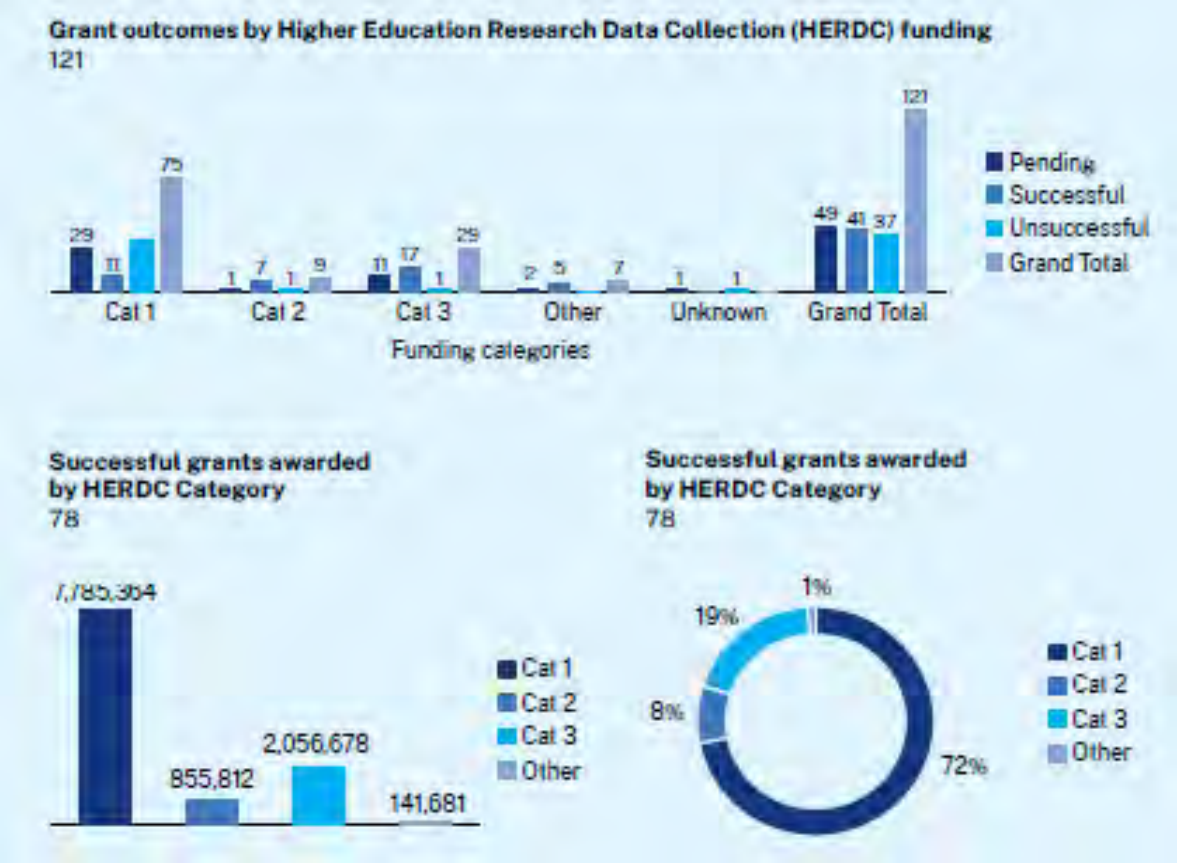


Figure 1

The Kolling Institute's partnership with NSLHD and the University means students and researchers benefit from being embedded within a large health precinct ecosystem. The unique research culture of the precinct broadens opportunities to directly incorporate scientific discoveries into practice, without being bound by traditional siloes. The strong presence of students in the Kolling is evident in Figure 2, demonstrating the Kolling's strong commitment to growing future researchers in a translational environment.

In 2022 Stanford University published a study that identified the top two per cent of researchers in the world across individual fields. A total of fifteen Kolling researchers were acknowledged in the study, demonstrating the significant expertise and experience present across the Institute.

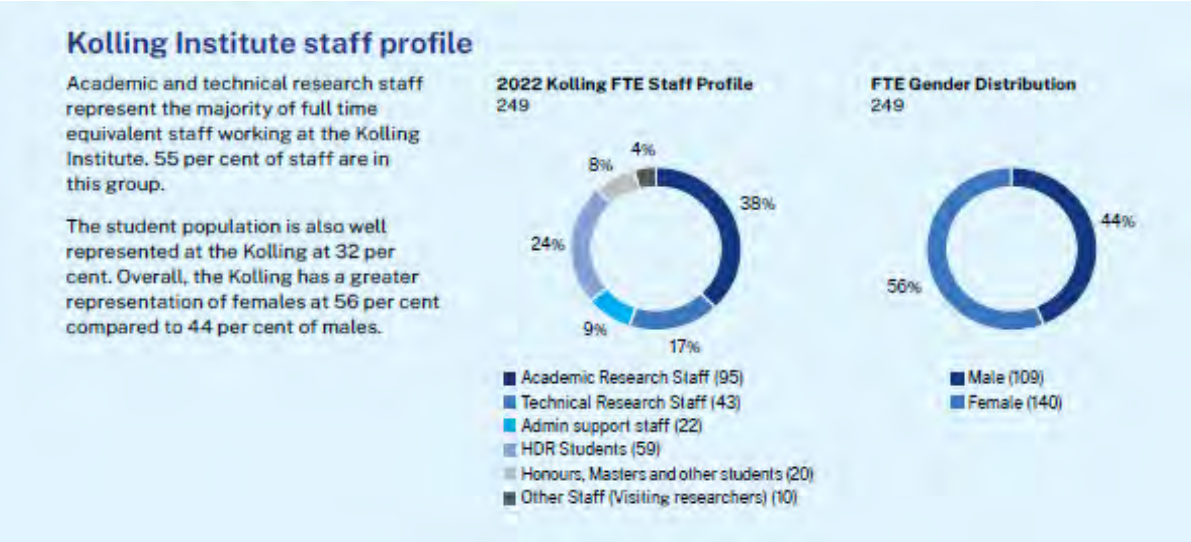


Figure 2.

4. Discussion

The wider research environment is facing a number of challenges including increased competition for available funding, disruption through AI, an unstable geopolitical setting, a tight fiscal environment, and changing societal priorities. Furthermore, the 2023 Intergenerational Report has highlighted several health and population related challenges that will necessitate new ways of delivering and evaluating the effectiveness of health care across an ageing population.

At a time when it is increasingly financially difficult for independent research entities and there is a strong government and societal interest in aligning research with societal needs to address real problems today and into the future, the Kolling Institute joint venture model represents an innovative model of basic and translational research. It brings to bare the expertise, resources, and reputations of an internationally top 50 ranked university and one of Australia's leading health care providers. It has established systems and processes to support collaborative and multidisciplinary research across the research continuum and this model provides the pathway to optimise translation of research into practice in the shortest possible time.

It is a model that looks to optimise translation by harnessing and aligning the research and clinical workforces and resources of the two partners towards common goals to meet the needs of the community. In this relationship the research and education strengths of the University and the clinical care and innovation of the NSLHD are aligned in a complementary manner towards maximum collective value. At the Kolling there is a drive to increase the impact of research through better integration and translation into health environments. In this model there is an opportunity to:

- drive innovation in clinical treatment and delivery,
- deliver savings through disinvestment in demonstrated low value healthcare,
- provide opportunity for cutting edge clinical trials,
- engage consumers more consistently in the research process and philanthropy,
- pursue engagement with industry to solve real world problems and explore potential commercialisation,

- evaluate clinical interventions and the effectiveness of health service models at scale,
- leverage data and analytics to support evaluation and decision making,
- realise efficiencies in funding of research through collaboration between JVs and avoidance of replication and duplication of resources.

5. Summary

Integrating health and medical research into clinical care has the potential to deliver a range of benefits including driving down the cost of care and optimising the evaluation and quality of services. In the case of the Kolling, it is apparent that a close relationship between the University and NSLHD has achieved strong research, education, and teaching results and that a close, collaborative relationship is both cost effective and research productive. Such models have the strong potential to increase the impact of health and medical research and thereby improve the health of the community locally and globally.

A suggested further inclusion in relation to the scope of this Inquiry is that the terms of reference are expanded to consider the role and benefits of targeted funding in health and medical research in the safe delivery of high quality, timely, equitable and accessible patient-centred care and health services to the people of NSW.

Michael Nugent	Professor Jim Elliott	Rod Gilroy
Chair Governance Committee	Academic Director	Chief Operating Officer
Kolling Institute	Kolling Institute	Kolling Institute

27 October 2023

DIGITAL STRATEGY 2021 – 2026

Northern Sydney Local Health District

Version 1.1

NSW GOVERNMENT Health
Northern Sydney
Local Health District

Northern Sydney Local Health District would like to acknowledge the Traditional Custodians of the Northern Sydney region, the Gai-mariagal and Dharug peoples. Their spirit can be found across the region and we honour the memory of their ancestors and Elders, past, present and emerging.

As we endeavour to serve the health needs within the community, we recognise the importance of the land and the waterways, as an integral part of people's health and wellbeing.

Foreword Digital Strategy 2021 - 2026

During my time at Northern Sydney Local Health District (NSLHD), I have always been touched by the exceptional quality of care our staff provide to our patients. NSLHD staff are constantly working towards the best idea or innovation to improve the experience of our patients.

While the human aspect of care is the most important, the technology we use also plays a pivotal role in assisting our doctors, nurses and allied health professionals deliver the services people need.

The past 18 months have highlighted how integral digital technology has become in healthcare, with the COVID-19 pandemic delivering award-winning solutions like the virtual hospital, and ever-increasing telehealth services.

In partnership with eHealth NSW and other statewide NSW Health agencies over the past five years, we have also seen significant expansion to our eMR including the delivery of an electronic medication system.

We have also seen an intensive care clinical information system the radiology information system and picture archive and communication system; and numerous other clinical enhancements including advanced care planning, end of life care planning and remote access technology.

However, it's important we continue to do everything we can over the next five years to continue to deliver the best care, outcomes and patient and staff experience.

That is why I am delighted to present the Northern Sydney Local Health District Digital Strategy 2021-2026, a roadmap will support staff and patients better connect with our local health district.

In this document you will read about how we plan to harness the power of digital technology to elevate the patient experience with a focus on virtual care; how we can empower our workforce and improve user experience and mobility; and harness the power of data to improve care delivery and operations.

We are committed to developing our digital infrastructure in a sustainable way, while strengthening our privacy and cybersecurity capabilities and responsibilities.

Thank you to everyone who has contributed to the Digital Strategy. Your continued commitment will be vital to achieving the aspirations set out here over the coming years.

This truly is an exciting time, not just for our district, but for healthcare and we all have our part to play.

Deb Willcox

Chief Executive

Table of Contents

Executive Summary | Introduction to the Digital Strategy

Digital Strategy Objective

The Digital Strategy 2021-2026 sets the technology vision and focus areas for our LHD over the next five years and articulates a roadmap to achieve this vision. This document should be used as a guide for priorities, a way to plan the project pipeline and a reference point for proposed work.

Significant improvements in technology have helped NSLHD provide better health outcomes for our population. However, much has changed since the last IT plan released in 2016.

By more effectively leveraging technology, we can deliver affordable and accessible patient-centred care, improve the overall health of our communities, engage and develop our workforce and ensure our organisation is agile and insights driven fuelled by real time access to data.

To meet these aspirations, and to ensure that future digital investments enable our LHD Strategic Plan in line with the statewide NSW Health strategies, now is the right time to refresh our Digital Strategy.

The imperatives for continuous digital technology investments

1 Diverse district, distinct challenges

Demographic factors, such as a growing and ageing population and distinct socioeconomic differences, mean our communities require a tailored approach to healthcare delivery.

Continuing to leverage digital technologies holds the key to providing quality and sustainable services while evolving our models of care.

2 Technology advancements

Technology advancements are causing a fundamental shift in how health services will be provided in the future. Patient and community expectations, digital disruptions, big data, the need for integrated care and personalised medicine will require gradual investments over time to seize the opportunities they each represent.

3 Our staff aspire for more

Our staff aspire to a greater technology experience that can help them be more empowered, productive and engaged while accomplishing their jobs more effectively.

Investments should be made to meet those aspirations and draw upon the innovative thinking of our people.

4 Our local aspirations

- A great experience for our patients
- Making virtual care universal where appropriate
- An empowered and mobile workforce
- Better Integrated care across care settings
- Insights driven organisation fuelled by real time access to data
- Sustainability through sound digital investments
- A technology ecosystem that protects privacy and ensures platform security
- Collaborative ICT services that maximise value

Impediments to advancing our strategic plan

Healthy communities

Major advancements were made in virtual care models during the COVID-19 pandemic, yet more can be done. Significant investment will be needed for our LHD to expand the use of virtual technologies through enhanced models of care, where appropriate, that address health issues or patient deterioration before or post hospitalisation for instance.

Connected person-centred care

The digital end-to-end patient experience is at its infancy, underpinned by a combination of manual and digital processes. Patients do not have the ability to 'take control' of their health journey with self-service tools or services e.g.: electronic bookings, appointment management, digital pre-admission forms etc.

Furthermore, the process of unifying records across care settings is still highly disconnected creating the need for the patient to continue being the conduit of information sharing. For example, most referrals from GPs to hospitals are still paper based and the quality of discharge summaries is lacking, if ever delivered back to the referrer.

Evidence-based decision making

While we collect a lot of data in our day to day work, and while we have many reports and dashboards, it is still very difficult to derive insights from the data to truly drive change. Often, our staff must manually join data across multiple systems and reports to achieve something useful. For example, there are many missed opportunities to use the eMR collected data to help clinicians make better decisions.

Responsive and adaptable organisation

The ICT team have fostered and built good relationships and partnerships with the clinical, operational and administrative parts of the organisation. To continue responding to the needs of the organisation, the ICT function must improve a combination of existing capacity constraints, capability gaps, a lack of cohesiveness across ICT teams and improve the governance surrounding how demand is managed.

Engaged and empowered workforce

The usability of many clinical systems requires focused investments to be more intuitive, to enhance staff productivity and improve user experience for example through decision support that goes beyond basic alerts. Our staff should feel empowered in using the eMR and our other tools, rather than feel that it is the laborious part of their job. Mobility is improving, however more focus is needed to enable native mobile applications so clinical, operational and administrative work can be completed on the go using the right device for each job.

Executive Summary | Enabling the Strategic Plan

Advancing our strategic plan

While our LHD has, over the years, utilised technology to improve delivery of care and enhance operations, many opportunities still exist to better enable delivery of our strategic plan and focus areas through digital technologies.

These are the key digital impediments to advancing our strategic plan as articulated by our staff.

We will…

Invest in digital solutions to enable our strategy and help us meet our aspirations for the future

1. **Elevate our patients experience and focus on virtual care**
2. **Empower our workforce, improve user experience and mobility**
3. **Harness the power of data to improve care delivery and operations**
4. **Enhance connectedness within the LHD and across care settings**
5. **Ensure infrastructure and digital investment sustainability**
6. **Continue to optimise the ICT service function**
7. **Strengthen privacy and cybersecurity capabilities**

The Digital Strategy recognises seven focus areas that will guide digital investments, enable the strategic plan priorities and deliver benefits to the LHD through a set of 27 defined initiatives.

Executive Summary | Digital Strategy Roadmap

Elevate our patients experience and focus on virtual care

- 1.1 Elevate the human experience
- 1.2 Introduce a Patient Portal for patients and their families (digital front door)
- 1.3 Enhance virtual care and supporting systems
- 1.4 Provide tools to support patient remote monitoring
- 1.5 Leverage statewide Patient Reported Measures (PRMs) and HOPE platform
- 1.6 Align to the statewide Shared Care Plans investments

Empower our workforce, improve user experience and mobility

- 2.1 Respond to the major eMR gaps in clinical specialty areas
- 2.2 Continue to enhance the eMR
- 2.3 Introduce real time peer to peer clinical communication
- 2.4 Rollout Rapid Access functionality
- 2.5 Improve clinical mobility
- 2.6 Enhance collaboration and unified communications
- 2.7 Enhance and mature the feedback and ideas portal

Harness the power of data to improve care delivery and operations

- 3.1 Optimise the data and analytics capability
- 3.2 Leverage the statewide Data Lake initiative
- 3.3 Complete the rollout of Enterprise Data Warehouse (EDWARD)
- 3.4 Align to statewide data governance and stewardship

Enhance connectedness within the LHD and across care settings

- 4.1 Implement the Single Digital Patient Record (SDPR)
- 4.2 Refresh the interoperability infrastructure
- 4.3 Enhance two-way clinical information flow with external settings

Ensure infrastructure and digital investment sustainability

- 5.1 Align to the statewide modern infrastructure procurement and management frameworks
- 5.2 Continue to support the capital developments

Continue to optimise the ICT service function

- 6.1 Review the current ICT operating and service model
- 6.2 Enhance demand management and prioritisation processes

Strengthen privacy and cybersecurity capabilities

- 7.1 Uplift cybersecurity and privacy capability
- 7.2 Build a cyber aware culture
- 7.3 Enhance data privacy management

Executive Summary | Digital Strategy Key Considerations

Partnerships

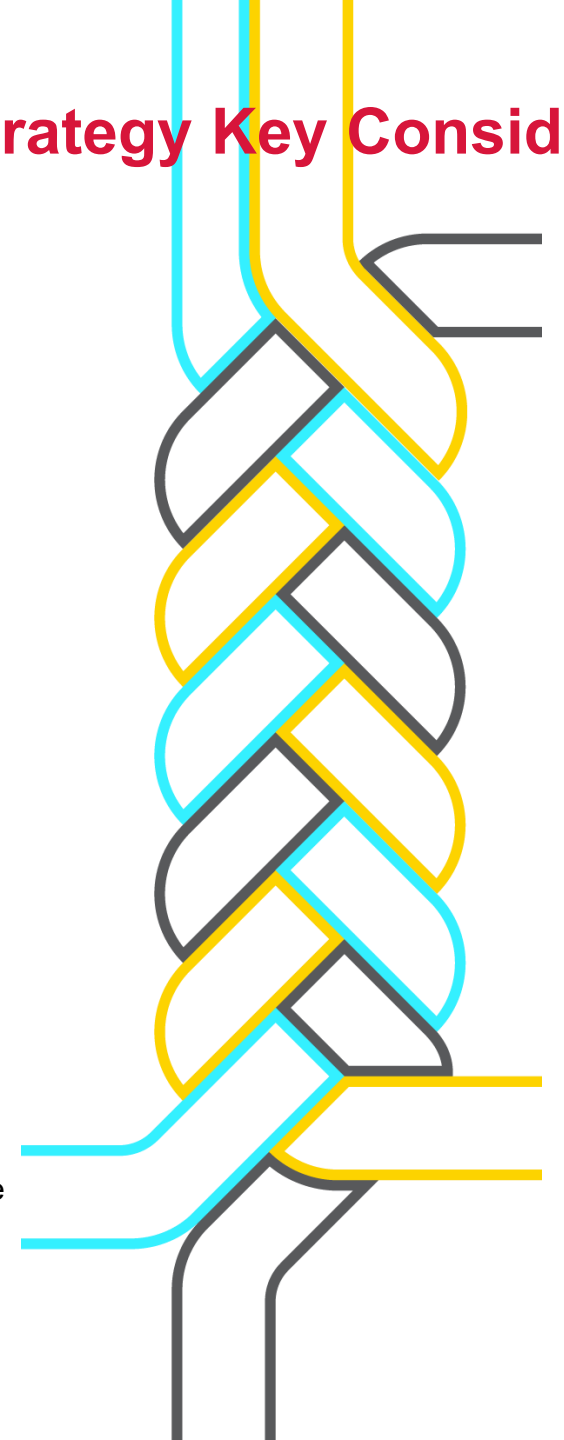
WORKING TOGETHER TO ACHIEVE THE ASPIRATIONS OF THE DIGITAL STRATEGY

Implementing this Digital Strategy requires internal and external stakeholders working together in partnership to achieve the envisioned outcomes. This includes LHD executives, staff, the local ICT function, the Central Coast LHD (as we share the ICT function), as well as NSW Health (Agencies, Pillars and Shared Services organisations), the community, and other government agencies.

Single Digital Patient Record

BALACING INVESTMENT WITH PARTNERSHIP

A significant focus of the Digital Strategy is enhancing and supplementing the eMR, in alignment with the NSW Health vision for a Single Digital Patient Record (SDPR). This is a key consideration that must be continually reassessed to ensure the current decision of aligning to the SDPR continues to be the most viable option for the NSLHD.



Managing Change

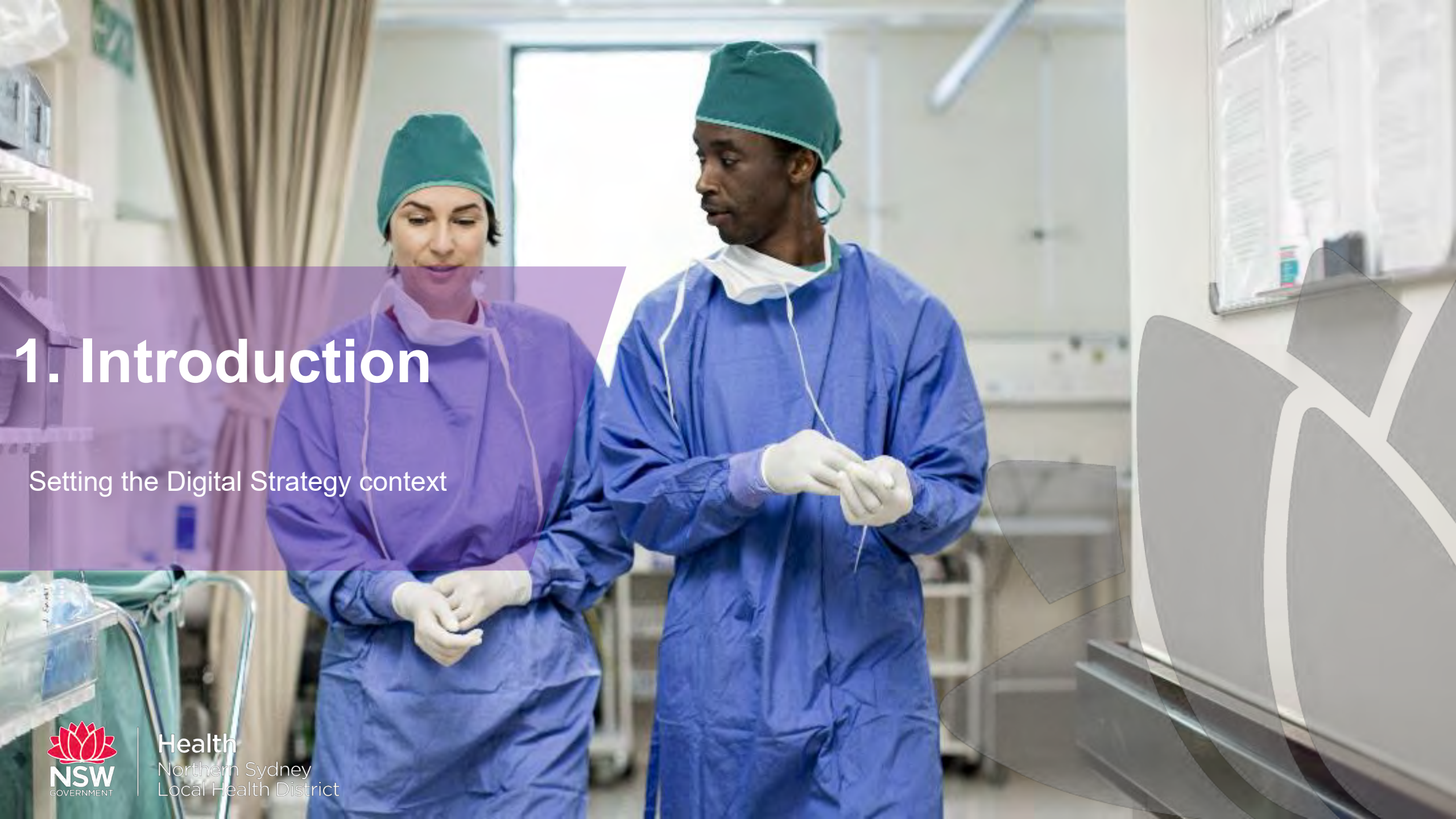
REDUCING DISRUPTION WHILE MEASURING OUTCOMES AND REALISING BENEFITS

All of the proposed initiatives require significant change management and benefits realisation focus to ensure the resulting technology is successfully embedded in everyday use, staff are adequately trained, and the expected benefits are realised.

Funding

ENSURING FINANCIAL SUSTAINABILITY

Funding is an important consideration without which the vision and outcomes outlined in the Digital Strategy cannot be achieved. In many cases, a business case will be required to seek funding support for major initiatives as BAU funding will not be sufficient. Recurrent operational expenditure funding will play an increasingly important role as technology continues to move away from the traditional capital expenditure funding models.



1. Introduction

Setting the Digital Strategy context

NSW GOVERNMENT Health
Northern Sydney
Local Health District

The **objective of the Digital Strategy** is to continue to enable our LHD's strategic plan through targeted investments in technology over the next five years.

The 'NSLHD Strategic Plan 2017-2022' highlights five themes

Healthy Communities

Prevention, early intervention and community development strategies will improve health outcomes

Connected Person-Centred Care

People have a good experience of care, which meets their health needs, in partnership with multiple care providers

Evidence-Based Decision Making

Decisions are made on the basis of best available information and a philosophy of continuous improvement

Responsive & Adaptable Organisation

Our structure and systems support the delivery of innovative and responsive services in partnership with other providers and our community

Engaged & Empowered Workforce

Our staff are confident, capable and committed to the support and delivery of good care every day

1.1 A Digital Strategy to guide future digital investments

Diverse district, distinct challenges

Northern Sydney Local Health District (NSLHD) spans nine local government areas across a 9,000 km^2 area. It is home to one million people who access services through ten hospitals, along with affiliated health organisations and public private partnerships. Population and demographic trends create distinct challenges and opportunities that NSLHD must meet, including:

- **Our population is growing and ageing**. By 2036, 20% of the population will be over 65, the largest growth compared to any other demographic over the next decade. While we must plan services and meet demand accordingly, we expect that technology will play a role in enhancing the continuity of integrated care and help support our community through irrespective of setting.
- Our residents **compare favourably on most socioeconomic and health indicators** against the rest of NSW, including a lower standardised mortality ratio. However, there is a higher mortality for stroke than the NSW average and sub-groups of NSLHD do not enjoy the same socioeconomic or health status. We need to continue supporting healthy lifestyles through preventative health interventions and virtual care options, and use data to drive community wellness. Ensuring our services are equitable and accessible is paramount.
- Our residents have, on average, **greater access to both public and private health services**, with 71% of the population having access to private health insurance. This creates greater opportunities for partnerships.

Much has been achieved working together

NSLHD has made big strides in the last five years, not least through the use of digital solutions, to be agile in response to the COVID-19 global pandemic. Key technology achievements beyond the pandemic response include:

- Australia's first implementation of the Clinical Health Information Exchange product to enable continuity of care with NBH.
- Implementation of COVID-19 vaccination and testing clinics and the award winning Virtual Hospital for monitoring COVID-19 patients.
- Implementation of multiple major eMR enhancements including eMeds, Advance Care Planning and End of Life Care as well as the Clinical Application Reliability Improvement (CARI) program to improve business continuity for the eMR.
- Implementation of the new Intensive Care Clinical Information System (eRIC), an enterprise-wide ICU clinical information system integrated with other systems including the eMR, Radiology and Pathology.
- Rollout of the Radiology Information System and Picture Archive and Communication System (RIS-PACS) to replace the previous medical imagine system.
- Rollout of the new statewide Incident Management System (ims+).
- Implementation of the Oncology Management Information System.
- Implementation of digital health technology at Hornsby Hospital including the patient queue management system and the pharmacy robot.
- Patient Wi-Fi services for patients and visitors on personal devices.

A Digital Strategy to guide technology investments

Significant improvements in technology have helped NSLHD provide better health outcomes for our population. However, much has changed since the last IT plan released in 2016:

- Demographic trends in our population create new challenges and expectations from our communities.
- The local aspirations of our staff have evolved to be more ambitious and demand more from the technology we use in our work environment.
- The ICT organisational design changed to provide greater focus on business relationships, improve service delivery and cyber security.
- Changes in the macro healthcare landscape demand new technology to support emerging models of care.

To meet these challenges, and to ensure that future digital investments enable our Strategic Plan and are in alignment with statewide NSW Health strategies, it is the right time to refresh our Digital Strategy.

By more effectively leveraging technology, we can deliver affordable and accessible patient-centred care, improve the overall health of our communities, engage and develop our workforce and ensure our organisation is agile and insights driven fuelled by real time access to data.

The Digital Strategy 2021-2026 sets the technology vision and focus areas for our LHD over the next five years and articulates a roadmap to achieve this vision. This document should be used as a guide for priorities, a way to plan the project pipeline and a reference point for proposed work.

Northern Sydney LHD in numbers

25,000
Annual operations (based on 25,620 episodes of care)

Over **153,000**
Annual ED Presentations

515
Patients serviced from COVID-19 virtual ward in 2020

20%
of the Northern Sydney population will be aged over 65 years by 2036
(as of 2019)

45.1%
overweight or obese (vs 55.2% NSW average)

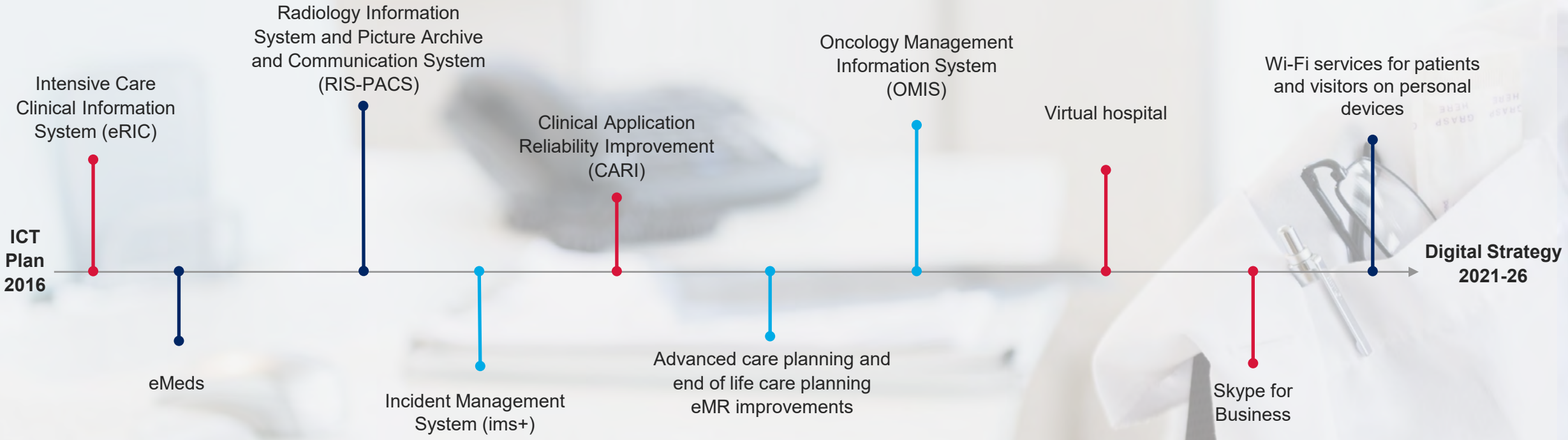
71%
access to private health insurance (vs 48% NSW average)

Delivered around **4,000**
babies annually

Our District covers an area of 900km² and encompasses 9 local government areas (LGAs) including Hornsby, Ku-ring-gai, Northern Beaches, Hunters Hill, Lane Cove, Mosman, North Sydney, Ryde and Willoughby.

Sources:
Department Planning, Industry and Environment: 2019 population projections
NSW Population Health Survey (SAPHaRI). Centre for Epidemiology and Evidence, NSW Ministry of Health: 2019 Overweight and obese adults by LHD
NSW Perinatal Data Collection (SAPHaRI). Centre for Epidemiology and Evidence, NSW Ministry of Health: 2019 Total births by LHD
Bureau of Health Information. Health Observer, NSW Health: 2020 NSLHD Emergency department activity
Bureau of Health Information. Health Observer, NSW Health: 2020 NSLHD Hospital admissions activity
NSLHD Safety and Quality Account 2019-2020 Report; 2020-2021 Future priorities, https://online.flippingbook.com/view/993762

We have achieved much together since the last ICT plan



Combatting COVID-19

ICT Solutions

Delivered network communications through effective partnerships, enabling pop-up testing clinics with full electronic access for clinicians; implemented COVID-19 SMS Result Service; and deployed ICT equipment to connect patients with their loved ones.

COVID-19 Virtual Hospital

Established a COVID-19 Virtual Hospital to enable remote monitoring and decrease reliance on hospital presentations and admissions.

1.2 Macro drivers for change

Technology advancements and changes in the global healthcare sector are causing a fundamental shift in how health services will be provided in the future. Gradual investments are required to accommodate these changes over time and seize the opportunities they present.

Patient, family and carers redefined

Patient, family and carers' expectations of health care continue to increase due to the availability of information, enhanced health literacy and digital experiences in other areas of people's lives.

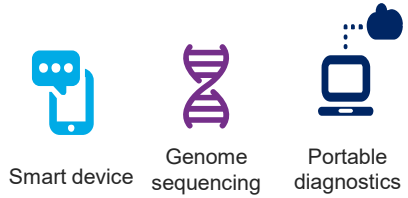
Shifting workforce

An ageing population, increasing burden of disease and greater focus on health prevention results in increased demand for healthcare services and the subsequent workforce implications.

Integrated care

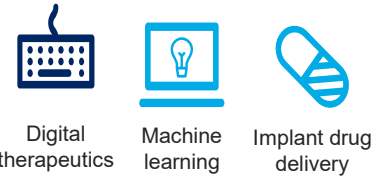
Health care demands are changing, increasingly requiring the involvement of a multidisciplinary team within and across organisational boundaries.

Personalised care



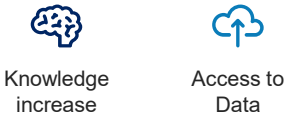
The health consumers are embracing new digital technologies and customised services for their care an wellbeing. For instance, remote monitoring technology such as wearables and smart appliances is being embraced by consumers who are more willing to share personal data for greater service. Service providers will be able to make micro-interventions to keep people healthier, for example through analysis of DNA to predict and target treatment.

Digital disruption



The past decade has seen rapid development and adoption of technologies that change the way we live and will have a similarly transformative impact on health and care.

Open information and big data



Greater access to quality data is increasing our understanding of how diseases develop and spread, as well as beginning to enable personalised, precision medicine.

1.3 Local aspirations further driving change (1/2)

Further to the macro trends, our staff have articulated a clear ambition of how technology can improve the way they deliver quality care, optimise operations and improve outcomes.

A great experience for our patients

"A great end-to-end experience for patients through enhanced digital means, just as we all experience in other industries, including electronic appointments, two-way notifications, patient portals and mobile apps."

An empowered and mobile workforce

"Systems must simplify and add value to our workflow by automating mundane tasks, provide insights to support decisions, enable real time collaboration between teams, and support remote work."

Making virtual care universal where appropriate

"Improving care outcomes by providing accessible options for early and ongoing, at-home services including telehealth and remote monitoring."

Better Integrated care across care settings

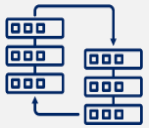
"Improve the connectedness of information and systems within the LHD and across care providers, whether private or public, to provide better and more holistic care for our patients."

1.3 Local aspirations further driving change (2/2)

Further to the macro trends, our staff have articulated a clear ambition of how technology can improve the way they deliver quality care, optimise operations and improve outcomes.

Insights driven organisation fuelled by real time access to data

"We must turn the endless amounts of data collected on a daily basis into insights that guide and support decisions on how to improve care delivery and optimise operations."



Sustainability through sound digital investments

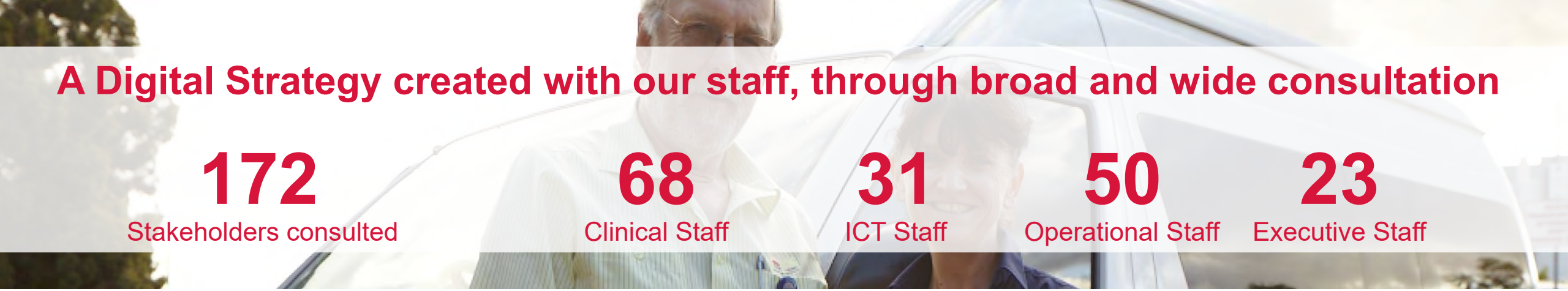
"Our investments are sustainable because we strategically select new systems, we plan for the replacement of ageing assets and deploy technology to improve the overall equipment lifecycle management."

A technology ecosystem that protects privacy and ensures platform security

"We must foster a cyber aware culture and improve our security technologies to continue to protect our patients, staff and organisation."

Collaborative ICT services that maximise value

"Our ICT function delivers effective technology solutions to our challenges, transparently and effectively prioritising work with the organisation, and providing high quality support through well resourced and capable teams and effective partnership with eHealth NSW."



A Digital Strategy created with our staff, through broad and wide consultation

172 Stakeholders consulted

68 Clinical Staff

31 ICT Staff

50 Operational Staff

23 Executive Staff

The Digital Strategy was developed in partnership with staff across the districts that our ICT function serves, spanning the full geography and incorporating the voices of more than 170 staff members.

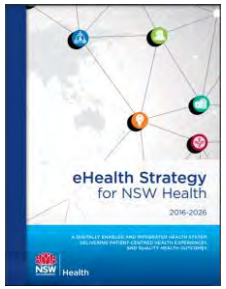
It is by understanding their experiences and canvassing their ideas for improvement that focus areas were established, initiatives were formed and investments were aligned to the strategic themes.

The Digital Strategy consultation approach included six key phases

1. **Exploring the impact of megatrends**
2. **Determining the vision & guiding principles**
3. **Assessing the maturity of ICT Capabilities**
4. **Obtaining the executive team's perspective**
5. **Identifying challenges and aspirations**
6. **Prioritising the initiatives into a roadmap**

1.4 Working in alignment with NSW Health

eHealth Strategy for NSW Health



A10-year program of innovation, investment and implementation identifying key NSW Health goals. The LHD Digital Strategy has considered statewide initiatives to ensure investments are strategically aligned.

NSW State Health Plan

The NSW State Health Plan places a big emphasis on patient-centred integrated and connected care that is supported by local-decision making that creates an innovative, sustainable culture.

Other NSW Health Documents

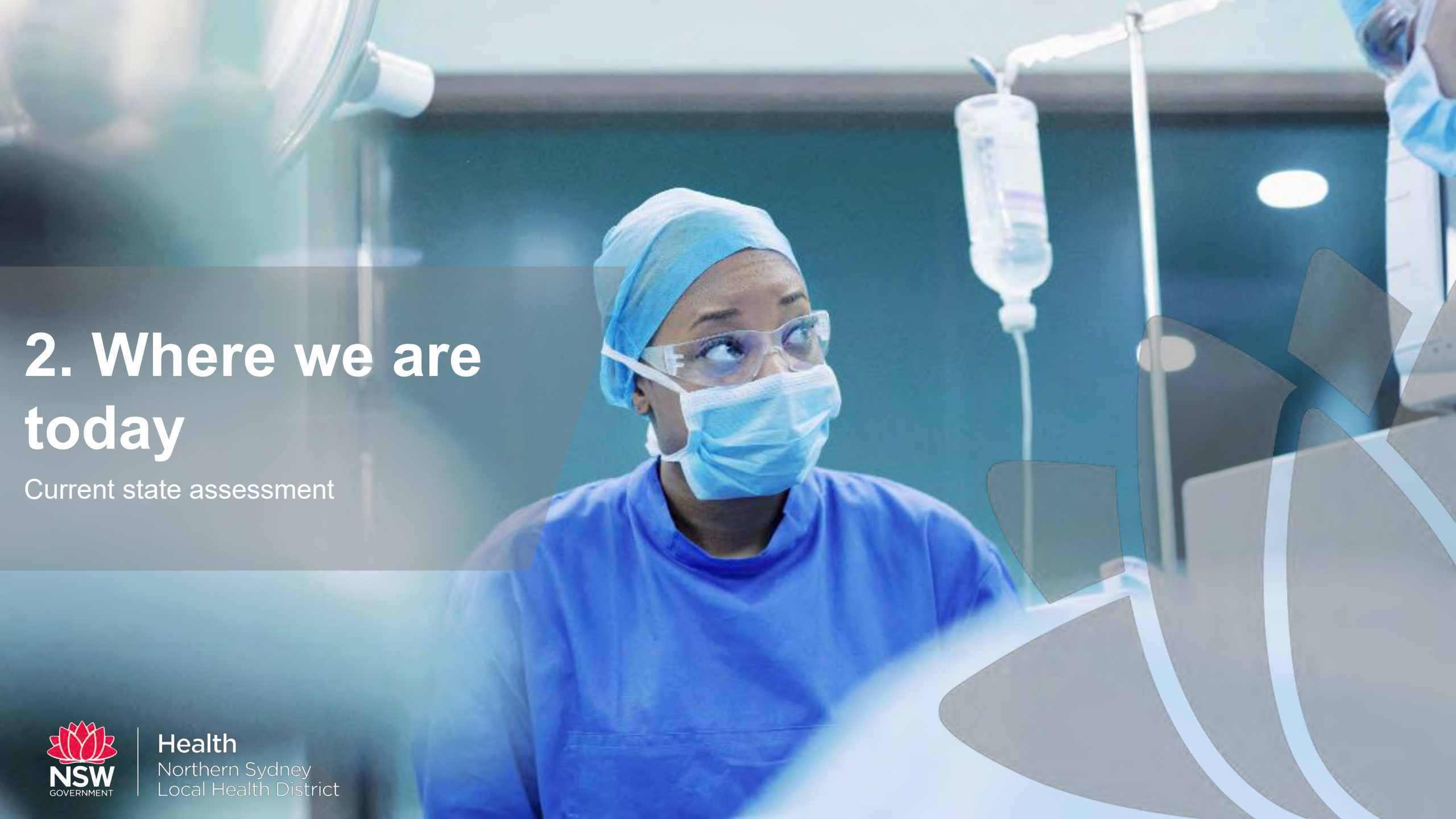
The Digital Strategy has also considered several other important documents including:

- Identity and Access Management Strategy
- Information Security Management Strategy
- Virtual Care Strategy Roadmap (DRAFT)
- Patient Engagement Platform Strategy (DRAFT)
- Unified and Clinical Communications Strategy
- Integration and Interoperability Strategy

Note: While in its development phase at the time this document was written, the Future Health Strategy was also considered through consultation with eHealth NSW stakeholders.

Our Digital Strategy

- The objective of this document is to define the five year Digital Strategy for our LHD in alignment to the strategic plan and the statewide NSW Health strategies.
- To achieve this, the Digital Strategy process considered our Strategic Plan as well as a number of other strategies, some of which are listed on the left, to ensure alignment with investments being made at state level.



2. Where we are today

Current state assessment

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Northern Sydney
Local Health District

2.1 Current state assessment, top down approach (1/2)

While our LHD has, over the years, utilised technology to improve delivery of care and enhance operations, many opportunities still exist to utilise digital technologies to better enable delivery of our strategic plan and focus areas. These are the key digital impediments to advancing our strategic plan as perceived and articulated by our staff.

Key digital impediments to advancing our strategic plan

Healthy communities

- The technology required to keep our communities healthy is quickly maturing, for example by detecting and intervening in community health settings.
- While major advancements were made in virtual care models during the COVID-19 pandemic, more can be done. Significant investment will be needed for our LHD to expand the use of virtual technologies through enhanced models of care, where appropriate, that address health issues or patient deterioration before or post hospitalisation for instance.
- It is recognised that the community is ready to access and use virtual care mechanisms. Investments however need to be made to ensure the communities digital and health literacy as well as equitable access.
- Furthermore, opportunities exist to utilise data and predictive analytics to help our LHD identify community trends and issues that can be addressed by social and target interventions.

Connected person-centred care

- The digital end-to-end patient experience is at its infancy, underpinned by a combination of manual and digital processes. Patients do not have the ability to 'take control' of their health journey with self-service tools or digital services e.g.: electronic bookings, appointment management, digital pre-admission forms etc.
- Furthermore, the process of unifying records across care settings is still highly disconnected creating the need for the patient to continue being the conduit of information sharing. For example, most referrals from GPs to hospitals are still paper based and the quality of discharge summaries is lacking, if ever delivered back to the referrer.
- This fragmentation continues to make providing holistic clinical care difficult especially in cohorts where it is needed the most, for example, when aged care residents move between hospital and residential care.
- Many specialist clinical systems have been enabled outside the core clinical application (eMR) resulting in a hybrid medical record for patients, something that has the potential to undermine care.

Evidence-based decision making

- While we collect a lot of data in our day to day work, and while we have many reports and dashboards, it is still very difficult to derive insights from the data to truly drive change. Often, our staff must manually join data across multiple dashboards and systems to achieve something useful. For example, many opportunities exist across the eMR to use the data entered to help the clinician drive better decisions.
- Furthermore, many dashboards are a few weeks or months behind further hindering the usefulness of the data. Data must be live and always available and accessible.
- Predictive analytics, Machine Learning and Artificial Intelligences capabilities for service planning, demand management and clinical decision support are still developing.
- Clinical research and trial management is highly manual or fragmented across multiple systems. Generally, it is difficult for researching clinicians to access the data they need.
- IT equipment is not tracked and managed through its lifecycle using automated means, resulting in lost inventory, a lack of visibility of what is available and frequently outdated equipment frustrating and disempowering our staff.

2.1 Current state assessment, top down approach (2/2)

While our LHD has, over the years, utilised technology to improve delivery of care and enhance operations, many opportunities still exist to utilise digital technologies to better enable delivery of our strategic plan and focus areas. These are the key digital impediments to advancing our strategic plan as perceived and articulated by our staff.

Key digital impediments to advancing our strategic plan

Responsive and adaptable organisation

- The ICT team has developed good relationships and partnerships with the clinical, operational and administrative parts of the organisation. However, they are limited by a combination of capacity constraints, capability gaps (e.g. IT operations, project management, business analysts etc) and lack of automation for example within the IT operations team. Furthermore, better integration between the ICT teams is needed to be able to provide more holistic support.
- Governance surrounding demand management, project work and service prioritisation could be enhanced. This creates a perceived lack of transparency with the business, who aren't prepared for the impact of any technology changes or investments and don't often see visible progress on their requests. It also stops the ICT function from providing maximum value to the business by aligning their pipeline to business objectives.
- Additional focus and continuous investment is needed to foster a more cyber aware culture and continuously improve our cyber security posture. Continuing to advance our partnerships with eHealth NSW in this area is critical.
- The relationship between eHealth NSW and the local ICT function works well but can be improved. For example, more representation of local clinicians is needed so eMR workflows are designed with as many representatives as possible. Another example is service management, and inefficiencies of a two-tier support process; ideally support tickets between the local and the statewide service desks should be automatically transferred to the relevant team to action, so the end user does not need to repeat the entire process when a ticket is transferred between service desks.
- Improvements are also needed in the area of benefits realisation.

Engaged and empowered workforce

- The usability of many clinical systems requires focused investments to be more intuitive, to enhance staff productivity and improve user experience. For example, many eMR forms ask for the same information previously entered, instead of reusing data. They also ask many silly questions (e.g. pregnancy for male patients) instead of using basic logic to skip things. In the future, interactions with the eMR should feel more streamlined, less demanding on users for data entry, and enhanced with decision support that goes beyond basic alerts. Our staff should feel empowered in using the eMR rather than feel that it is the laborious part of their job.
- Mobility is improving, however more focus is needed to enable native applications so clinical, operational and administrative work can be completed on the go using the right device for each job. In some settings (e.g. mental health), smart mobile tools (e.g. voice dictated notes) is the only way to remove the hybrid paper record that currently exists due to the nature of the setting. In addition, real time clinical collaboration, including the ability to attach images is an ongoing issue that must be resolved urgently.
- There is a need for continuous training including an uplift in digital literacy across the LHD so people can become more comfortable with technology. Training is rolled out during the system implementation, but evaluation of the effectiveness of this training is seldom undertaken. More work is needed in diagnostics around culture and capability and then on focused training plans to those issues.
- Empowering our staff also means listening to their feedback, and responding promptly. This builds trust, confidence and an engaged workforce trying to solve problems collectively.

2.2 Current state assessment, bottom up approach (1/2)

To assess the maturity of our LHD's digital capabilities, the *NSW Health ICT Capability Blueprint* was utilised as a framework. Assessing the maturity of each area helps identify gaps and thus opportunities for improvement. The assessment uncovered the following findings against the 6 high level blueprint areas.

Clinical Applications

- The introduction of the eMR has created a good technology foundation for clinical functions. However, functionality gaps exist in the areas of anaesthesia, outpatient, medical device integration, nursing care plans, second level clinical decision support and others. These gaps directly inhibit the organisational goal of reaching a HIMSS EMRAM stage 6 maturity.
- A number of specialties are not covered by a single integrated eMR e.g. haematology, oncology, anaesthesia. This has resulted in a hybrid patient medical record creating risk in quality of care and inefficiency for staff.
- The Patient Administration System is functioning well but, in its current form, does not meet the growing expectations of consumers and patients in enabling a better patient experience. For example, an electronic integrated request for admission solution.

Business Management

- The workforce engagement and business management functions utilised by the LHD are provided by statewide bodies (HealthShare NSW and eHealth NSW) and have a high degree of maturity.
- Misalignments exist in some areas between supported processes and local nuances resulting in perceived maturity gaps. Systems can be integrated and interlinked further to ensure more efficient and seamlessly automated processes. For example, SARA, StaffLink and HealthRoster could be better integrated to support end-to-end human capital processes.
- Reporting across the board can be improved, for example to track and measure the success of investments and commissioned services.
- Supporting functions such as ethics management, legal services and project accounting require dedicated tools.

Patient Health and Engagement

- Patient engagement and population health are major gaps for the LHD. There are a series of technology gaps (e.g. digital bookings, appointment management, consumer entered data) that stop patients taking a more proactive role in their care.
- Majority of patient and population health functions are undertaken manually. This is undermining the LHD's ability to achieve its strategic ambition of supporting a healthier community.
- No standardised technology capability exist to support research and trials, the management and execution of which are done through a mix of point systems and manual processes.
- Education and training capabilities are well supported by technology. However, staff identified issues with creating on-demand content and multimodal material, as well as giving the public access to quality education materials.

2.2 Current state assessment, bottom up approach (2/2)

To assess the maturity of our LHD's digital capabilities, the *NSW Health ICT Capability Blueprint* was utilised as a framework. Assessing the maturity of each area helps identify gaps and thus opportunities for improvement. The assessment uncovered the following findings against the 6 high level blueprint areas.

Access and Information

- Capacity is the major challenge associated with devices and channels at our LHD. Staff do not always have access to the right equipment in each clinical situation and many systems have not been designed or rendered for use on mobile devices.
- The lack of tools to track and manage devices through their lifecycle creates an administrative and financial burden.
- Analytics and reporting is embedded well within the organisation but further optimisation is needed as extracting data from systems, particularly statewide systems, is difficult and not timely. Data must be live and always available and accessible.
- Data literacy across the LHD must be enhanced to allow people to better utilise data and analytical tools.
- The Integration and interoperability function has ageing infrastructure that should be refreshed. Multiple integration engines across clinical and building management exist.

Security and Infrastructure

- While the security and infrastructure capabilities are generally mature, technology infrastructure must evolve to align with the greater demand for internet and cloud services.
- There is a need to upgrade ageing and outdated on-premises hardware. Continuous investigation and alignment is needed in the area of As-a-Service offerings be it from the state or cloud vendors. This will also have the impact of moving costs away from the traditional Capital expenditure model to a recurrent Operational expenditure model.
- Capacity constraints and loss of redundancy pose challenges for the LAN and WAN, respectively.
- Cyber security is a top-priority area for the LHD. Work is underway to lift maturity against state and national policies (e.g.: the "Essential 8" and "mandated 25"). More could be done to improve security tools, enhance encryption, and to foster cyber aware processes and culture.

The ICT Function

- The ICT team has over the years developed a good partnerships with the clinical, operational and administrative parts of the organisation. However, they are limited by gaps:
  - In capability (e.g. DevOps, immature Virtualisation and configuration management) and capacity
  - In capacity issues are caused by a lack of staff in high demand areas such as in program and project management roles, service integration, application management, business analysis
  - Processes that are still maturing. For example, release and deployment does not occur in a defined or transparent way.
- Management of health facilities is highly manual, which make the management of equipment and assets difficult, undermining financial sustainability and effectiveness. Even though asset management systems exist, they are not mature and lack integration with other corporate systems.
- Communication tools such as nurse call and paging are in need of modernisation.
- Wayfinding is limited and not rolled out effectively across all facilities.

3. Where we want to be

Looking to the future

NSW GOVERNMENT
Health
Northern Sydney
Local Health District

3.1 Our Digital Strategy Vision

With our partners, we will connect our **communities and staff** through intuitive digital technologies that deliver **trusted, quality** and **safe health experiences.**

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Local Health District

3.2 Our Digital Strategy guiding principles

The guiding principles act as a foundation upon which executives, the ICT function and the LHD can make decisions about digital investments and architectural design. These principles have been decided locally but leverage heavily on NSW Health technology principles.

Principles guiding our user's experience… …Principles guiding the delivery of the strategy

Patient Centred Approach

Ensuring that technology investments support new models of integrated care and deliver a quality, patient centred, health experience.

Clinical Engagement

Supporting the creation of technology systems that are fit for purpose and align to clinical processes by ensuring clinicians take an active role across all steps of the system lifecycle including the design, implementation and roll out.

Proactive & Responsive Care

Focusing on using digital predictive capabilities to provide preventative, quality and safe care for health consumers so health issues are mitigated before they become acute.

Support the mobile workforce

Enable our clinical and administrative workforce to undertake their crucial work easily, regardless of the device they choose to use or whether they are operating within our facilities, in the community setting or remotely.

Interconnected Health Communities

Using technology to promote connectedness across health providers, equipping clinicians with holistic patient information so they can provide better quality and safe care.

Secure, Usable, Quality and Safe Systems

Driving quality, safety and privacy in the design and development of technology systems by measuring and addressing safety concerns at the intersection of patient data, health ICT and statewide ICT systems, particularly as information shifts to 'paper-lite' digital systems.

Fostering Innovation and Research

Identify and support the development, implementation and adoption of local innovation and research activities to better meet future expectations and improve the delivery of quality and safe care.

Flexibility & Openness to Change

Embedding a culture of innovation driven by leadership on the adoption of emerging technologies, investing in effective change management and service provision to promote a universal approach to the redesign of healthcare.

Delivery Through Partnerships

Forging strong partnerships – considerate of strategic priorities, cost, resources, value for money, service need and technology – to implement innovative models of care enabled by technology.

Strategic Commissioning and Procurement

Driving efficiencies in the funding, procurement and management of external provider arrangements to achieve a more adaptive approach to vendor management.

Robust Governance and Investment Management

Agile governance models that respond to integrated care models and changes across the state, allowing stakeholders to coordinate and plan effectively at local and state levels.

Standards Based Environment

Adopting health information standards to facilitate and streamline the interoperability of technology systems, reducing integration costs while improving the overall quality of delivered components.

The Digital Strategy recognises **seven focus areas** that will guide digital investments, enable the strategic plan priorities and address current state challenges. These focus areas are underpinned by a set of guiding principles to support decision-making.

Focus areas for the Digital Strategy

Elevate our patients experience and focus on virtual care

Empower our workforce, improve user experience and mobility

Harness the power of data to improve care delivery and operations

Enhance connectedness within the LHD and across care settings

Ensure infrastructure and digital investment sustainability

Continue to optimise the ICT service function

Strengthen privacy and cybersecurity capabilities

3.3 Digital Strategy focus areas

The Digital Strategy recognises seven focus areas that will guide digital investments, enable the NSLHD strategic plan priorities and address current state challenges.

Elevate our patients experience and focus on virtual care

- Elevating the experience for our patients, families and carers to empower them to make informed decisions about their care outcomes and wellbeing
- Enhancing the virtual care digital capabilities to support virtual models of care and to provide patients with a platform in which they can contribute to their own care.

Empower our workforce, improve user experience and mobility

- Improving the user experience through systems that are accessible, easy to use and add value to our workforce through automating the mundane, streamlining workflows, providing the real time information to support decisions, and supporting user mobility.

Harness the power of data to improve care delivery and operations

- Optimising our ability to derive meaningful insights from data in a timely manner to guide and support decisions on how to improve care delivery and optimise operations.
- Using these insights to drive a culture of evidence based decisions for our operations as we do with the way we provide care.

Enhance connectedness within the LHD and across care settings

- It is envisioned that the current hybrid medical record scattered across paper and fragmented speciality systems, will be integrated together to form a single digital patient record across our district and the state, enhancing connectedness within and outside the LHD.

Ensure infrastructure and digital investment sustainability

- Ensuring sustainability of digital investments by strategically selecting new systems, planning for the replacement of ageing assets and deploying technology to improve the overall equipment lifecycle management.
- Covering all asset categories from network infrastructure through to servers and end user computing.

Continue to optimise the ICT service function

- Delivering effective technology solutions, transparently and effectively prioritising work in alignment with the organisation, providing high quality support through well resourced and capable teams and effective partnership with statewide organisations.
- Continue to foster clinical engagement via the optimisation of clinical digital health roles such as CXIOs.

Strengthen privacy and cybersecurity capabilities

- Investing in our cyber security capability to improve our security posture and build a cyber aware culture for the protection of our patients, staff and organisations
- Strengthening our data security capabilities to ensure the privacy of our patients records.

3.3 Summary of initiatives across focus areas

Elevate our patients experience and focus on virtual care

- 1.1 Elevate the human experience
- 1.2 Introduce a Patient Portal for patients and their families (digital front door)
- 1.3 Enhance virtual care and supporting systems
- 1.4 Provide tools to support patient remote monitoring
- 1.5 Leverage statewide Patient Reported Measures (PRMs) and HOPE platform
- 1.6 Align to the statewide Shared Care Plans investments

Empower our workforce, improve user experience and mobility

- 2.1 Respond to the major eMR gaps in clinical specialty areas
- 2.2 Continue to enhance the eMR
- 2.3 Introduce real time peer to peer clinical communication
- 2.4 Rollout Rapid Access functionality
- 2.5 Improve clinical mobility
- 2.6 Enhance collaboration and unified communications
- 2.7 Enhance and mature the feedback and ideas portal

Harness the power of data to improve care delivery and operations

- 3.1 Optimise the data and analytics capability
- 3.2 Leverage the statewide Data Lake initiative
- 3.3 Complete the rollout of Enterprise Data Warehouse (EDWARD)
- 3.4 Align to statewide data governance and stewardship

Enhance connectedness within the LHD and across care settings

- 4.1 Implement the Single Digital Patient Record (SDPR)
- 4.2 Refresh the interoperability infrastructure
- 4.3 Enhance two-way clinical information flow with external settings

Ensure infrastructure and digital investment sustainability

- 5.1 Align to the statewide modern infrastructure procurement and management frameworks
- 5.2 Continue to support the capital developments

Continue to optimise the ICT service function

- 6.1 Review the current ICT operating and service model
- 6.2 Enhance demand management and prioritisation processes

Strengthen privacy and cybersecurity capabilities

- 7.1 Uplift cybersecurity and privacy capability
- 7.2 Build a cyber aware culture
- 7.3 Enhance data privacy management

3.3.1 Elevate our patients experience and focus on virtual care

Elevating the digital experience for our patients, families and carers to empower them to make informed decisions about their care outcomes and wellbeing. Enhancing the virtual care digital capabilities to support virtual models of care.

Digital Strategy Focus Area

Digital Strategy focus area alignment to NSLHD Strategic Plan

Digital Strategy Initiatives

- **1.1 Elevate the human experience**
- **1.2 Introduce a Patient Portal for patients and their families (Digital front door)**
- **1.3 Enhance virtual care and supporting systems**
- **1.4 Provide tools to support patient remote monitoring**
- **1.5 Leverage statewide Patient Reported Measures (PRMs) and HOPE platform**
- **1.6 Align to the statewide Shared Care Plans investments**

3.3.1 Elevate our patients experience and focus on virtual care

Elevating the digital experience for our patients, families and carers to empower them to make informed decisions about their care outcomes and wellbeing. Enhancing the virtual care digital capabilities to support virtual models of care.

Initiative	High Level Description	Expected Benefits	Implementation Considerations	Leading Entity
1.1 Elevate the human experience	Provide exceptional digital experiences to our patients, their families and careers at any point of the care and wellbeing journey. Example actions to help achieve this outcome include: ► Simplified appointment requests and outpatient appointments scheduling using digital means, as well as cancellations and reminders via two-way SMS notification ► Enhancements to enterprise scheduling to align and streamline scheduling across services, e.g.: automated bookings for interpreters ► Digital check-ins, consent management, recommendation for admission (referrals for procedures), and maternity booking-in referrals ► Digital wayfinding in more hospitals and health facilities to help patients, carers and families reach their destination with ease ► Expansion of the Patient Queue Management System (PQMS) across the LHD to improve patient flow by providing service status, manage queue and reduce waiting times ► Establishing patient and carer real time feedback mechanisms to collect specific patient and carer experience data, with questions translated into the most frequently used languages at each facility.	► Efficiently facilitate appointments scheduling, admissions and referral management ► Acceleration of the transition from paper-based admissions to simpler digital processes ► Improve satisfaction and reduce stress associated with the hospital process for patients ► Greater insights on patients' feedback on their experience and outcomes with the opportunity to continuously improve our services ► Equity of access to health services.	► Consider leveraging existing consumer groups to understand the patients, families and community priorities ► Partner with statewide bodies such as eHealth NSW and MoH to accelerate the simplified appointments project and leverage statewide resources and initiatives ► Identify gaps in the Patient Queue Management System (PQMS) tool and rollout, and propose enhancements as required ► Work in consultation with the facilities management team to identify the wayfinding requirements for new and exiting facilities ► Consider establishing a patient kiosk or app that can capture real time feedback. Key considerations, before choosing a solution will be to review the current environment to identify existing or alternate options, data privacy and security, clinical governance, ethics, research and integration ► Ensure processes are in place to act upon the feedback received from customers.	Northern Sydney LHD in partnership with eHealth NSW

3.3.1 Elevate our patients experience and focus on virtual care

Elevating the digital experience for our patients, families and carers to empower them to make informed decisions about their care outcomes and wellbeing. Enhancing the virtual care digital capabilities to support virtual models of care.

Initiative	High Level Description	Expected Benefits	Implementation Considerations	Leading Entity
1.2 Introduce a Patient Portal for patients and their families (digital front door)	Empower health consumers, patients and their family to be in control of their health and wellbeing by introducing a Patient Portal (digital front door). The Patient Portal will allow health consumers, patients and their family to access relevant information relating to their health journey. Examples of characteristics and content of the Patient Portal include: ► Patient's health information and medical records on-demand at any stage of their journey ► Health education content to uplift health literacy of patients, carers, families and the community ► Two way communication with clinicians through a patient's preferred digital channel.	► Empowered patients to be able to take better control of their health and wellbeing ► Reduced workload on staff by allowing patients to self-service on matters relating to their health ► Better, more accessible mechanisms to support patient experience.	► Consider the medico-legal aspects of patient access to medical records and the possible impact on care delivery ► Ensure that a Patient Portal is connected to the core eMR in real time ► When creating a portal for patients consider setting up a consumer group to understand their needs and access abilities.	Northern Sydney LHD in partnership with eHealth NSW
1.3 Enhance virtual care and supporting systems	Facilitate and support the delivery of virtual care to our patients and community across care settings by enhancing underlying virtual care tools and systems. Example actions to help achieve this outcome include: ► Support the expansion of virtual care through new channels for patient interaction, including remote communications with health care providers ► Ongoing technical support and refresh of videoconferencing equipment ► Live and digital-assisted support channels to guide patients when using telehealth platforms.	► Equitable and timely access to services, improving continuity of care ► Improved health access for patients across geographies ► Amplified choices for care, where it is most convenient and where patients feel they are most comfortable.	► Virtual care must be clinician lead, supported by ICT ► Leverage smart technologies that make videoconferencing easy-to-use for patients and staff ► Consider commissioning a virtual care strategy to assess what has worked well in relation to virtual care and remote patient monitoring during the pandemic and what the direction and next steps should be. This should be in alignment to the NSW Health Virtual Care strategy to be released in 2021.	Northern Sydney LHD

3.3.1 Elevate our patients experience and focus on virtual care

Elevating the digital experience for our patients, families and carers to empower them to make informed decisions about their care outcomes and wellbeing. Enhancing the virtual care digital capabilities to support virtual models of care.

Initiative	High Level Description	Expected Benefits	Implementation Considerations	Leading Entity
1.4 Provide tools to support patient remote monitoring	Support remote health monitoring and the ability to quickly respond to disease progression by providing the underlining digital tools for remote patient monitoring. This will be supplementary to the in-person quality care provided by clinicians in the district. Example actions to help achieve this outcome include: ► Continuing to build upon the home monitoring capabilities from the COVID-19 response ► Utilising home monitoring devices and implants to better support and monitor chronic care patients ► Leveraging smart devices and wearables to support self monitoring of health and wellbeing ► Leveraging the statewide virtual strategy opportunities to provide quality health outcomes to our community.	► Improved patient care in an in-home setting ► Swift clinical response to chronic care patients ► Potential reduction in hospital readmission.	► Remote patient monitoring and virtual care must be clinician lead, supported by ICT. For this technology to demonstrate value, the appropriate models of care need to be altered as appropriate by the medical team ► Consider commissioning a virtual care strategy to assess what has worked well in relation to virtual care and remote patient monitoring during the pandemic and what the direction and next steps should be. This should be in alignment to the NSW Health Virtual Care strategy to be released in 2021. ► Leverage the statewide remote monitoring vendor panel to provide guidance on selecting appropriate vendor and advice.	Northern Sydney LHD in partnership with eHealth NSW
1.5 Leverage statewide Patient Reported Measures (PRMs) and HOPE platform	Continue the rollout of the statewide PRMs initiative and HOPE platform to allow patients and carers with the ability to provide feedback. Leveraging PRMs initiative will support the focus on elevating our patient's experience, whilst recognising that the patient has a key role in driving health improvements and outcomes.	► Greater insights into the patients' health experience and outcomes and ability to improve services ► PREMS and PROMS are measured, evaluated and used to inform evidence-based clinical care.	► Continue to align with the statewide effort in the PRMs and HOPE platform across all clinical disciplines ► Assign resources and ensure appropriate clinical engagement and project governance.	Northern Sydney LHD in partnership with Agency for Clinical Innovation

3.3.1 Elevate our patients experience and focus on virtual care

Elevating the digital experience for our patients, families and carers to empower them to make informed decisions about their care outcomes and wellbeing. Enhancing the virtual care digital capabilities to support virtual models of care.

Initiative	High Level Description	Expected Benefits	Implementation Considerations	Leading Entity
1.6 Align to the statewide Shared Care Plans investments	Promote integrated models of care and shared responsibilities for patient's health goals by aligning to the statewide Shared Care Plans investments. Example of activities include: ► Enhance share care plans post discharge ► Track health and wellbeing activities against patient's care plan ► Foster critical information sharing across care settings through a shared care plan inclusive of the patient's risk screening and assessments.	► Coordinated care across settings being within inpatient, outpatient or in-home care ► Care plans shared across care settings to deliver better patient care post discharge.	► Ensure the appropriate clinical leadership ► Consider aligning and partnering with local providers and the Primary Health Network including on objectives, activities and responsibilities ► Continue to leverage statewide Shared Care Plans investments	Northern Sydney LHD in partnership with eHealth NSW

3.3.2 Empower our workforce, improve user experience and mobility

Improving the user experience through systems that are accessible, easy to use and add value to our workforce through automating the mundane, streamlining workflows, providing the real time information to support decisions, and supporting user mobility.

Digital Strategy Focus Area

Digital Strategy focus area alignment to NSLHD Strategic Plan

Digital Strategy Initiatives

- **2.1 Respond to the major eMR gaps in clinical specialty areas**
- **2.2 Continue to enhance the eMR**
- **2.3 Introduce real time peer to peer clinical communication**
- **2.4 Rollout Rapid Access functionality**
- **2.5 Improve clinical mobility**
- **2.6 Enhance collaboration and unified communications**
- **2.7 Enhance and mature the feedback and ideas portal**

3.3.2 Empower our workforce, improve user experience and mobility

Improving the user experience through systems that are accessible, easy to use and add value to our workforce through automating the mundane, streamlining workflows, providing the real time information to support decisions, and supporting user mobility.

Initiative	High Level Description	Expected Benefits	Implementation Considerations	Leading Entity
2.1 Respond to the major eMR gaps in clinical specialty areas	Support high quality care and exceptional health outcomes by responding to major gaps in the eMR, particularly in specialty areas that are not covered by a digital solution. Example actions to help achieve this outcome include: ► Implement solutions where a digital solution is yet to be implemented, e.g.: digital solution for anaesthesia, outpatient services, nursing care plans, expansion of the RIS/PACS scope to services where there is a gap in picture archiving functionality ► Improve the maturity of the current digital medical record, e.g.: cancer services, oral health ► Decommission substitute clinical systems that might not align to state and local strategies ► Continue to prioritise enhancements focused on quality and safety ► Improve use of barcode technology for patient ID and in the clinical inventory. It should be noted that the LHD has committed to be part of the first wave of the Single digital patient record (SDPR) rollout as articulated under initiative '4.1 Implement the Single Digital Patient Record (SDPR)' of this Digital Strategy. These gaps therefore become the scope of the SDPR.	► Reduced risks associated with a hybrid patient record ► Improved patient safety through digitisation and automation ► Reduced medical time needed to chase down paper records for areas that are not digitised ► Provide a complete single view of a patient's medical record.	► Align with investments and decisions from initiative '4.1 Implement the Single Digital Patient Record (SDPR)' ► In deciding to align with the SDPR, the Digital Strategy balanced the upcoming statewide investments and timeline over the local clinical need to replace paper-based practices. This is a key consideration that must be continually reassessed to ensure the current decision of aligning to the SDPR continues to be the most viable option for the LHD to respond to this major eMR gaps in clinical specialty areas.	Majority Northern Sydney LHD, with the exception of the RIS/PACS program which in collaboration with eHealth NSW

3.3.2 Empower our workforce, improve user experience and mobility

Improving the user experience through systems that are accessible, easy to use and add value to our workforce through automating the mundane, streamlining workflows, providing the real time information to support decisions, and supporting user mobility.

Initiative	High Level Description	Expected Benefits	Implementation Considerations	Leading Entity
2.2 Continue to enhance the eMR	Improve the user experience, management, quality, safety and sustainability of the current eMR by continuing to enhance the platform, responding to clinical operations needs. Example actions to help achieve this outcome include: ► Improve workflows within the eMR to reduce duplication and save clinical time. For example, by implementing Comprehensive Care into the eMR, making medical dictation readily available, and optimising functionality that is already in place ► Enhance end-to-end order and results management ► Optimise medications management ► Enhance the usability of the eMR by using human centred design approaches. ► Uplift usability and digital literacy by offering additional, enhanced on-demand and localised multi-disciplinary training content and support on how to get more use out of tools such as the eMR.	► Better usability and improved workflows ► Informed clinical decisions underpinned by Comprehensive Care assessments and standards ► Optimised end-to-end solution for results and medication management ► Simplified user interfaces ► Digital inclusion: elevating our workforce digital literacy to empower them to use tools that will help them now and into the future.	► Consider employing human centred design approaches to identifying areas of improvement and optimising future designs, for example by adding logic to ► Consider moving away from trying to automate paper processes to moving into adding value through insights and decision support that go beyond basic alerts. ► Consider internal ICT function capacity against the required enhancements and human design requirements. Align with investments and decisions from initiative '6.1 Review the current ICT operating and service model' to fulfil capability gaps as required ► Identify the need for each of eMR enhancement areas and prioritise these areas based on their urgency ► Consider the return on investment for eMR enhancements against the upcoming statewide SDPR investments ► Implement a self-learning platform for all digital training, consider enhancing self-learning platforms already in place at the LHD.	Northern Sydney LHD

3.3.2 Empower our workforce, improve user experience and mobility

Improving the user experience through systems that are accessible, easy to use and add value to our workforce through automating the mundane, streamlining workflows, providing the real time information to support decisions, and supporting user mobility.

Initiative	High Level Description	Expected Benefits	Implementation Considerations	Leading Entity
2.3 Introduce real time peer to peer clinical communication	Enhance peer to peer clinical collaboration by introducing a real time and mobile communications platform in which clinicians can communicate securely in real time and the conversation can become part of the eMR record. Scenarios and uses include: ► A busy medical team identifying members that have some time to offer immediate assistance ► Obtaining an opinion from one of the colleagues on a clinical case or an image ► Supporting a clinical handover, etc.	► Enhanced communication platform for clinicians ► Faster knowledge sharing among clinicians ► A compliant solution that meets privacy standards.	► Leverage statewide investments in peer to peer clinical communications, inclusive of the unified communications initiative ► Implementation needs to consider the use cases for information sharing across corporate devices (work devices) and private devices (personal devices) ► Consider real time synchronisation with the medical record, in line with privacy and cybersecurity standards.	Northern Sydney LHD
2.4 Rollout Rapid Access functionality	Improve the usability, security and access of our clinical systems by providing a faster method of logging into applications that eliminates the need to log in multiple times. This is some times referred to as Rapid Access or Tap on / Tap off.	► Swifter log in process ► Improved clinical and administrative efficiency ► Elevated user experience.	► Uplift the desktop virtualisation capability ► Ensure risk and security processes are designed to support the new log in method ► Leverage the statewide investments and enhancements in Rapid Access capability.	Northern Sydney LHD in partnership with eHealth NSW
2.5 Improve clinical mobility	Support a mobile workforce by providing intuitive and mobile-friendly applications and solutions. This will improve clinical mobility and support workflow improvements initiatives. This initiatives should also align with investments and decisions from initiative ‘4.1 Implement the Single Digital Patient Record (SDPR)’.	► Improved workforce mobility ► Simplified access to clinical applications ► Potential to improve patient care delivery.	► Define the use cases for information sharing across corporate devices (work devices) and private devices (personal devices) ► Consider user experience, interoperability, secure access and cybersecurity standards. ► Align to the considerations of initiative ‘5.1 Align to the statewide modern infrastructure procurement and management frameworks’.	Northern Sydney LHD in partnership with eHealth NSW

3.3.2 Empower our workforce, improve user experience and mobility

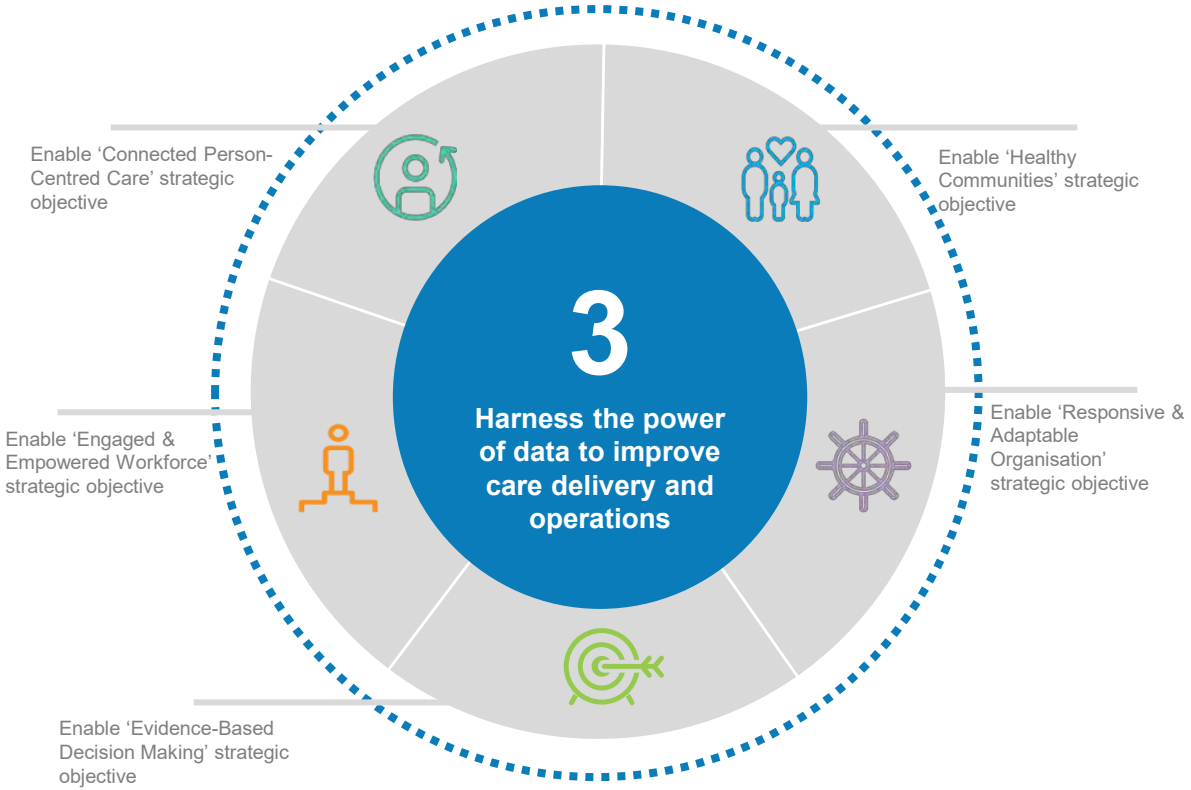
Improving the user experience through systems that are accessible, easy to use and add value to our workforce through automating the mundane, streamlining workflows, providing the real time information to support decisions, and supporting user mobility.

Initiative	High Level Description	Expected Benefits	Implementation Considerations	Leading Entity
2.6 Enhance collaboration and unified communications	Elevate user experience and empower workforce by enhancing collaboration and unified communications initiatives. Example actions to help achieve this outcome include: ► Leveraging statewide Office 365 rollout and specifically Microsoft Teams to increase real time collaboration and over time replace the need for desktop phones in non-clinical spaces ► Support the Office 365 rollout locally ► Aligning to the statewide unified communications objectives ► Continuing to equip our workforce with the necessary equipment to take part on videoconference calls, e.g.: headsets.	► Improved means to collaborate in real time ► Enhanced file sharing capability increasing productivity ► Streamlined videoconferencing processes and tools ► Improve how virtual meetings run, reduce emails, stay connected anytime anywhere.	► Leverage the statewide licenses to the Microsoft 365 capability and statewide unified communications initiative ► Assessment of the current telephony needs and capability across the LHD. This will identify people who traditionally uses a desk phone and who still need one to do their job ► Acknowledge the principle that telephony changes need to be done on a case-by-case basis ► Continue to upgrade SharePoint online and projects to enhance the look and feel of the local Intranet ► Stocktake of current videoconferencing equipment to assess the needs of staff.	Northern Sydney LHD in partnership with eHealth NSW
2.7 Enhance and mature the feedback and ideas portal	Empower staff to take lead on improving the way the LHD ICT operates by enhancing and maturing the feedback platform in Teams and Yammer. This will allow for a formalised ideas channel for staff to provide feedback and submit ideas.	► Empowered workforce with the ability to refine day to day operations and contribute to innovation ► Improved staff engagement.	► Determine the most appropriate feedback platform for the local workforce ► Considerations on processes and staff willingness to use the portal ► Ensure that feedback is acted upon and responded to when received.	Northern Sydney LHD

3.3.3 Harness the power of data to improve care delivery and operations

Optimising our ability to derive meaningful insights from data in a timely manner to guide and support decisions on how to improve care delivery and optimise operations. Using these insights to drive a culture of evidence based decisions for our operations as we do with the way we provide care.

Digital Strategy Focus Area



Digital Strategy focus area alignment to NSLHD Strategic Plan

Digital Strategy Initiatives

- **3.1 Optimise the data and analytics capability**
- **3.2 Leverage the statewide Data Lake initiative**
- **3.3 Complete the rollout of Enterprise Data Warehouse (EDWARD)**
- **3.4 Align to statewide data governance and stewardship**

3.3.3 Harness the power of data to improve care delivery and operations

Optimising our ability to derive meaningful insights from data in a timely manner to guide and support decisions on how to improve care delivery and optimise operations. Using these insights to drive a culture of evidence based decisions for our operations as we do with the way we provide care.

Initiative	High Level Description	Expected Benefits	Implementation considerations	Leading Entity
3.1 Optimise the data and analytics capability	Support the local aspiration of a data driven organisation by improving the local data and analytics capability including people, processes and tools. Data should be used to constantly improve everything we do so we can optimise practice in a continuous way e.g.: identifying deterioration of patients, improve patient flow, improve clinical quality and safety, support situational quality research, and provide personalised care. Examples of activities include: ► Empowering staff with data lifecycle knowledge (Better quality data capture, consistency in meaning, access to appropriate data sources) and analytical tool usage to generate better insights using existing tools and sources ► Enhancing locally built self-service dashboards with real time or near real time information combining data across end-to-end workflows to reduce the need of using multiple reports to obtain insights ► Trialling predictive analytics and Artificial Intelligence projects to identify missing capabilities in enhancing decision making across clinical and operation functions ► Continuing to leverage statewide BI and analytics capabilities and investments, e.g.: QARS and ABM portal.	► Upskilled staff with the capability to turn data into insights and with the knowledge to find the right report at the right time ► Timely access to meaningful data in the context of an end to end process ► Trialling advanced analytics methods and learning from the trials ► Fostering a data and insights driven culture.	► The workforce education, performance unit, specialised clinical teams and ICT teams should collaborate to review workforce data literacy gaps and put in place a program to improve this ► As analytics require a mixture of skillsets, continue to enhance the partnership between clinicians, the clinical informatics team and the performance unit to deliver analytics that support clinical decision making ► Consider the need of an easy to navigate and search repository of analytical and data assets to help users discover useful reports ► Align with investments and decisions from initiative ‘3.2 Leverage the statewide Data Lake initiative’ ► Continue to align to future statewide data and analytics positions.	Northern Sydney LHD

3.3.3 Harness the power of data to improve care delivery and operations

Optimising our ability to derive meaningful insights from data in a timely manner to guide and support decisions on how to improve care delivery and optimise operations. Using these insights to drive a culture of evidence based decisions for our operations as we do with the way we provide care.

Initiative	High Level Description	Expected Benefits	Implementation Considerations	Leading Entity
3.2 Leverage the statewide Data Lake initiative	Support the local aspiration of a data driven organisation by leveraging the statewide Data Lake initiative. The Data Lake initiative has the potential to: ► Resolve the data access problem ► Enhance local reporting dashboards with real time data for clinical and operational teams, and ► Underpin local research initiatives, strategies and partnerships with local universities and research organisations.	► Enhanced data access ► Improved source of truth for data analytics ► Improved patient safety by harnessing the power of real time data monitoring ► Improved outcomes from data and analytics to support decision making ► Improved means for translational research.	► Consider conducting a gap analysis between what the data lake offers and what the local reporting needs are to identify what should be worked on outside the data lake initiative ► Analysis of the local resourcing gaps to maximise benefits realisation ► Advise decision makers and clinical leaders on the purpose and benefits of the data lake ► Continue to participate in statewide Data Lake forums.	Northern Sydney LHD in partnership with eHealth NSW
3.3 Complete the rollout of Enterprise Data Warehouse (EDWARD)	Improve access to data and support better decision making by completing the EDWARD rollout. EDWARD is the single statewide data warehouse that replaces the legacy HIE and adds additional data sets across clinical and operational areas.	► Decommission of the current HIE repositories ► Reduction in complexity and alignment to statewide approach.	► Consider any potential impact or change in the local data warehousing operations ► Continue to participate in statewide MoH NSW and eHealth NSW EDWARD forums.	Northern Sydney LHD in partnership with MoH NSW and eHealth NSW
3.4 Align to statewide data governance and stewardship	Ensure that the investments in data analytics are realised by establishing data practices in alignment to statewide data governance and stewardship frameworks.	► Improved data governance amongst all stakeholders, clinical, business, performance unit and ICT function.	► Continue to participate in statewide data governance and stewardship forums.	Northern Sydney LHD in partnership with eHealth NSW

3.3.4 Enhance connectedness within the LHD and across care settings

It is envisioned that the current hybrid medical record scattered across paper and fragmented speciality systems, will be integrated together to form a single digital patient record across our district and the state, enhancing connectedness within and outside the LHD

Digital Strategy Focus Area

Digital Strategy focus area alignment to NSLHD Strategic Plan

Digital Strategy Initiatives

- **4.1 Implement the Single Digital Patient Record (SDPR)**
- **4.2 Refresh the interoperability infrastructure**
- **4.3 Enhance two-way clinical information flow with external settings**

3.3.4 Enhance connectedness within the LHD and across care settings

It is envisioned that the current hybrid medical record scattered across paper and fragmented speciality systems, will be integrated together to form a single digital patient record across our district and the state, enhancing connectedness within and outside the LHD

Initiative	High Level Description	Expected Benefits	Implementation considerations	Leading Entity
4.1 Implement the Single Digital Patient Record (SDPR)	Enhance the connectedness within the LHD and across other public hospitals in the state through the adoption of the Single Digital Patient Record statewide program. Examples of potential activities include: ► Ensuring that comprehensive, accurate, integrated and accessible healthcare records are available to clinicians at the point of care ► Ensuring pharmacy systems integrate with statewide systems ► Leveraging NSW Pathology statewide laboratory information solutions ► Linking community, inpatient, and outpatient services ► Consolidating patient administration and electronic medical record systems, in order to action the gaps identified on initiative *'2.1 Respond to the major eMR gaps in clinical specialty areas';* support the enhancements on initiative '*2.2 Continue to enhance the eMR';* and allow for a mobile workforce as per initiative *2.5 Improve clinical mobility.*	► Integrated medical record across most clinical specialities ► Integrated, accurate, accessible and real time information availability ► Improved multidisciplinary collaboration ► Increased statewide view of patient journey ► Reduced patient risk related to hybrid medical records ► Increased sophistication in analytics and reporting capabilities ► Improved quality and safety ► Better patient engagement possibilities.	Consider change management efforts and implications of moving to a statewide clinical platform including: ► Identification of the appropriate executive oversight, governance and leadership required for a program of the scale and size of the SDPR ► Considerations to the impact on medical staff and their requirements for local workflows and functionality ► Considerations to the implications of the statewide SDPR on workforce practices, roles and responsibilities of the local ICT function ► Work with the appropriate statewide bodies to have a voice on the district's requirements across speciality clinical areas ► Co-design the solution with representatives from all parts of the LHD ► Consider being a pilot site for the first rollout of SDPR ► Consider the timeframe of this project and vary the local eMR investments accordingly.	Northern Sydney LHD in partnership with eHealth NSW

3.3.4 Enhance connectedness within the LHD and across care settings

It is envisioned that the current hybrid medical record scattered across paper and fragmented speciality systems, will be integrated together to form a single digital patient record across our district and the state, enhancing connectedness within and outside the LHD

Initiative	High Level Description	Expected Benefits	Implementation considerations	Leading Entity
4.2 Refresh the interoperability infrastructure	Improve the resilience of the local interoperability infrastructure by refreshing the local legacy integration environment and enhancing access to integration skills by leveraging statewide expertise and investments in integration and interoperability. Examples of activities include: ► Upgrading the legacy platform ► Modernising the platforms to include API-enabled capability ► Leveraging statewide As-a-Service offerings.	► Removing risks associated with ageing integration infrastructure ► Being able to access statewide resources and tools ► Modernising the infrastructure to better fulfil integration requirements	► Review existing interfaces to identify interfaces that can be decommissioned, noting that not all interfaces have to be migrated to the new platform ► Consider leveraging statewide interoperability platforms and technologies ► Explore alignment with the statewide operating model	Northern Sydney LHD in partnership with eHealth NSW
4.3 Enhance two-way clinical information flow with external settings	Enhance the continuity of care by supporting projects that enhance the clinical communication between internal and external care settings such as general practitioners, primary healthcare networks, community centres and aged care facilities. Examples of activities include: ► Taking part on the rollout of statewide electronic request for admission (e-RFA) pilot to optimise hospital check-in and consent management ► Leveraging statewide eReferrals to improve integrated care objectives ► Continue to utilise HealthPathways to foster better referral triage and collaboration with Primary Care networks ► Continue to support the clinical HIE currently ensuring the continuity of care between the Northern Beaches Hospital and the rest of the LHD.	► Improve the continuity of care and patient transition between inpatient and community care settings ► Better care coordination between health providers ► Better accessibility of medical records across care settings ► Enhanced collaboration across external health providers and NSW health providers.	► Identify the appropriate clinical leadership ► Consider aligning and partnering with local providers and the Primary Health Network including on objectives, activities and responsibilities ► Consider the change management implications on external providers ► Consider the role of HealtheNet and the My Health Record ► Include community centres and NDIS providers as part of the scope of the two-way information flow.	Northern Sydney LHD in partnership with eHealth NSW

3.3.5 Ensure infrastructure and digital investment sustainability

Ensuring sustainability of digital investments by strategically selecting new systems, planning for the replacement of ageing assets and deploying technology to improve the overall equipment lifecycle management. Covering all asset categories from network infrastructure through to servers and end user computing.

Digital Strategy Focus Area

Focus Area alignment to NSLHD Strategic Plan

Digital Strategy Initiatives

5.1 Align to the statewide modern infrastructure procurement and management frameworks

5.2 Continue to support the capital developments

3.3.5 Ensure infrastructure and digital investment sustainability

Ensuring sustainability of digital investments by strategically selecting new systems, planning for the replacement of ageing assets and deploying technology to improve the overall equipment lifecycle management. Covering all asset categories from network infrastructure through to servers and end user computing.

Initiative	High Level Description	Expected Benefits	Implementation considerations	Leading Entity
5.1 Align to the statewide modern infrastructure procurement and management frameworks	Optimise the management of applications, equipment and infrastructure lifecycle by aligning to the statewide modern infrastructure procurement and management frameworks. Examples of actions include: ► Leveraging improvements to Health Grade Enterprise Network, including Wi-Fi improvements to health facilities ► Aligning to statewide investments for the data centre reform ► Investigating “End Point As a Service” to provide evergreen end user compute including computers, mobile devices and printers. This also could include enhancing common desktop workspaces for staff to access emails and join videoconferencing calls ► Implementing modern device management capability, inclusive of mobile device management (MDM), bring your own device (BYOD) policies and standard operating environment (SOE) requirements ► Considering the use of *As-a-Service* application delivery as part of the application lifecycle to strategically make decisions on the type of applications we should be maintaining.	► Streamlined processes for decommissioning of legacy systems ► Evergreen ICT infrastructure, consumed as a utility ► Refined device management processes and tools ► Stronger connectivity and underling network and infrastructure ► Improved user experience opportunities across health facilities through better end points ► Reduced capital expenditure.	► Partner with eHealth NSW to leverage investments across commissioning activities ► Consider taking on procurement reform initiatives which will provide a better catalogue management capability, enhance contract management and sourcing lifecycle steps and improve the traceability of inventory items ► Consider consumption-based procurement of ICT Infrastructure as a way of reducing total cost of ownership, ensuring smart and savvy procurement ► Consider whether Wi-Fi coverage in all areas, including community health facilities, is matched to the required models of care, e.g.: ensure tablets for community care are equipped with Wi-Fi capabilities ► Consider moving away from individual clinical services procuring or maintaining their own system, to enhance reliability and security. This will require alignment with clinical services on roles and responsibilities ► Consider privacy and security requirements when assessing each As-a-Service offering ► Consider the impacts of transitioning from a capital to an operational expenditure model.	Northern Sydney LHD in partnership with eHealth NSW

3.3.5 Ensure infrastructure and digital investment sustainability

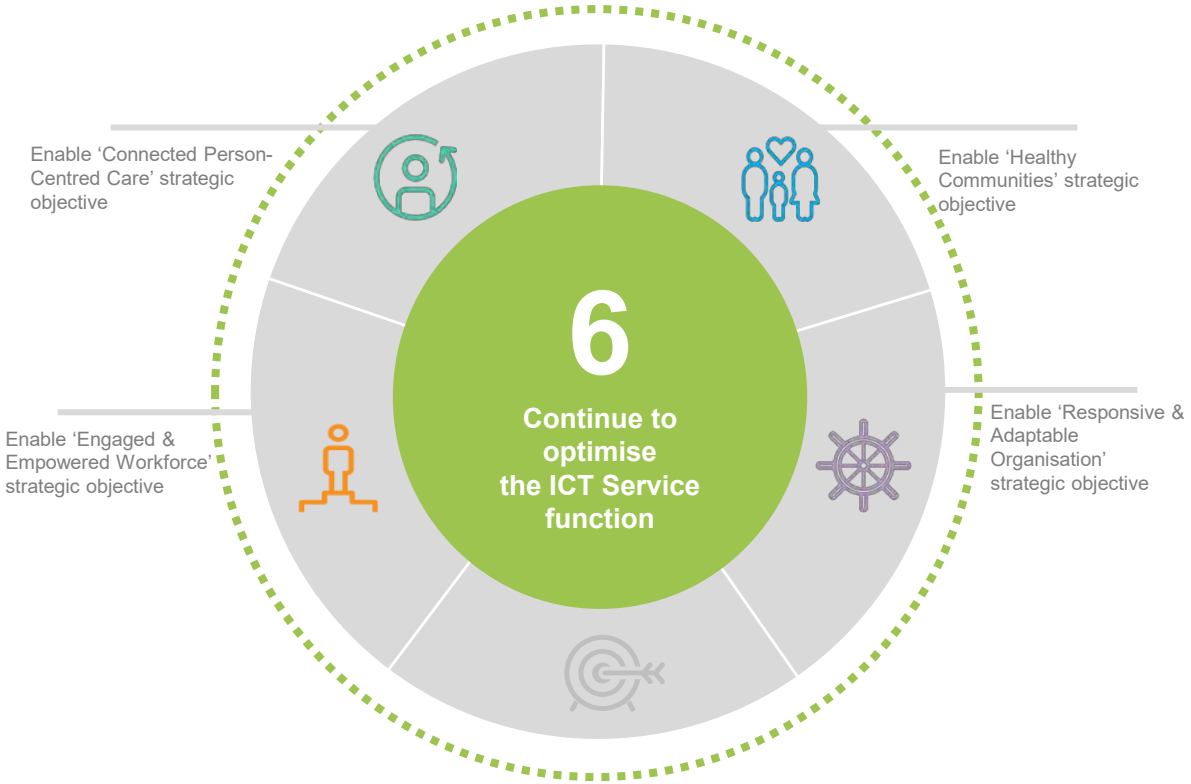
Ensuring sustainability of digital investments by strategically selecting new systems, planning for the replacement of ageing assets and deploying technology to improve the overall equipment lifecycle management. Covering all asset categories from network infrastructure through to servers and end user computing.

Initiative	High Level Description	Expected Benefits	Implementation considerations	Leading Entity
5.2 Continue to support the capital developments	Modernise infrastructure and improve service efficiency by continuing to support statewide investments in capital projects and hospital developments, including: ► The Ryde Hospital redevelopment, supporting its aspiration to become a smart, purpose built-hospital and taking advantage of advances in digital technologies to improve services and health outcomes. The redevelopment will also benefit from the close collaboration with the local University in areas such as research. ► Support other capital projects as they occur across the LHD.	► Improved access to secure and reliable infrastructure for new capital projects ► Improved digital tools and automation to enhance operations and improve workflows ► Alignment to statewide and local standards ► Enable innovation and collaboration with universities and research centres.	► Work in consultation with relevant statewide NSW Health bodies (e.g., eHealth NSW, Health Infrastructure) to ensure alignment with the standardised hospital redevelopment processes ► Consider documenting a standardised framework for new builds to be utilised in the redevelopment process ► Consider the role of new and advanced technologies in achieving the objectives of a smart hospitals such as digital triaging, command centers covering hospital and virtual care needs, robotic porters and others. ► Engage all parties in the planning stage to ensure digital health technologies are appropriately catered within the hospital design and redevelopment project budget ► Leverage local and global partnerships to learn from the experience of other redevelopments, particularly in the use of newer digital technologies ► Monitor sustainability of new developments to ensure they are serving their purpose ► Appropriately budget for the ongoing costs of new digital tech beyond the immediate/ initial warranty period.	Northern Sydney LHD in partnership with eHealth NSW

3.3.6 Continue to optimise the ICT service function

Delivering effective technology solutions, transparently and effectively prioritising work in alignment with the organisation, providing high quality support through well resourced and capable teams and effective partnership with statewide organisations.

Digital Strategy Focus Area



Digital Strategy focus area alignment to NSLHD Strategic Plan

Digital Strategy Initiatives

6.1 Review the current ICT operating and service model

6.2 Enhance demand management and prioritisation processes

3.3.6 Continue to optimise the ICT service function

Delivering effective technology solutions, transparently and effectively prioritising work in alignment with the organisation, providing high quality support through well resourced and capable teams and effective partnership with statewide organisations.

Initiative	High Level Description	Expected Benefits	Implementation considerations	Leading Entity
6.1 Review the current ICT operating and service model	Create a more effective ICT function to continue supporting the organisations aspirations by reviewing the current ICT operating and service engagement model and implementing the findings. Example of activities include: ► Identifying opportunities to mature ICT skills (e.g.: DevOps, project management, IT operations, business analysis, architecture), and put in place talent development and capacity strategies to close the gaps ► Review ICT and clinical digital health team collaboration with a view of improving end to end solutions for our users ► Continuing to invest in the relationship between eHealth NSW and the local ICT function to ensure a two way dialogue and better support desk alignment ► Reviewing the approach to benefits realisation ► Review the provision of equipment for staff, including process efficiency, team capacity and culture ► Improving the management of third party applications including possibly decommissioning non strategic ones ► Strengthening relationships by fostering collective accountability.	► Improved capacity and capability in the ICT function ► Alignment with local and statewide digital priorities ► Defined roles, responsibilities and services available across the ICT function ► Alignment of business demand with capacity in the ICT function ► Improved collaboration with eHealth NSW ► Improved benefits realisation ► Improved collaboration with the organisation ► Improved transparency and equity of service.	► Stocktake of skills and capabilities available across the ICT function to determine the gaps against the organisational and Digital Strategy demand ► Review and enhance governance and processes to improve collective accountability between ICT function and organisation ► Assess current governance model and identify opportunities to improve it, along with opportunities to participate at an organisational level ► Simplify the service engagement model, including site based governance engagements from the current information management committee process ► Consider leveraging both local ICT and eHealth NSW capabilities when operationalising new systems ► Considering the implications of the statewide SDPR on the roles and responsibilities of the local ICT function ► Be cognisant of the need to handle this initiative with the importance and sensitivity it deserves	Northern Sydney LHD

3.3.6 Continue to optimise the ICT service function

Delivering effective technology solutions, transparently and effectively prioritising work in alignment with the organisation, providing high quality support through well resourced and capable teams and effective partnership with statewide organisations.

Initiative	High Level Description	Expected Benefits	Implementation considerations	Leading Entity
6.2 Enhance demand management and prioritisation processes	Efficiently respond to business needs and increase transparency by enhancing demand management and prioritisation processes and tools. Examples of activities include: ► Reviewing and enhance governance surrounding demand management, project work and service prioritisation to improve the perceived lack of transparency with the business and overall partnership with the organisation ► Digitising project prioritisation and queue placement for greater transparency ► Reviewing, enhancing and simplifying the local ICT service catalogue ► Creating processes to streamline enhancements within the existing enterprise architecture and build processes to operationalise new architectures ► Using service management tools to improve service visibility and prioritisation processes ► Utilising a self-service portal and dashboard linked to the statewide service management (ServiceNow) tool, where a clear workflow of tickets, in-flights projects and associated updates are available, increasing transparency of services provided by the ICT function.	► Collective accountability around demand management and prioritisation ► Improved service satisfaction within the ICT function ► Well defined prioritisation processes with updates along the way ► Enhanced visibility and process across statewide implementations ► An ICT function with the capability to respond in an agile way to organisational and external health needs.	► Consider assessing the completeness of the local ICT service catalogue, documenting and communicating clear service catalogue so staff understand the services provided by ICT and by statewide service teams ► Tie refreshed service catalogue to relevant and appropriate KPIs and SLAs to continuously improve processes and ICT services ► Consider conducting an analysis of service tickets and other metrics for ICT service demand ► Leverage statewide investments in service management tools to provide timely support to clinicians and patient, including statewide service management (ServiceNow) roll-outs ► Uplift the ICT intranet site to engage better with the organisation through, for instance, an easy guide to the ICT services, resources and people.	Northern Sydney LHD in partnership with eHealth NSW

3.3.7 Strengthen privacy and cybersecurity capabilities

Investing in our cyber security capability to improve our security posture and build a cyber aware culture for the protection of our patients, staff and organisations. Strengthening our data security capabilities to ensure the privacy of our patients records.

Digital Strategy Focus Area

Digital Strategy focus area alignment to NSLHD Strategic Plan

Digital Strategy Initiatives

- **7.1 Uplift cybersecurity and privacy capability**
- **7.2 Build a cyber aware culture**
- **7.3 Enhance data privacy management**

3.3.7 Strengthen privacy and cybersecurity capabilities

Investing in our cyber security capability to improve our security posture and build a cyber aware culture for the protection of our patients, staff and organisations. Strengthening our data security capabilities to ensure the privacy of our patients records.

Initiative	High Level Description	Expected Benefits	Implementation considerations	Leading Entity
7.1 Uplift cybersecurity and privacy capability	Continue to uplift cybersecurity and privacy capabilities, including people, processes and technology, to protect the LHD against cyber attacks and prevent privacy breaches. Example actions to help achieve this outcome include: ► Continuing to deliver upon the actions defined in our Cyber Security Action Plan ► Investigating the use of a log aggregator for archiving and reporting outside of the statewide HSOC use case ► Enhancing network and perimeter controls, monitoring capability, threat protection software, and information security management systems ► Continuing to review and set security controls and invest in security tools to improve cybersecurity and privacy standards ► Continuing to review the physical security and access of our buildings and equipment ► Clarifying roles and responsibilities between the LHD and the eHealth NSW security function, including clarifying security related KPIs and SLAs.	► Reduced likelihood of cyber and privacy breaches ► Improved response times to cyber threats, incidents, and privacy breaches ► Reduced risks to adverse clinical outcomes due to cyber attacks ► Optimised cyber spend by ensuring roadmap is agreed and coordinated.	► Identify local Crown Jewel assets and apply appropriate controls based on critically ► Increase maturity against the Essential 8 and ensure mandatory 25 controls are applied, to comply with state and national Cyber Security frameworks and policies ► Uplift the capability and capacity of cybersecurity within the ICT function by leveraging statewide investments in the cyber area ► Assess eHealth NSW security offerings to replace existing tools and align with state security operations. For example, if a log aggregator service becomes available through statewide bodies, consider leveraging that instead of duplicating investments ► Prioritise the local cybersecurity initiatives according to a risk based mitigation.	Northern Sydney LHD in partnership with eHealth NSW

3.3.7 Strengthen privacy and cybersecurity capabilities

Investing in our cyber security capability to improve our security posture and build a cyber aware culture for the protection of our patients, staff and organisations. Strengthening our data security capabilities to ensure the privacy of our patients records.

Initiative	High Level Description	Expected Benefits	Implementation considerations	Leading Entity
7.2 Build a cyber aware culture	It is recognised that a major portion of cybersecurity incidents are the result of human factors. To combat this, we will foster a cyber aware culture by uplifting cybersecurity processes and cyber literacy for the protection of the LHD, staff and patients. Activities to achieve this include: ► Targeting communication activities and cyber aware campaigns to staff members ► Phishing simulations combined with gamification of activities and results ► Interactive learning experiences on the topic of cybersecurity so the knowledge resonates ► Scenario simulations (executive tabletop exercises) to simulate the preparedness of the district to respond to major cyber incidents ► Promoting completion of NSW Health mandatory cyber training ► Promoting a cyber champion campaign to reward good information security practices by highlighting positive cyber behaviour.	► Reduction of cyber risk and incidents stemming from human factors ► Reduction in data breaches involving personal identifiable information ► Improved security posture through a cost effective way	► Identify the current baseline of cyber awareness across the LHD ► Design and create education and training programs for cybersecurity, privacy obligations and best practices informed by the baseline understanding ► Roll-out training and communications targeted at cyber awareness ► Ensure training completion is measured (for example through a decrease of cyber incidents) and training materials are refreshed periodically ► Highlight the positive cybersecurity stories and reward good behaviour.	Northern Sydney LHD

3.3.7 Strengthen privacy and cybersecurity capabilities

Investing in our cyber security capability to improve our security posture and build a cyber aware culture for the protection of our patients, staff and organisations. Strengthening our data security capabilities to ensure the privacy of our patients records.

Initiative	High Level Description	Expected Benefits	Implementation considerations	Leading Entity
7.3 Enhance data privacy management	Ensure information continues to be protected from external and internal threats by enhancing data privacy management. Example actions to help achieve this outcome include: ► Aligning to national patient privacy principles and policies (e.g.: Australian Privacy Principles (APPs)) ► Ensuring the secure access protocols are in place for all district controlled data sets in accordance with statewide guidelines ► Ensuring required information, legal or policy mandated, is obtained and validated before access permissions are authorised. This covers all relevant scenarios including access to, management of, and sharing of sensitive information ► Considering utilising the possible log aggregator function referred in 7.1 to identify unwarranted access to records.	► Clinical, patient and consumer trust and visibility of the use of their data in a healthcare setting ► Reduction in data breaches involving personal identifiable information	► Assess current gaps in compliance and privacy management against statewide policies to understand the gaps and the needs for change, for example through undertaking privacy impact assessments PIAs ► As the LHD continues to enhance the eMR and move towards more connected systems, including the SDPR, considerations to privacy implications need to be common ground ► Balance the end user needs for innovation with the requirement for security and data privacy.	Northern Sydney LHD

4. How we will get there

Our pathway to the future

NSW GOVERNMENT Health
Northern Sydney
Local Health District

4.1 Digital Strategy roadmap approach

The Digital Strategy roadmap defines the pathway for the next 5 years and it lays out the broad actions derived from the focus areas to achieve the Digital Strategy vision. In developing the Digital Strategy roadmap, the following approach was utilised.

Current State Assessment

- Bottom up current state assessment through a detailed local ICT capability assessment
- Top down current state assessment through executive stakeholder consultations

Initiatives Development

- Initiatives emerging from current local challenges and aspirations
- Local ICT initiatives and investments
- Statewide initiatives and investments

Initiatives Prioritisation

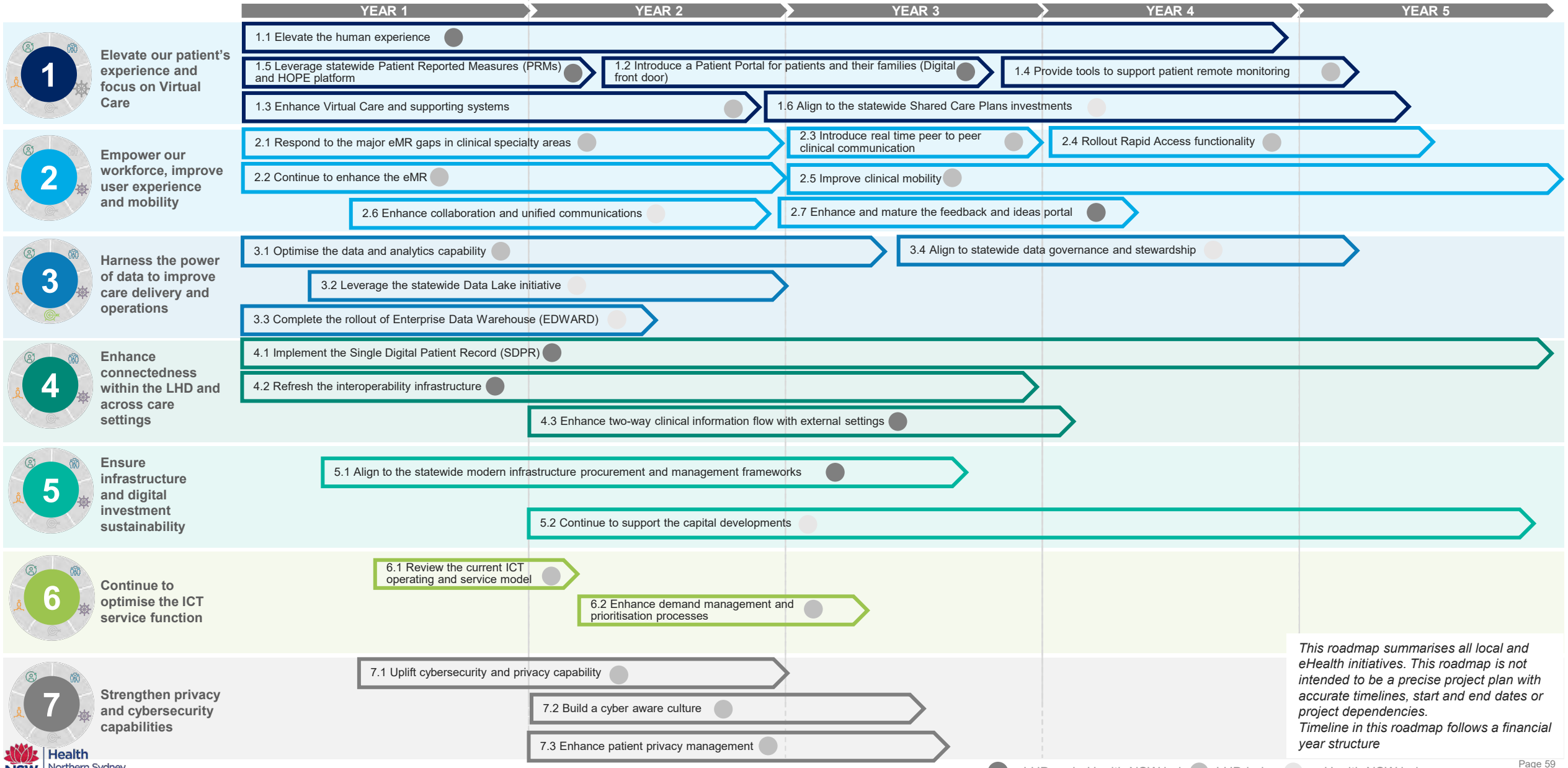
Prioritisation of initiatives against the dimensions of:

- Alignment to business priorities
- Complexity profile
- Cost and funding

Roadmap development

- Roadmap co-designed with the local ICT leadership and eHealth NSW
- Ongoing validation from the LHD executive

4.2 Digital Strategy Roadmap



This roadmap summarises all local and eHealth initiatives. This roadmap is not intended to be a precise project plan with accurate timelines, start and end dates or project dependencies.
Timeline in this roadmap follows a financial year structure

LHD and eHealth NSW led LHD led eHealth NSW led

5. Executing in partnership

Leveraging partnerships and collaborating across NSW Health

NSW GOVERNMENT
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5.1 Implementing the Digital Strategy

Implementing this Digital Strategy requires internal and external stakeholders working together in partnership to achieve the envisioned outcomes.

NSLHD Executive Leadership Team	The executive team must align financial and human resources, lead change management efforts and establish appropriate governance to ensure successful implementation of the roadmap.
ICT function	To ensure the Digital Strategy initiatives are realised, the ICT Services team must act in partnership with the local clinical, operational and administrative teams as well as with statewide bodies.
NSLHD staff members	Success of the strategy relies heavily on staff members across the LHD, be it clinical, operational or administrative. It is important that staff members work jointly with the ICT team to define success for each initiative, take ownership, co-design, implement and embed change.
Central Coast LHD	As NSLHD and CCLHD share their ICT services, continued partnership and collaboration is key to ensure that the benefits of the shared Digital Strategy vision are realised.
Statewide NSW Health bodies	The local ICT team must work in a two way collaboration with statewide NSW Health bodies such as eHealth NSW, the Ministry of Health and others given the multitude of statewide initiatives leveraged.
The community that we serve	We will work in consultation with patients, carers, their families and the community to ensure the voice of the patient has been included. Adequate consultation and representative participation of these stakeholders can inform for example solution design, testing and evaluation as appropriate.
Other Government Agencies	NSW Government and Commonwealth agencies should work in collaboration to deliver improved health and social outcomes, for example by allowing the sharing of key data for patients who are also a community services customer.

5.2 Ongoing considerations

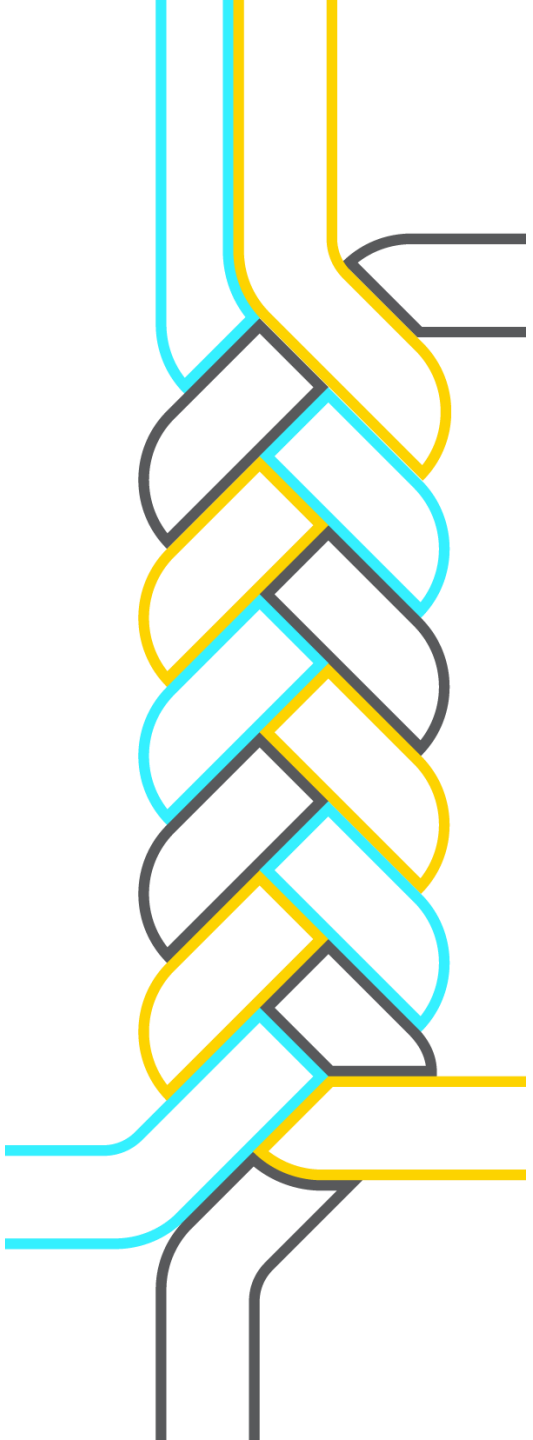
Single Digital Patient Record

BALACING INVESTMENT WITH PARTNERSHIP

A significant focus of the Digital Strategy is enhancing and supplementing the eMR. In aligning with the NSW Health vision for a Single digital patient record (SDPR), the local ICT team must achieve a balance between:

- Ensuring the local needs are met in a timely manner
- Potentially duplicating investments in technology that soon becomes redundant
- Prolonging the ineffective paper based practices waiting for central investments in SDPR that might be delayed
- Ensuring that current LHD investments realise their benefits in line with the statewide plans

This is a key consideration that must be continually reassessed to ensure the current decision of aligning to the SDPR continues to be the most viable option for the NSLHD.



Managing Change

REDUCING DISRUPTION WHILE MEASURING OUTCOMES AND REALISING BENEFITS

All of the proposed initiatives require significant change management and benefits realisation focus to ensure the resulting technology is successfully embedded in everyday use, staff are adequately trained, and the expected benefits are realised.

Funding

ENSURING FINANCIAL SUSTAINABILITY

Funding is an important consideration without which the vision and outcomes outlined in the Digital Strategy cannot be achieved. In many cases, Business case work will be required to seek funding support for major initiatives as BAU funding will not be sufficient. Increasingly, recurrent operational expenditure funding considerations will need to be considered as technology continues to move away from the traditional capital expenditure funding models.

Glossary

- EDWARD: Enterprise Data Warehouse
- SDPR: Single Digital Patient Record
- PRMs: Patient Reported Measures
- HOPE: Health Outcomes and Patient Experience
- BAU: Business as usual
- eRIC: Intensive Care Clinical Information System
- eMeds: Electronic Medication Management
- RIS-PACS: Radiology Information System and Picture Archive and Communication System
- ims+: Incident Information Management System Plus
- CARI: The Clinical Application Reliability Improvement
- OMIS: Oncology Management Information System
- SARA: Search And Request Anything, NSW Health service management portal
- DevOps: Combination of software development (Dev) and IT operations (Ops) in an ICT function software development practice
- Capex: Capital Expenditure
- Opex: Operational Expenditure
- LAN: Local area network
- WAN: Wide area network
- HIMSS EMRAM: The Healthcare Information and Management Systems Society, Electronic Medical Record Adoption Model
- Crown Jewels: The most valuable or operationally vital systems or information in an organisation.
- Essential 8: The Essential Eight is a series of baseline mitigation strategies for Cyber Security incidents
- Mandated 25: NSW Government mandatory requirements for Cyber Security
- HSOC: Healthcare Security Operations Centre
- KPI: Key performance indicators
- SLAs: Service level agreements

Appendix A

Current State Assessment

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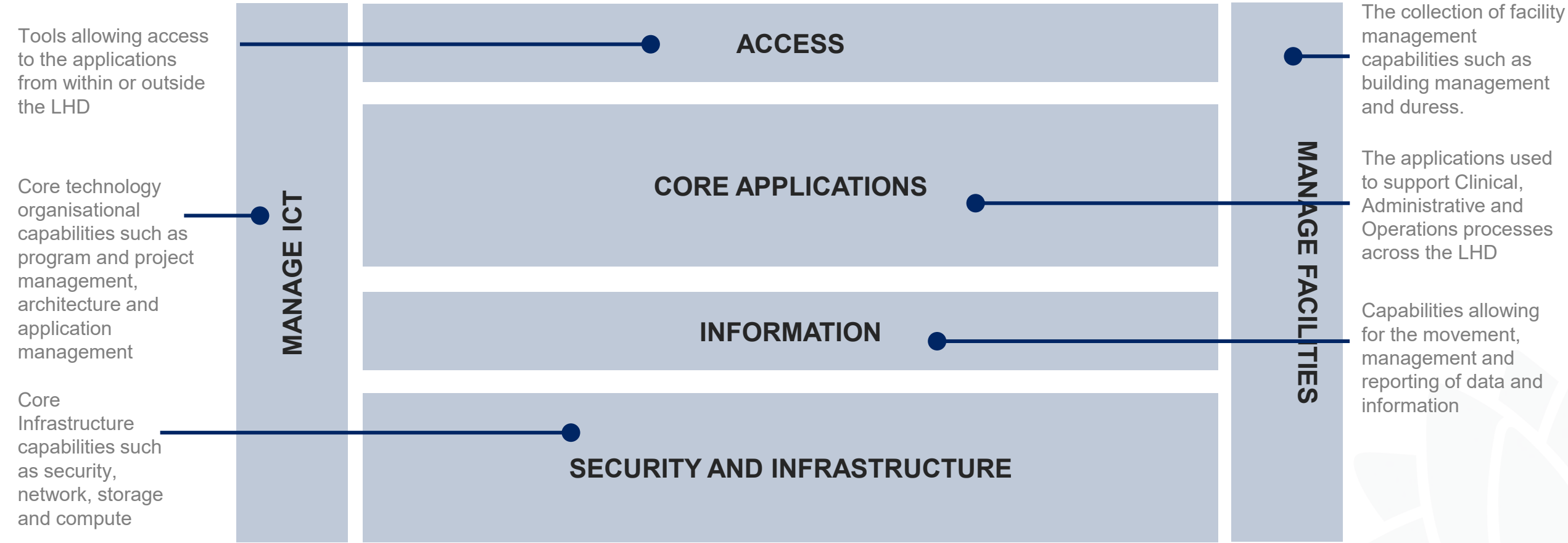
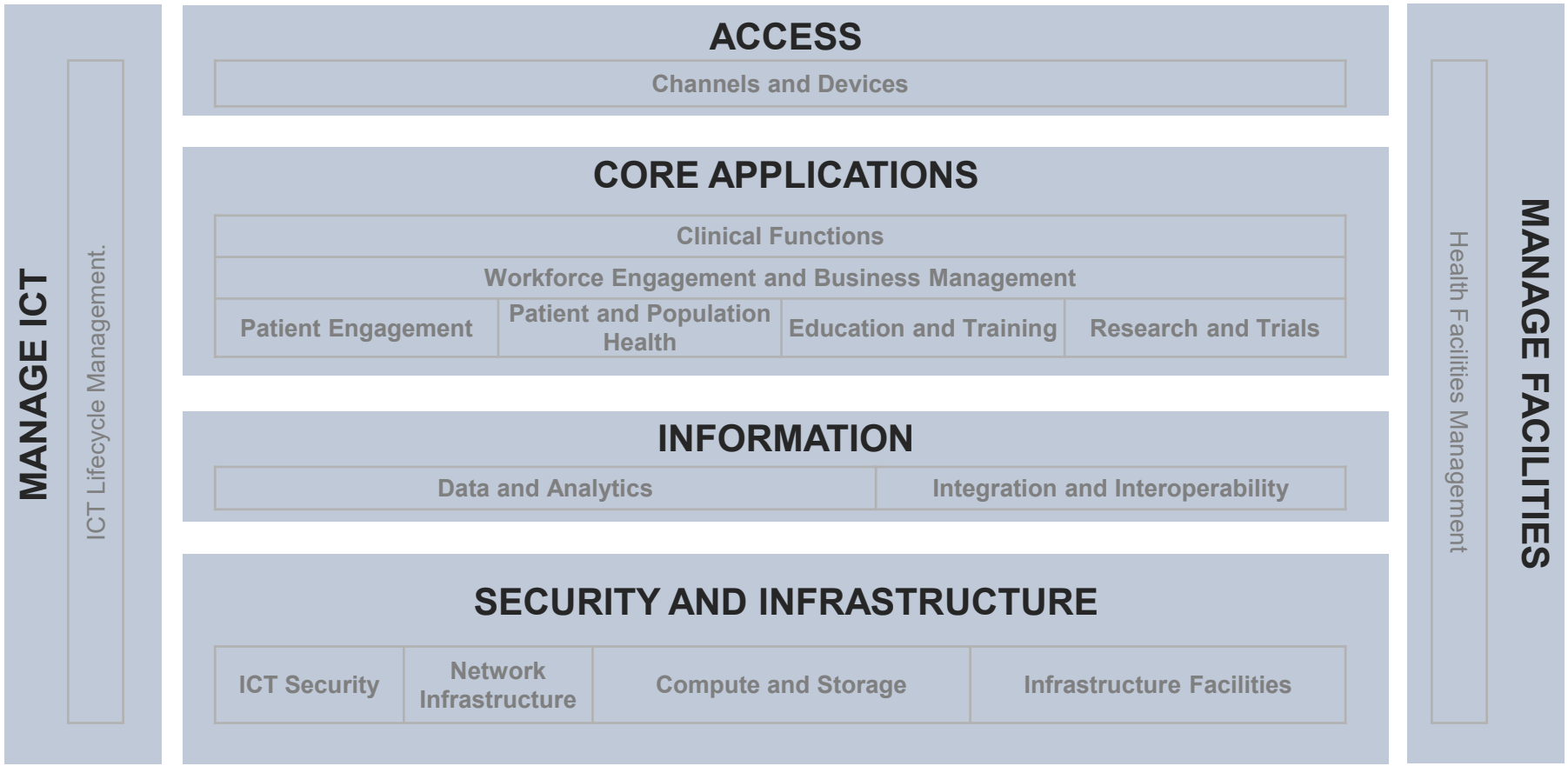
Current state assessment, bottom up approach – Level 0

To assess local digital capabilities, the *NSW Health ICT Capability Blueprint* was utilised as a framework. The blueprint is a visual map of the technology building blocks (a combination of people, process and tools) required to perform a particular organisational function. Assessing the maturity of each area helps identify maturity gaps and thus opportunities for improvement. The blueprint covers 6 high level areas:

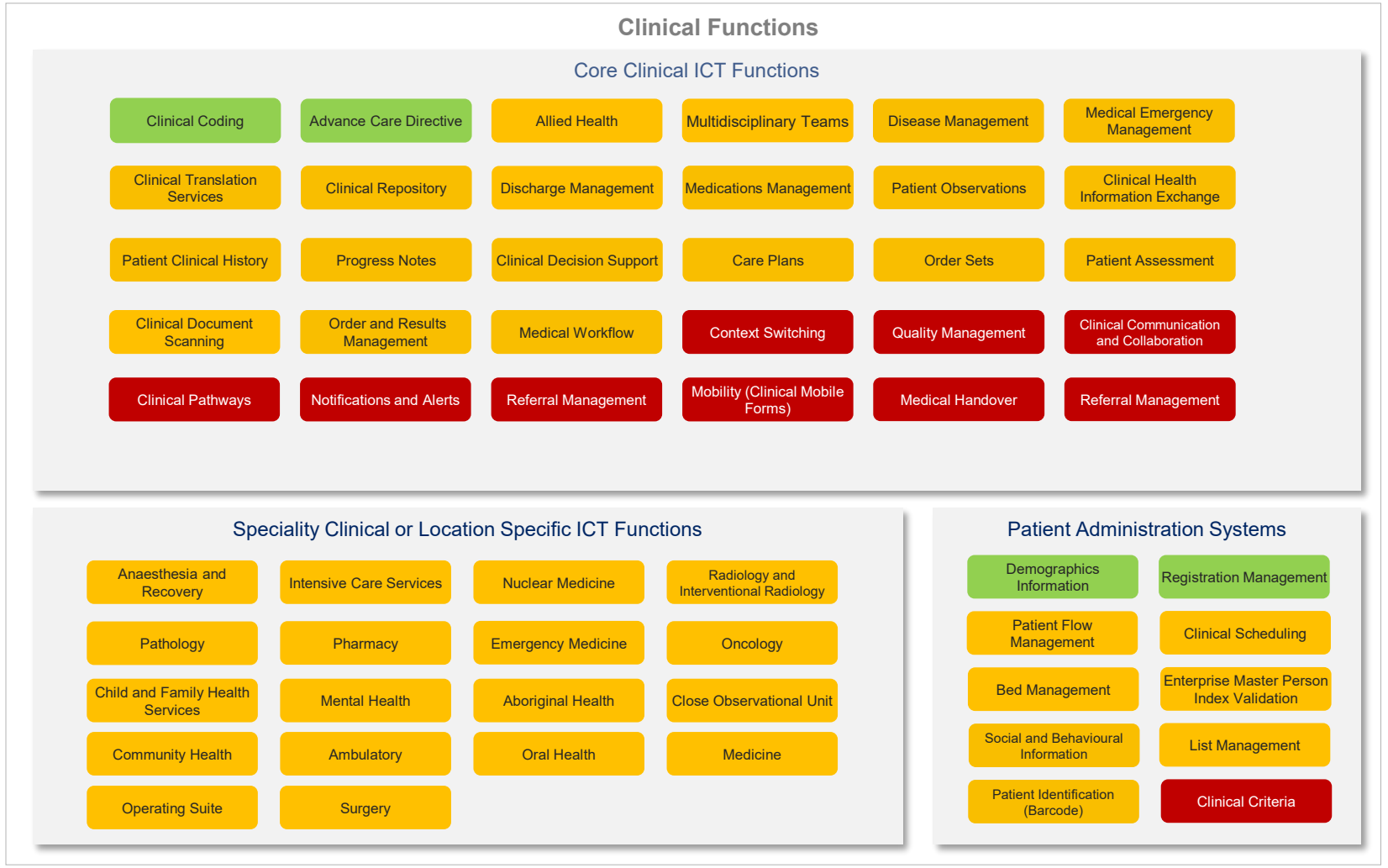


Current state assessment, bottom up approach – Level 1

At the next level of detail, the *NSW Health ICT Capability Blueprint* defines 15 capabilities, which are further broken down to more than 200 capabilities. The diagram below illustrates the second level of the Blueprint. The capabilities were assessed at level three and are detailed in the following slides.



Current state of clinical applications – Level 2 and 3

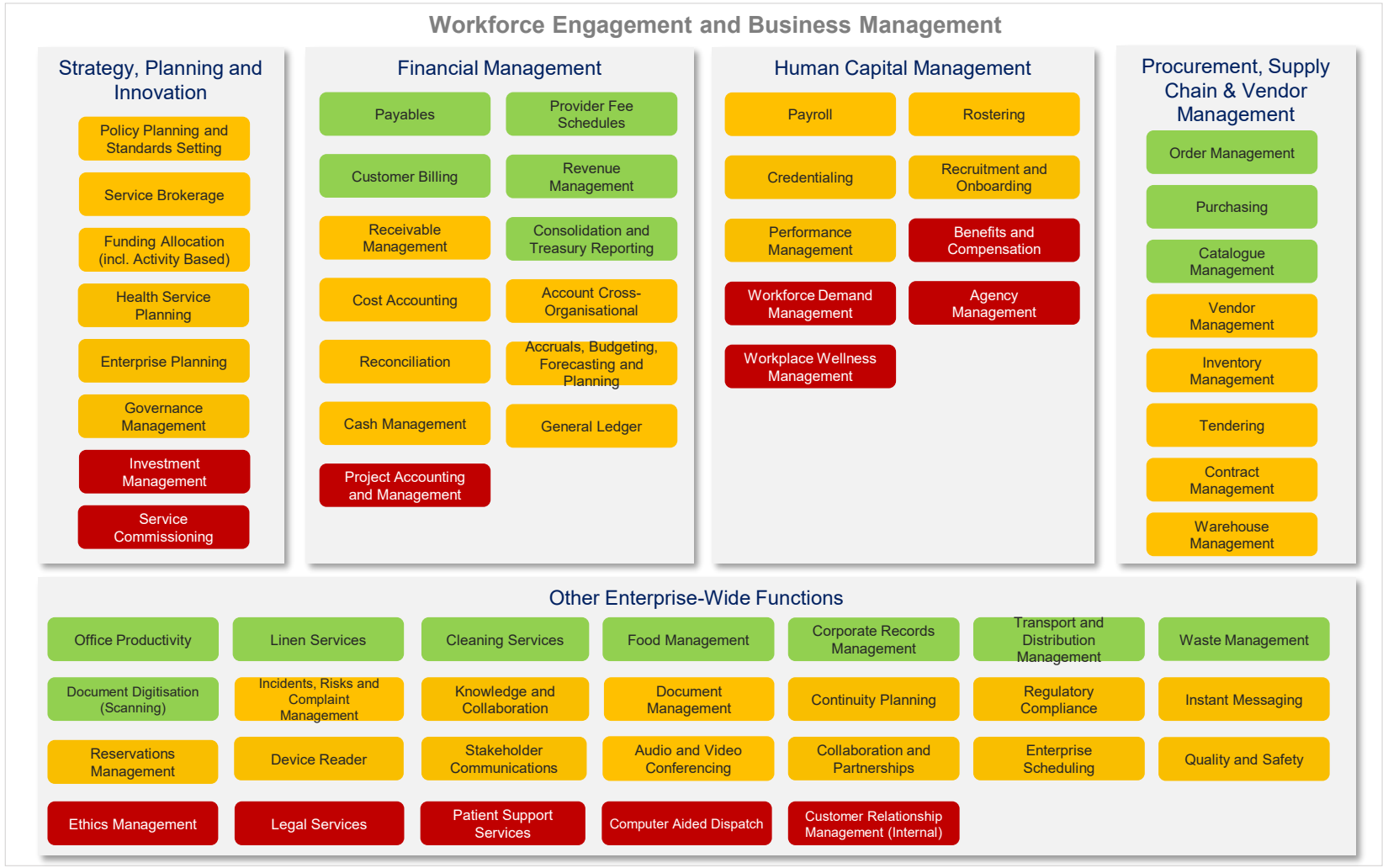


Key Insights:

The introduction of the eMR over the past decade has created a good technology foundation for clinical functions. However, gaps still exist in the form of:

- Gaps in functionality including in the areas of anaesthesia, outpatient, medical device integration, nursing care plans, second level clinical decision support and others. These gaps directly inhibit the organisational goal of reaching a HIMSS EMRAM stage 6 maturity.
- A number of specialties are not covered by the eMR e.g. haematology, oncology, anaesthesia. As a result, the specialties utilise separate systems, which are not always integrated with the eMR, or are still paper based. This has resulted in a hybrid patient medical record creating risk in quality of care and inefficiency for staff.
- The Patient Administration System is functioning well but, in its current form, does not meet the growing expectations of consumers and patients in enabling a better patient experience (Covered further under the patient experience capability).

Current state of business management capabilities – Level 2 and 3



Key Insights:

The workforce engagement and business management functions utilised by the LHD are provided by statewide bodies (HealthShare NSW and eHealth NSW) and have a high degree of maturity.

However:

- Misalignments exist between supported processes and local nuances resulting in perceived maturity gaps.
- Systems can be integrated and interlinked further to ensure more efficient and seamlessly automated processes. For example, SARA, StaffLink and HealthRoster could be better integrated to support end-to-end human capital processes.
- Reporting across the board can be improved, for example to track and measure the success of investments and commissioned services.
- Supporting functions like ethics management, legal services and project accounting require dedicated tools.
- Systems may be in need of an upgrade to ensure alignment with contemporary usability expectations.

Current state of patient health and engagement, educational training and research trials capabilities – Level 2 and 3

Patient and Population Health

Population Health Management

- Awareness Management
- Patient Risk Stratification
- Health Monitoring

Chronic Conditions Management

- Condition Monitor
- Condition Management

Patient Engagement

Patient Communication

- Interpreter Service
- Patient Reported Measures
- Queue Management
- Patient Information and Entertainment
- Bookings and Appointments
- Chatbots
- Consumer Entered Data
- Webchat
- Consumer Information Access

Education and Training

Education and Training Delivery

- Education Material Development
- Training and Delivery
- Curriculum Development

Education and Training Management

- Performance and Accreditation
- Training Management, Planning and Tracking
- Internship Management

Research and Trials

Clinical Research Management

- Specimen Management
- Selection, Identification and Recruitment
- Research and Development Portfolio Management

Clinical Trial and Translational Research Management

- Patient Targeting and Recruitment
- Protocol Deviation
- Results Reporting
- Conduct Trial
- Grants Management

Key Insights:

Patient engagement and population health are major gaps for the LHD:

- There are a series of technology gaps (e.g. digital bookings, appointment management, consumer entered data) that stop patients taking a more proactive role in their care.
- Majority of patient and population health functions are undertaken manually. This is undermining the LHD's ability to achieve its strategic ambition of supporting a healthier community.
- No standardised technology capability exist to support research and trials, the management and execution of which are done through a mix of point systems and manual processes.
- Education and training capabilities are well supported by technology. However, staff identified issues with creating on-demand content and multimodal material, as well as giving the public access to quality health education materials.

Current state of access and information capabilities – Level 2 and 3

Channels and Devices

Devices

- Phone, Fax Printers
- Radios & Pagers
- Desktop/Laptops
- Mobile Devices
- Robots
- Barcode Scanner
- Medical Devices
- Digital Screens
- Kiosk
- Digital Camera
- Smart Devices, Implants, Wearables

Channels

- Web
- Desktop Applications
- Interactive Video Message (IVR)
- Paper/Mail & Scanned Letter
- Short Message Service (SMS)
- Portal
- Social Media
- Email
- eForms
- Mobile Applications

Integration and Interoperability

Information Exchange

- Enterprise Service Bus
- Message Management
- Registry
- Integration and Application Programming

Data and Analytics

Data

- Data Management
- Information Management
- Knowledge Management

Analytics

- Data Warehousing
- Data Visualisation
- Data Self Service Business Intelligence

Reporting

- Mandatory Reporting
- Operational Reporting

Key Insights:

Capacity is the major challenge associated with devices and channels at NSLHD:

- Staff do not always have access to the right equipment in each clinical situation.
- A number of devices are limited to a location or a use-case (e.g. robots, kiosk).
- Many systems have not been designed or rendered for use on mobile devices.
- The lack of tools to track and manage devices through their lifecycle creates an administrative and financial burden.

Analytics and reporting is embedded well within the organisation but further optimisation is needed as:

- To gain insights from data, multiple data sources need to be combined manually.
- Extracting data from systems, particularly statewide systems, is difficult and not timely. Data must be live and always available and accessible.
- Data literacy across the LHD must be enhanced to allow people to better utilise data and analytical tools.
- The Integration and interoperability function has ageing infrastructure that should be refreshed. Multiple integration engines across clinical and building management exist.

Current state of security and infrastructure capabilities – Level 2 and 3

ICT Security

Enterprise ICT Security

- Information Security Management
- Cyber Security Management
- Identity and Access Management
- Security Devices

Network Infrastructure

Networks

- Local Area Network (LAN)
- Gateway
- Wide Access Network (WAN)
- Load Balancing
- Radio Network
- Wireless

Infrastructure Facilities

Data Centre and Communication Room

- Power
- Fire Protection
- Air Conditioning
- Data Network Centre

Compute and Storage

Disaster Recovery

- Backup
- Restore

Telephony Infrastructure

- Private Automatic Branch Exchange (PABX)
- Voice Over Internet Protocol (VOIP)

Storage

- Physical – On Premise
- Virtualisation
- Cloud
- Database

Compute

- Cloud
- Virtualisation
- Physical – On Premise

Key Insights:

While the security and infrastructure capabilities are generally mature, technology infrastructure must evolve to align with the greater demand for internet and cloud services:

- There is a need to upgrade ageing and outdated on-premises hardware.
- Continuous investigation and alignment is needed in the area of As-a-Service offerings be it from the state or cloud vendors. This will also have the impact of moving costs away from the traditional Capex model to a recurrent Opex model.
- Capacity constraints and loss of redundancy pose challenges for the LAN and WAN, respectively.
- Cyber security is a top-priority area for the LHD. Work is underway to lift maturity against the Essential 8 and mandated 25 at a state level. More could be done to improve security tools, enhance encryption, and to foster cyber aware processes and culture.

Current state of ICT organisation capabilities – Level 2 and 3

ICT Lifecycle Management

Delivery and Operations

- Program and Project Management
- Architecture
- Service Development and Transition
- Analysis and Design
- Release and Deployment
- Asset Management
- Service Desk/IT Service Management
- IT Change Management
- Small to Medium Enterprise Services Management
- DevOps

ICT Management and Monitoring

- Standard Operating Environment
- Application Delivery
- Mobile Device Management
- Security Monitoring
- Network Monitoring
- Desktop Virtualisation
- Configuration Management
- Application Virtualisation

Health Facilities Management

Health Facilities Management

- Medical Emergency Notification
- Paging
- Demand Management
- Asset Tracking
- Operations and Maintenance
- Nurse Call / Duress
- Physical Security and Access Control
- Wayfinding
- Property and Lease Management
- Sustainability Management
- Building Control Management
- Facilities Capacity Planning
- Equipment Management

Key Insights:

The ICT function have developed a good relationship and partnership with the clinical, operational and administrative parts of the organisation. However, they are limited by:

- Gaps in capability (e.g. DevOps, immature Virtualisation and configuration management).
- Capacity issues caused by a lack of staff in high demand areas such as in program and project management roles, service integration, application management, business analysis.
- Processes that are still maturing, for example, release and deployment does not occur in a defined or transparent way.

Management of health facilities is highly manual:

- Manual process make the management of equipment and assets difficult, undermining financial sustainability and the ability to maintain these facilities effectively
- Communication tools such as nurse call and paging are in need of modernisation by more contemporary digital alternatives.
- Wayfinding is limited and not rolled out effectively across all facilities.

Appendix B

Stakeholder Engagement

NSW GOVERNMENT Health
Northern Sydney
Local Health District

Digital Strategy stakeholders engaged

Name	Position	Vision and Principles Workshop	1:1 Interview	ICT Capability Workshop	Challenges and Aspirations Workshop	Initiatives Prioritisation Workshop	JMO Workshop
Ann Mirapuri	Acting Director ICT, NSCCLHD	●	●	●	●	●	
Sharlene Horner	A/Senior Manager, Investment & Service Delivery, ICT, NSLHD & CCLHD	●	●	●	●	●	
Linda Watson	ICT Business Relationship Manager	●	●	●	●	●	
Michael Bishop	Acting Director ICT, NSCCLHD	●	●	●	●	●	
Simon Hill	Director, ICT, NSCCLHD	●	●		●		
Glen Bowcock	MHDA Information Manager	●	●		●		
Claire Harris	Director, Nursing & Midwifery, NSLHD	●	●				
James Yeandel	Director, Corporate Communication, NSLHD	●	●				
Tamsin Waterhouse	Acting Director ICT, NSCCLHD	●	●				
Sally Duncan	Chief Nursing & Midwifery Informatics Officer, NSCCLHD	●	●				
Julia Capper	Director Allied Health, Mona Vale Hospital	●	●				
Sandra Creaner	Director, CCLHD	●	●				
Lee Gregory	General Manager, Hornsby Hospital, NSLHD	●	●				
Steven Carr	District Director Asset Management, Finance & Procurement	●	●				
Andrew Montague	Chief Executive, CCLHD	●	●				
Julie Wright	Associate Director PACH	●	●				
Andrew Perkins	Executive Director, ISA	●	●				
Deborah Willcox	Chief Executive, NSLHD	●	●				
Jacqueline Ferguson	Director, Finance, NSLHD	●	●				
Marty Sterrett	CCIO & Staff Specialist ED Physician, NSCCLHD	●	●				

Digital Strategy stakeholders engaged

Name	Position	Vision and Principles Workshop	1:1 Interview	ICT Capability Workshop	Challenges and Aspirations Workshop	Initiatives Prioritisation Workshop	JMO Workshop
Mark Zacka	Director, Clinical Governance, NSLHD	●	●				
David York	CCIO & Staff Specialist Emergency, NSCCLHD	●	●				
Fiona Wilkinson	Director, CCLHD	●	●				
Aaron Owen	ICT Business Partner	●		●			
Samrit Pamnani	AMR Apps Manager	●		●			
Glen Randall	Mental Health Information Systems Manager	●			●	●	
Nicole Mcdonald	Program Coordinator	●			●		
Rachel Choi	Rehabilitation Engineer	●					●
Maegan Brown	Junior Medical Officer	●					●
Mona Thind	Director, ISA	●					
Keven Bennett	Strategy Analyst ISA	●					
Karen Ross	eMR/CHOC Project Assistant, NSCCLHD	●					
Henry Ma	Strategy Lead ISA	●					
John Sheedy	Strategy Lead ISA	●					
Ronish Singh	Customer Account Manager CEST	●					
Frances Mestrov	Aged Care	●					
Rebeka Freckleton	Manager, Research Strategy		●	●			
Leanne Bendall	EMR Architect		●	●			
Brock Sanchez	Accountant		●	●			
Scott Fortey	Clinical Director, CCLHD		●				
Louise Waymouth	Divisional Manager, CCLHD		●				

Digital Strategy stakeholders engaged

Name	Position	Vision and Principles Workshop	1:1 Interview	ICT Capability Workshop	Challenges and Aspirations Workshop	Initiatives Prioritisation Workshop	JMO Workshop
Alison Zecchin	General Manager, NSLHD		●				
Anthony Critchley	Director, Mental Health, CCLHD		●				
Lynne Bickerstaff	Executive Director, CCLHD		●				
Gillian Isaac	Director, CCLHD		●				
Kate Lyons	Executive Director, CCLHD		●				
Kim Field	Area Director, NSLHD		●				
Fiona Wilkinson	Director, CCLHD		●				
Greg Watters	Executive Director, Medical Services, CCLHD		●				
Scott Fortey	Clinical Director, CCLHD		●				
Heather Gough	General Manager, Ryde Hospital, NSLHD		●				
Jeffrey King	Clinical Director		●				
Vicki Fox	Deputy Director Clinical Governance		●		●		
Adam Quested	Deputy Director Workforce & Culture			●	●	●	
Sarah Wilcox	Business Manager			●	●	●	
Penelope Oxford	Deputy Director Clinical Governance			●	●	●	
Toto Liong	Senior Manager, IT Operations			●	●		
Matthew Noone	Operations Manager			●	●		
Colin Smith	A/Director Corporate Services			●	●		
Simon Son	NSLHD Finance - Manager, Management Accounting			●	●		
Serena Clarke	Ryde Physio Dept			●	●		
Annette Penney	Clinical Governance, NSLHD			●	●		
Kylie Hayman	Manager Consumer & Carer Engagement			●	●		

Digital Strategy stakeholders engaged

Name	Position	Vision and Principles Workshop	1:1 Interview	ICT Capability Workshop	Challenges and Aspirations Workshop	Initiatives Prioritisation Workshop	JMO Workshop
Priscilla Jones	Manager Clinical Support Services , CCLHD			●	●		
Mark Friedewald	Manager Quality Systems			●	●		
Martyn Brookes	Program Manager – Integration & System Innovation, NSLHD			●	●		
Melissa Onysko	Manager Medical Workforce and Education Unit			●	●		
Chris Oxby	EMR Architect			●		●	
Chris Wakelin	eMR Technical Specialist			●			
Cindy Hoad	Patient Services Manager			●			
Jonathan Morris	Executive Director of Women and Babies Research			●			
Angela Baker	Apps Manager - eMeds, MOSAIQ, iPharmacy			●			
Bruce Cologon	ICT Service Delivery Manager			●			
Dean Bassett	A/Server Manager			●			
Hamid Eid	A/Network Communications Manager			●			
Aiyyan Mansuri	EMR Integration Manager			●			
Kylie Downs	Director, Clinical Safety, Quality and Governance			●			
Katherine Bolton	Project Manager			●			
Sarah Durbidge	Contract and Compliance Manager			●			
Serena Filippoff	AMR Administration			●			
Meredith King	Cardiopulmonary Physiotherapist				●	●	
Adam Chandler	Director Medical Imaging				●	●	
Marc Haynes	NS Reporting Entity Finance				●	●	
Anna Jamison	Management Trainee, HKH				●	●	

Digital Strategy stakeholders engaged

Name	Position	Vision and Principles Workshop	1:1 Interview	ICT Capability Workshop	Challenges and Aspirations Workshop	Initiatives Prioritisation Workshop	JMO Workshop
Maya Smitran	Director Strategic Development and Delivery				●	●	
Sarah Childs	Allied Health Performance Analyst				●	●	
Suriyadeepan Jeyapirakasam	Web Application Services Manager				●	●	
Declan Byrne	Corporate Communications				●	●	
Barbara Lucas	Physiotherapist RNSH, Manager				●	●	
Bronwyn Nolan	RACS, Outpatient and Allied Health Services Manager				●	●	
Anna Giuffrida	Manager Strategy and Service Integration				●	●	
Dr Luke Coyle	Staff Specialist, Haem. Lab				●	●	
Justin English	Organisational Sustainability Manager, CCLHD				●	●	
Alan Davidson	Change Manager, Whole of Health and Telehealth Lead				●	●	
Melina Davy	Manager Asset Management and Finance				●	●	
Christine Tait-Lees	Director, Organisational Development and Capability, NSLHD				●		
Dr Alexander Engel	Colorectal Surgeon				●		
Barbara Lewis	Clinical Governors Carers Support				●		
Michelle de Vroome	Nursing Admin. Reporting Entity Nursing & Midwifery				●		
Lisa Wilson	Occupational Therapist				●		
Sally Mecham	Specialist Palliative Care Service Manager				●		
Kirsty Barry	Senior Financial Accountant			●			
Mitchell Valcarcel	Manager Procurement & Systems Relationship			●			

Digital Strategy stakeholders engaged

Name	Position	Vision and Principles Workshop	1:1 Interview	ICT Capability Workshop	Challenges and Aspirations Workshop	Initiatives Prioritisation Workshop	JMO Workshop
Rithmika Kahawita	Business Manager			●			
Mark Friedewald	Manager Quality Systems			●			
Marko Hallikainen	Performance Analyst			●			
Suzanne Lewis	Library Manager			●			
Kym Scanlon	Health Service Manager			●			
Terry Finnegan	Clinical Director Med GEN division				●	●	
Campbell Tiley	Director Clinical Haematology				●		
Jillian Moxey	Service Development Manager				●		
Laura Dangerfield	Divisional Nurse Manager				●		
Tracey Gray	Nursing Admin. Nursing & Patient Services				●		
Linda Furness	Operations Manager Division of Surgery and Anaesthetics				●		
Dr Lewis Macken	Senior Staff Specialist Anaesthetic and Surgery IC				●		
Sam Ah Kit	Director of Medical Services				●		
Steven Blome	Director at RNS Radiology				●		
Daniel Searle	Clinical Governance Ass Dept Gen				●		
Philip Hoyle	Director of Medical Services Operations				●		
Beverley Bennett-Airey	MH AMH Administration				●		
Karen Femia	Nurse Manager, Operations/Information Comms Care				●		
Sarah McDonald	Divisional Manager				●		

Digital Strategy stakeholders engaged

Name	Position	Vision and Principles Workshop	1:1 Interview	ICT Capability Workshop	Challenges and Aspirations Workshop	Initiatives Prioritisation Workshop	JMO Workshop
Adrian Bradshaw	Mental & Acute Mental Health Services				●		
Chad Corsiatto	Manager Capital Works & Asset Management				●		
David Duerden	Service Development Manager				●		
Fiona Carmichael	Deputy Director Nursing & Midwifery				●		
Kelly Cridland	Operational Nurse Manager				●		
Maria Manna	Reporting Entity Nursing & Midwifery				●		
Bayden Mitchell	Cancer Services IT manager				●		
Jil Warwicker	A/Manager				●		
Bronwyn Rumbel	Accountant Management				●		
Rhonda Power	PRM Program Manager				●		
Wilma Kong	Pharmacy HKHS, Manager				●		
Simon Battersby	Staff Specialist Emergency Department				●		
Drew Hilditch-Roberts	Executive Staff				●		
Sharyn Bannister	Clinical Support Services				●		
Tim Garrett	Director of Pharmacy, CCLHD				●		
David Miles	Manager, Health Services Planning				●		
Adam Johnston	Consumer Representative				●		
Simon Wyer	Staff Specialist, CCLHD				●		
Jacquie Edgley	Manager Strategic Relations				●		
Renee McCarthy	Operations Manager, RNSH				●		

Digital Strategy stakeholders engaged

Name	Position	Vision and Principles Workshop	1:1 Interview	ICT Capability Workshop	Challenges and Aspirations Workshop	Initiatives Prioritisation Workshop	JMO Workshop
Claire Skinner	Director of Emergency Medicine, HKH				●		
Andrew Brown	Director of Emergency Medicine, HKH				●		
Elizabeth Murphy	Director Child Youth and Family				●		
Robert Tompsett	Allied Health Manager, MHDA				●		
Amanda Harris	Operations Manager				●		
Bahare Moradi Cheme	Dr, Deputy Director Medical Services				●		
Samantha Brown	Pharmacy, RNSH				●		
Alicia Wood	Clinical Governance				●		
Tom Mayne	Management Accountant				●		
Shankar Gopalan	Manager, Financial Accounting				●		
Simon Radmore	A/Director Operations, NSLHD				●		
Justin English	Organisational Sustainability Manager, CCLHD				●		
Nanda Sakaleshpura Chandrashekar	Registrar				●		
Adam Johnston	Consumer Rep				●		
William O'Brien	Director of Stroke Services				●		
Glen Parker	A/IT Operations Manager					●	
Oliver Higgins	Mental Health Admin					●	
Swathi Vishwas						●	
David Bell	Oncologist, Royal North Shore Hospital					●	
Yi Cheng	Junior Medical Officer						●
Madison Dent	Junior Medical Officer						●

Digital Strategy stakeholders engaged

Name	Position	Vision and Principles Workshop	1:1 Interview	ICT Capability Workshop	Challenges and Aspirations Workshop	Initiatives Prioritisation Workshop	JMO Workshop
Harry Dixon	Junior Medical Officer						●
Brittany Richardson	Junior Medical Officer						●

Appendix C

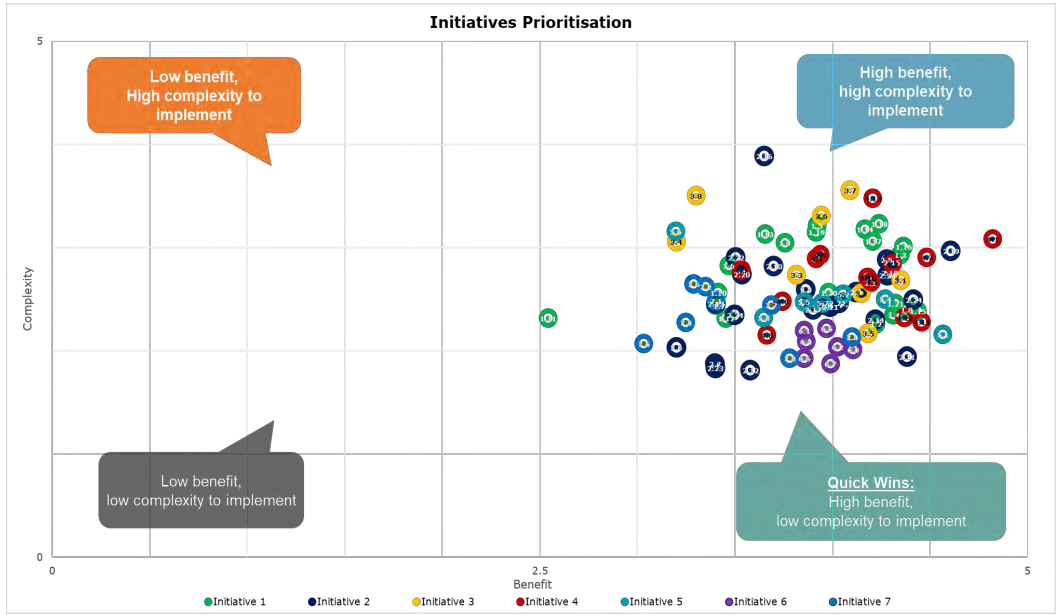
Initiatives Prioritisation

NSW GOVERNMENT Health
Northern Sydney
Local Health District

Initiatives Prioritisation Approach

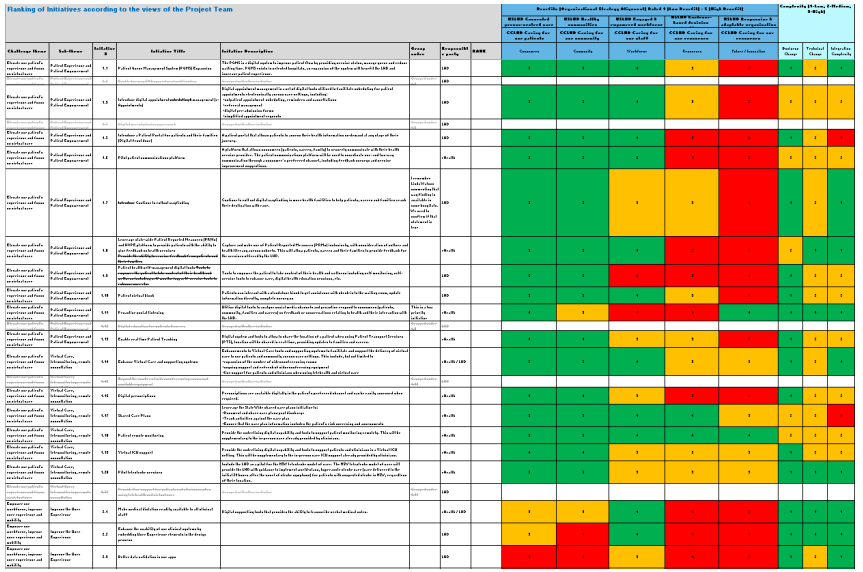
Prioritising initiatives was done across two core steps:

1 Workshops with LHD stakeholders using a benefit vs complexity framework



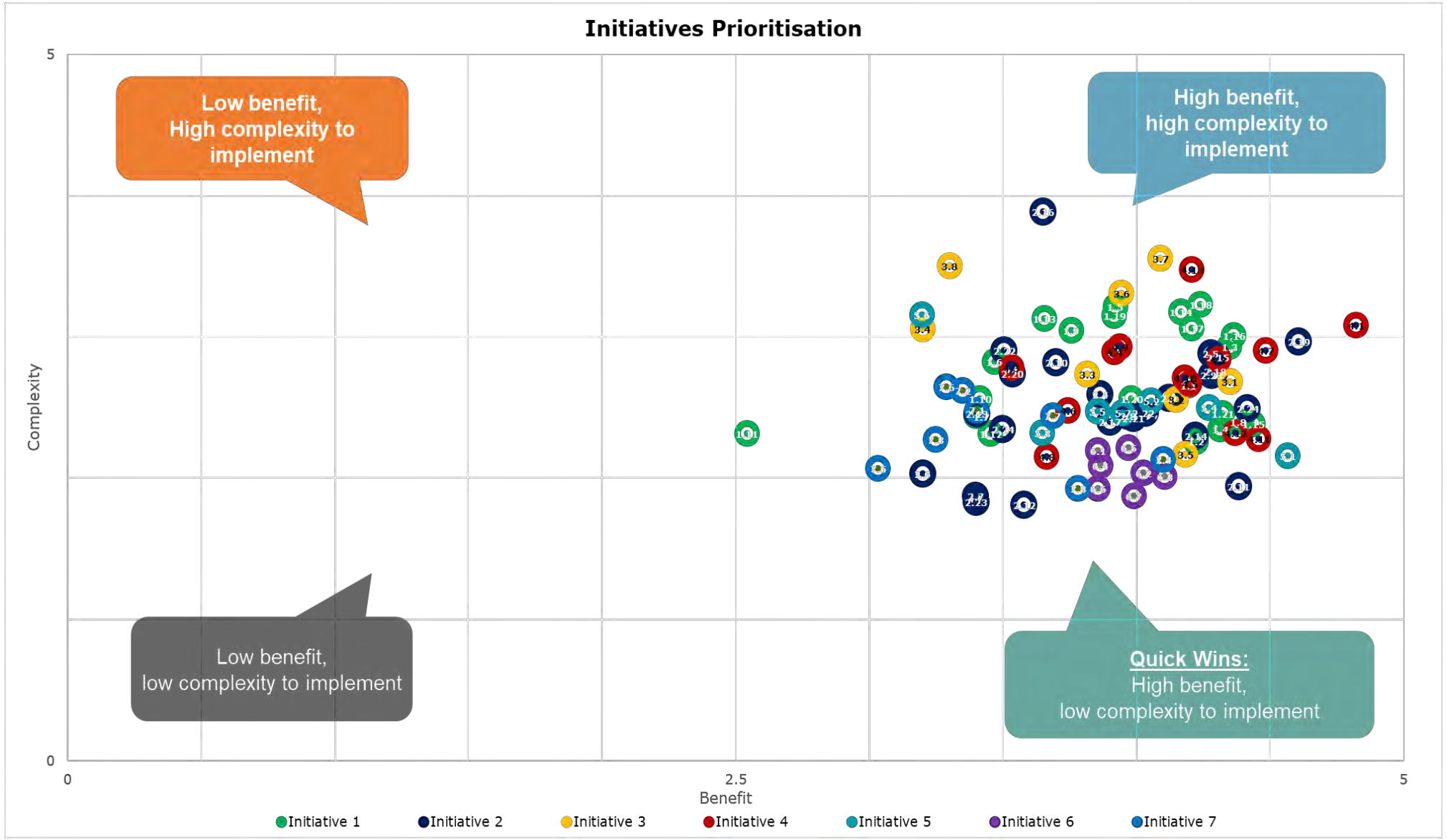
2 A more detailed prioritisation framework considering the alignment to the organisational strategy and the complexity and costs to implement

BENEFITS	COMPLEXITY	COSTS
Against the LHDs Organisation Strategy	Business Change Technical Change Integration Complexity	Project length Resources Opex / Capex



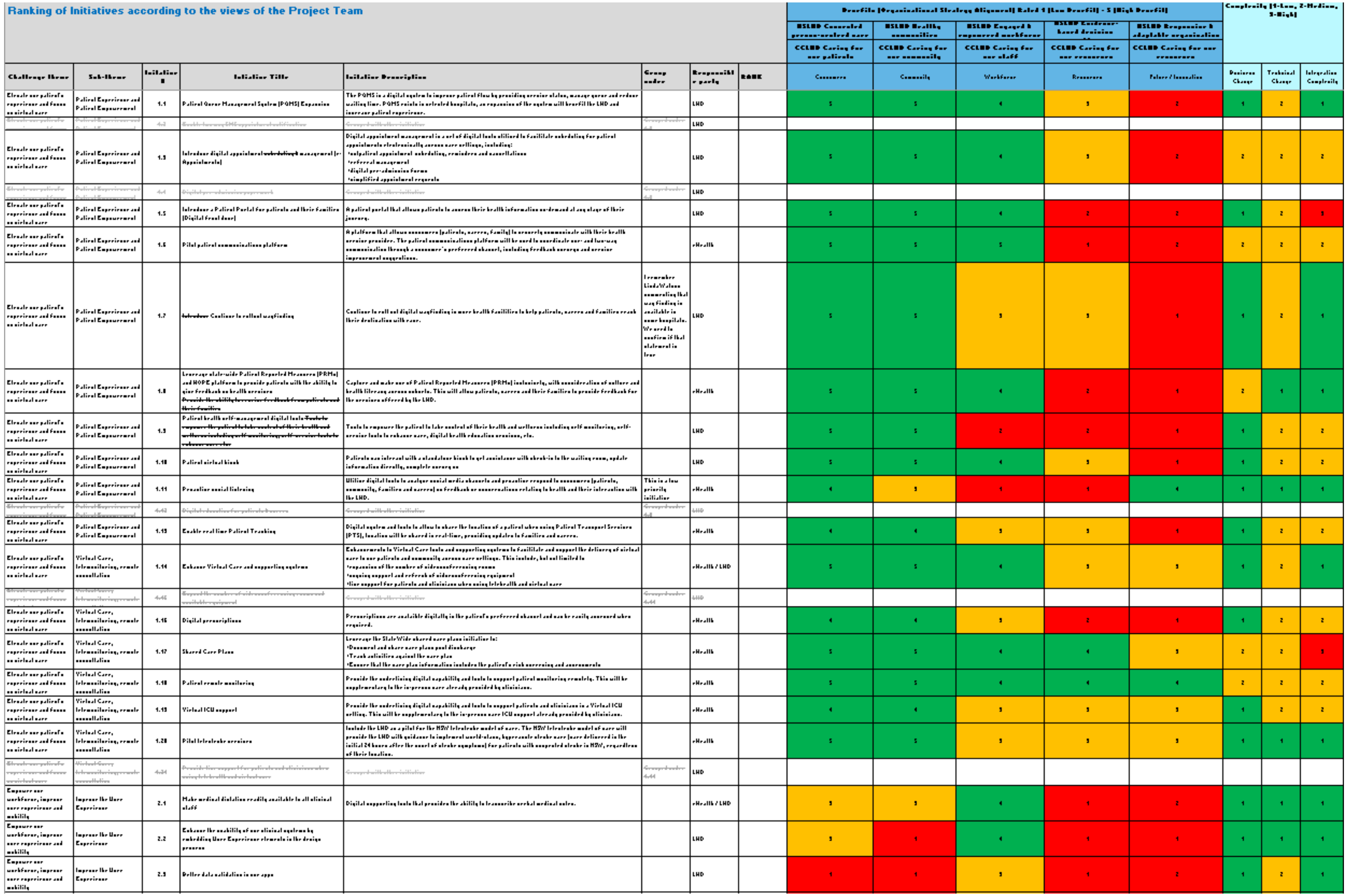
Initiatives Prioritisation Step 1

The outputs of the workshops with LHD stakeholders is summarised below:



Initiatives Prioritisation Step 2

The more detailed prioritisation approach utilised a prioritisation framework considering the alignment to the organisational strategy and the complexity and costs to implement.



BENEFITS

Against the LHDs Organisation Strategy

COMPLEXITY

Business Change
Technical Change
Integration Complexity

COSTS

Project length
Resources
Opex / Capex

NSW GOVERNMENT

Health
Northern Sydney
Local Health District

Health
Northern Sydney
Local Health District

NSLHD

ST LEONARDS HEALTH CAMPUS

HEALTH, RESEARCH AND EDUCATION PRECINCT PLAN

SEPTEMBER 2022

ACKNOWLEDGEMENT OF COUNTRY

Northern Sydney Local Health District (NSLHD) acknowledges the Traditional Custodians of the lands on which our health services have been built, the Gai-mariagal, Guringai and Dharug peoples, and we honour and pay our respects to their ancestors. We acknowledge and pay our respects to all Aboriginal and Torres Strait Islander peoples and to Elders past, present and emerging. We acknowledge past, current and future Aboriginal and Torres Strait Islander peoples are the continuing custodians of this country upon which we live, work and meet and that it is from their blood, courage, pride and dignity that we are able to continue to live, work and meet on this ancient and sacred country.

CONTENTS

FOREWORD

Royal North Shore Hospital has been a central feature of St Leonards and northern Sydney since the start of the 20th century. As the community has grown and healthcare knowledge and services have developed, the campus has evolved from being a cottage hospital in 1903 to the principal tertiary referral hospital we know today.

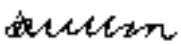
In tandem with the hospital's development, the surrounding precinct has developed to encompass a wide range of healthcare facilities including community health, mental health drug and alcohol, North Shore Private Hospital, the Kolling Institute and the University of Sydney Northern Clinical School. The precinct is adjacent to TAFE NSW and the NSW Ministry of Health and affiliated entities that have relocated onto the precinct.

The *St Leonards Health Campus – Health, Education and Research Precinct Plan* (the Precinct Plan) outlines our vision to further develop public and private health services as well as education and research sectors into an integrated and innovative precinct. This will ensure we can harness the breadth of healthcare, knowledge and skills on our doorstep, to provide an exciting environment for future investment, employment and innovation.

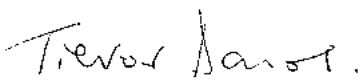
In formulating this Precinct Plan, we consulted widely with a range of stakeholders, including our health staff, community members, precinct partners and the NSW Ministry of Health. In line with a set of guiding principles, we identified a number of clinical opportunities that draw on our expertise, capabilities and local facilities to foster the development of a world-class health, education and research precinct.

This Precinct Plan showcases some of the exciting future opportunities that we believe will benefit our staff, community and patients, as well as helping meet the evolving healthcare and infrastructure needs of NSW and Australia.

Outlining this vision for the precinct is the first step towards achieving an ambitious and forward-looking plan that we believe can be realised with sustained commitment, strong advocacy and ongoing community and staff engagement.



Deb Willcox
Chief Executive
Northern Sydney Local Health District



Trevor Danos AM
Chair
Northern Sydney Local Health District Board

> Outlining this vision for the precinct is the first step towards achieving an ambitious and forward-looking plan that we believe can be realised with sustained commitment, strong advocacy and ongoing community and staff engagement.

EXECUTIVE SUMMARY

Designing future-focused infrastructure to meet the growing and evolving healthcare needs of the community is a NSW Health Priority, as outlined in the *NSW State Health Plan – Towards 2021*. To facilitate this, the Precinct Plan foreshadows the establishment of healthcare precincts for the state's major health campuses. This document describes such a Precinct Plan for the St Leonards health campus.

The benefits of a vibrant and innovative precinct will flow not only to Royal North Shore Hospital (RNSH) as the principal health service within the precinct, but across all the Northern Sydney Local Health District (NSLHD) health services, and more broadly across the state's economic sectors.

RNSH is part of a mosaic of the health and social care landscape across North Sydney that encompasses primary care, private healthcare, aged care, non-government organisations and local, state and federal governments alongside the population and public health, health promotion, acute, sub-acute, mental health and primary and community health services provided by NSLHD.

From a research and education perspective, NSLHD has strong collaborations with tertiary education and research institutions including the Kolling Institute and the University of Sydney, University Technology Sydney (UTS) and Macquarie University – all of which have a presence on the precinct.

NSLHD consulted extensively with a wide range of internal and external stakeholders to identify opportunities for the precinct. Stakeholders came from a range of disciplines including medical, nursing and midwifery, allied health, operations and research. We identified a number of opportunities as either clinical opportunities or strategic enablers in this first phase of developing an active, innovative health ecosystem.

The Precinct Plan is about re-envisioning:

- how we will develop our precinct to best drive clinical, educational and research collaboration, innovation and impact for the benefit of NSLHD and more broadly, across the state and nationally;
- how judicious engagement with industry will facilitate both improved health service delivery and economic enhancement, and
- how we can optimise involvement of the community across the precinct and the outreach of services into the community.

The precinct enhancements were assessed against a set of principles, ensuring that the Precinct Plan:

- builds on the clinical and research strengths on the precinct, and more broadly across NSLHD
- builds upon the skills and passions of precinct personnel
- builds on initiatives already in hand
- reflects the characteristics of the catchment population
- engages with the community
- enhances job creation/ industry partner attraction
- strengthens relationships between precinct partners
- enhances the brand of RNSH locally, nationally and internationally
- complements other local health district precinct plans.

In line with these principles, a number of precinct enhancements and enablers were identified that build on our existing expertise, partnerships and research capabilities to help develop a world-class health, education and research precinct.

An overarching theme of enabling and promoting functional wellbeing was identified to guide the Precinct Plan.

We also recognise that engagement with community is a fundamental component of the precinct. The benefits of developing RNSH as a health, education and research precinct will extend to the entire precinct community including staff, patients, students, researchers and visitors.

This Precinct Plan, coupled with a renewed NSLHD Strategic Plan and Clinical Services Plan, will inform the planning for future infrastructure needs for the precinct.

THE PRECINCT

Our Staff

NSLHD has over 11,000 staff with more than half working at RNSH. The hospital has a workforce with a huge diversity of expertise, and this Precinct Plan aims to build upon the many skills and passions of our staff. The Precinct Plan was developed following discussions with many clinical and non-clinical personnel, and our staff are enthusiastic about creating a vibrant precinct for healthcare, education and research. We will continue to engage staff in the future development of the Precinct Plan, which will see benefits not only for RNSH, but for staff across all NSLHD health services. We believe the opportunities outlined in the Precinct Plan will help us continue to attract and retain a high-quality workforce including researchers, clinicians and other healthcare professionals from across Australia and the world.

The Ambition

The Precinct Plan is about defining our strengths, building relationships, and leveraging value from partnerships that are critical to our future. It defines our points of differentiation from other health services, both across NSW and throughout Australia. The Precinct Plan describes our aspirations to help guide investment from government, private sector and philanthropic partners.

Our staff, community, neighbours and partners are critical to the precinct planning success.

By virtue of our location, clinical specialties, research capacity and community characteristics, we are well placed to maximise and leverage a range of partners to enhance the delivery of clinical services; foster greater high-impact research and the development of new technologies; and further improve the integration of our health services with research and teaching facilities.

The ecosystem for the Precinct Plan includes a number of important entities located within or adjacent to the precinct. In addition to RNSH, these include:

- NSLHD-wide or District wide health services
- North Shore Private Hospital
- NSW Ministry of Health
- Kolling Institute
- University of Sydney Northern Clinical School
- Northern Sydney Primary Health Network
- TAFE NSW

One of the unique features of the precinct is the close proximity to a range of health, diagnostic, medical device, pharmaceutical, private hospital and health data analytic companies. The Precinct Plan will leverage this expertise/capacity to the mutual benefit of both the relevant companies and health companies in the vicinity of the precinct.

Our vision is to develop the precinct into a vibrant, innovative ecosystem of healthcare, education and research.

The NSLHD Ecosystem

Private Hospitals (x41)
& Day Procedure Centres (x20) including:
- Macquarie University Hospital
- Mater Sydney Hospital
- North Shore Private Hospital
- Sydney Adventist Hospital

Northern Beaches Hospital
(public-private partnership)

Private Medical Specialists

Sydney North Health Network

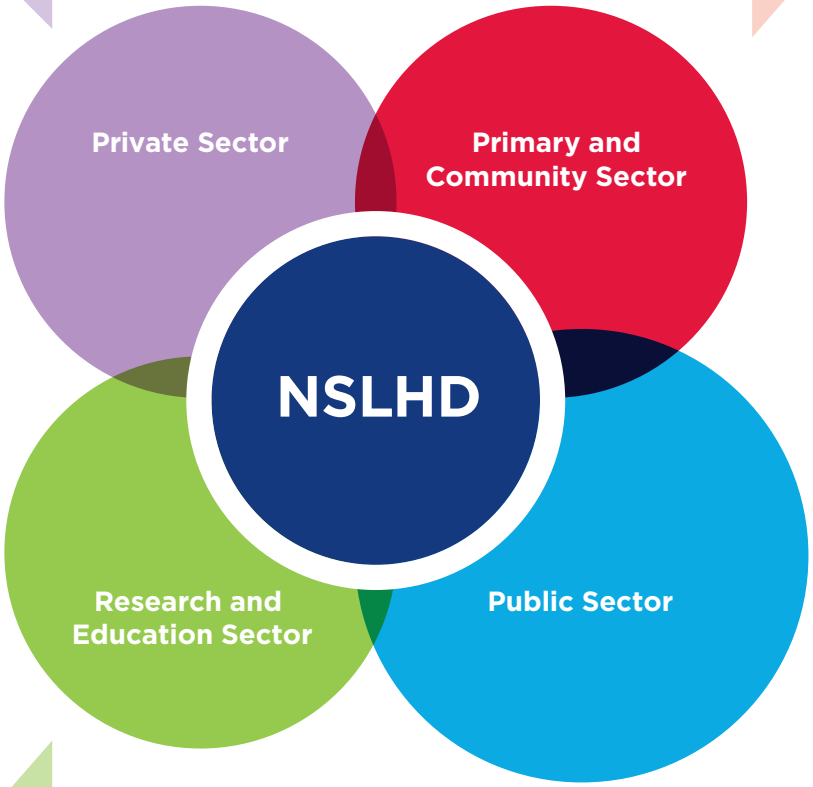
General Practice (280+ practices, 3000+ GP)

Private Allied Health

Home & residential aged care (8942 places)

Non-Government Organisations (20 agreements with NSLHD)

NSW and Federal Human Service Agencies including:
- Australian Department of Health
- NSW Family & Community Services
- National Disability Insurance Agency



Public Hospitals & Facilities

Mental Health and
Drug and Alcohol

Primary and Community Health

Hornsby Hospital

Mona Vale Hospital

Manly Hospital

Royal North Shore Hospital

Ryde Hospital

Northern Beaches Hospital
(public-private partnership)

Macquarie Hospital

Affiliated Health Organisations

Royal Rehab

Greenwich Hospital

Neringah Hospital

NSW Health

Pillars: CEC, ACI, BHI, HETI

Cancer Institute NSW

HealthShare NSW

Ambulance Services NSW

NSW Health Pathology

Northern Sydney Academic
Health Sciences Centre

Kolling Institute

NHMRC Sydney Health Partners

University of Sydney

Macquarie University

University of Technology Sydney

NEIGHBOURING LHDs

Central Coast, Sydney, Western Sydney,
South Eastern Sydney

Sydney Children's Hospital Network

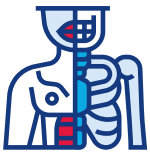
Justice Health & Forensic Mental Health Network

PRECINCT ENHANCEMENTS

A number of potential opportunities were identified and a selection of the more developed opportunities are showcased below. Six opportunities relate to clinical enhancements supported by seven strategic enablers, which also enhance future clinical services across the district.

Clinical Opportunities

1 National Reference Centre for Musculoskeletal Services



2 Nuclear medicine collaboration between RNSH/ ANSTO/University of Sydney

3 Multimodality imaging for cardiovascular treatment

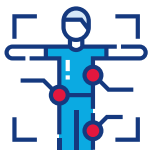
4 Functional Wellbeing Centre

5 Multidisciplinary Neurovascular Service

6 Centre to Improve Persistent Pain Outcomes

Strategic Enablers

1 National Centre for Human Factors



2 Enhanced Academic Presence

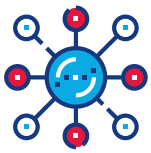
3 Magnet® Hospital Recognition

4 Establishment of Early-Stage Clinical Trials Capacity

5 Genomics Enhancement

6 A Health Analytics and Innovation Hub

7 Optimal Precinct Design



All of the potential opportunities have merit and contribute to the precinct ecosystem. They will remain under consideration, together with any opportunities that have not yet been identified, during the next phase of the Precinct Plan development.

In many of these opportunities a number of potential partners across industry and government have been identified.

Clinicians, researchers and academics located on the precinct already have numerous national and international relationships and/or collaborations. As the elements of the Precinct Plan evolve, it will be important to assess where more formal relationships with national and/or global hospitals and health services, industries and research centres may deliver real value and provide an advantage to the precinct. Such partnerships may be opportunity specific, or may be more broadly across health services.

The identification of these opportunities for the precinct is only the first phase of developing an active and innovative health ecosystem. Each of these opportunities, while endorsed in principle, will require further detailed consultations, development of subsequent prospectuses, business cases and approval from the NSLHD Board and NSW Ministry of Health, and identification of partners and funding sources. The potential interdependencies between the various opportunities should also be fully explored in the development of the business cases.

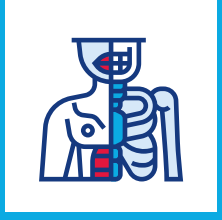
It is important to note there are some clinical services that are not specifically identified in this Precinct Plan which are equally important and are high performing. Future requirements for all clinical services, both within RNSH and across NSLHD, will be addressed in the updated *NSLHD Clinical Services Plan 2022 to 2026*.

All of the potential opportunities have merit and contribute to the precinct ecosystem. They will remain under consideration, together with any opportunities that have not yet been identified, during the next phase of the Precinct Plan development.


MAINTENANCE
7D

Clinical Opportunities

This section describes a number of clinical opportunities arising from broad consultation across medical, nursing and midwifery, allied health, and research. These proposed enhancements build upon our clinical and research strengths and draw upon our expertise, capabilities and partners to drive the development of a world-class health, education and research precinct.



CLINICAL OPPORTUNITY 1: NATIONAL REFERENCE CENTRE FOR MUSCULOSKELETAL SERVICES

Harnessing our expertise in musculoskeletal medicine

A world-class centre bringing together clinical services, education and collaborative translational research to leverage cutting-edge innovation in musculoskeletal medicine.

The Initiative

To establish a national reference centre for musculoskeletal services on the precinct, that leverages our strong history and foundation in musculoskeletal research and clinical services and elevates it further.

This opportunity aligns with the successful University of Sydney bid for NSLHD to be part of the flagship for research in musculoskeletal health, as well as with the designation of functional wellbeing as a focus for the educational campus.

The Background

The precinct has a long history of clinical and research excellence, innovation and collaboration in musculoskeletal services.

RNSH is the only hospital in NSW where a major trauma centre is co-located with a specialist severe burns unit, a state-wide spinal cord injury service and high-end trauma reconstructive and injury services, which has led to the development of substantial expertise across medical, nursing and allied health. It is the only hospital in NSW to provide microsurgical hand reconstruction associated with complex multi-trauma. It also hosts the first and longest continually running professorial chairs for rheumatology and orthopaedics with their associated research laboratories, and is the lead national site for the Australian Arthritis and Autoimmune Biobank Collaborative (A3BC).

The precinct continues to be at the forefront of innovation through exemplar research, clinical advancements and policy developments.

The precinct also has a long history of collaboration in high quality research and education including:

- A strong relationship with the University of Sydney and collaboration through the Kolling Institute and John Walsh Centre for Rehabilitation Research, which already undertake musculoskeletal and injury research and commercialisation activities
- A unique combination of rheumatology and orthopaedics research facilities with basic science facilities, animal model development and busy clinical services with co-located patient-based clinical data and biospecimens, through the Institute of Bone and Joint Research within the Kolling Institute
- Proven academic record in musculoskeletal research with global thought leaders and professional chairs
- Strong relationship with the Sydney North Health Network.

Benefits to the Precinct

It is envisaged the national reference centre for musculoskeletal services will offer:

- Co-located and collaborative care, delivering world-class musculoskeletal clinical services and community-led functional health and wellbeing models of care that include rehabilitation and preventive care
- The next frontier of education, attracting and retaining the best expertise while providing the public with opportunities to learn about musculoskeletal health and the effects of trauma
- Collaboration in translational research with the world's leading centre of interdisciplinary musculoskeletal research, education and translation across four cutting-edge themes and discovery, clinical trial and cohort, digital health, prevention and lifestyle
- Innovation and collaboration will bring unique organisations with deep expertise into a hub that promotes the use of cutting-edge ideas and technologies into research, education and clinical services.

The co-location of research, education and clinical services from community to acute care in one place is a core component of the Centre, and will offer the following benefits:

- A unique, internationally recognised centre that delivers the best patient outcomes from health promotion, prevention and treatment
- Attracts researchers, clinicians and industry from around the world
- Supports fast translation of research to clinical practice through dedicated research resources including infrastructure and people and an innovative support model.

Another key element is leveraging cutting-edge innovations such as:

- The use of sensors, guides and robots in surgery and education
- Utilising data and linking with the Virtual Hospital and potential Clinical Analytics Hub to be on the forefront of using artificial intelligence (AI) and big data.

Potential Partners

It is envisaged the centre's critical foundation partners will include:

- RNSH
- University of Sydney
- Kolling Institute.

Leveraging our relationship and geographical proximity to the NSW Ministry of Health and pillars, such as the Agency for Clinical Innovation, Clinical Excellence Commission and eHealth, will also be critical to the precinct.

A focus on consumer and community organisations, including consumer advocacy organisations and community groups is a core element of the initiative as is the potential relationship with industry partners.

CLINICAL OPPORTUNITY 2: NUCLEAR MEDICINE COLLABORATION BETWEEN RNSH/ANSTO/UNIVERSITY OF SYDNEY

Translating nuclear medicine developments into real-world practice

Partnership with ANSTO and other key organisations to enhance rapid deployment of new developments in nuclear medicine into clinical care.

The Initiative

Bringing together the RNSH Department of Nuclear Medicine and the Australian Nuclear Science and Technology Organisation (ANSTO) and other partners to develop a stronger research translational pipeline and enhance rapid deployment of new nuclear medicine approaches in clinical care.

The Background

The last decade has seen a large increase in the number of new treatments based on targeting molecular pathways in chronic conditions such as cancer, infection, musculoskeletal degeneration and cardiovascular disease. Many of these approaches have subsequently been modified and enhanced by the addition of radionuclides which can deliver lethal doses of radiation with precision guidance to their molecular targets – known as theranostics.

ANSTO is Australia's premier nuclear technology organisation and a significant part of its mandate is to support research, development and clinical translation of nuclear techniques in medicine and health. The RNSH Department of Nuclear Medicine is internationally recognised for its strong multidisciplinary clinical research agenda in the areas of nuclear medicine diagnostics, radionuclide therapy (RNT), capacity building, clinical trials, teaching and training in functional medical imaging. Other key drivers for the initiative include:

- RNSH was recently selected as the site for the National Collaborative Research Infrastructure Strategy (NCRIS) funded National Imaging Facility Total-Body PET-CT scanner – a $15m five-year collaborative project
- ANSTO has outstanding research capabilities for new radiopharmaceutical development, particularly in the area of labelling with radioactive metallic isotopes
- RNSH Department of Nuclear Medicine is strong in clinical translation and physics but has fewer resources in radiochemistry and lacks an ability to develop de novo radiopharmaceuticals.

The RNSH Department of Nuclear Medicine and ANSTO have been developing stronger links in a number of areas over the past few years and a strengthened research translational pipeline bringing the two groups together will benefit both organisations.

Benefits to the Precinct

Some of the potential activities for a closer working collaboration between ANSTO, RNSH/NSLHD, Cancer Institute NSW and the University of Sydney (and potentially GenesisCare) include:

- Clinical trials of pre-existing ANSTO radiopharmaceutical assets utilising RNSH's large clinical cohort
- Re-engineering previous therapies that used older, less effective radioisotopes with newer more potent ones
- Exploring the novel use of positron-emitting radioisotopes for radionuclide therapy
- Investigation of the potential for the using SPECT imaging agents for radionuclide therapy treatment planning
- Testing the potential role of fractionation in radionuclide therapy treatment regimes
- Testing the potential of combination multi-modality chemo/biological/ immunotherapy with molecular radionuclide therapy.

Potential Partners

The North Shore Health Hub adjacent to RNSH will include ambulatory and day procedure services. GenesisCare Oncology will provide radiation therapy, medical oncology and theranostic treatments using radionuclide therapy on the site. GenesisCare is a potential partner, at a time when they are exploring a deeper, broad relationship with the University of Sydney as their primary academic partner for areas such as technology development, clinical trials, education and training.

CLINICAL OPPORTUNITY 3: MULTIMODALITY IMAGING FOR CARDIOVASCULAR TREATMENT

Using integrated multimodality imaging to reduce the burden of cardiovascular disease

Developing a global hub of expertise to accelerate the integration of multimodality imaging for cardiovascular disease into clinical practice.

The Initiative

To leverage current capabilities to accelerate the use of integrated multimodality imaging for precision medicine in cardiovascular disease in Australia and worldwide. The development of a global industry hub for state-of-the-art imaging technology will accelerate its use in clinical practice and help reduce the significant burden of cardiovascular disease.

The Background

Cardiovascular disease is responsible for the second largest burden of disease in Australia, accounting for 14 per cent of disease as well as being the second most expensive disease group, costing more than $10 billion per year and nine per cent of all health expenditure in Australia.

There has been a substantial increase in the use of advanced multimodality imaging to manage heart disease in the last decade, driven by rapid advances in ultrasound (echocardiography), CT coronary angiography, cardiac MRI, cardiac nuclear medicine imaging (SPECT, PET), and invasive angiography with intravascular imaging.

Only with correct diagnosis using integrated imaging can we do the following:

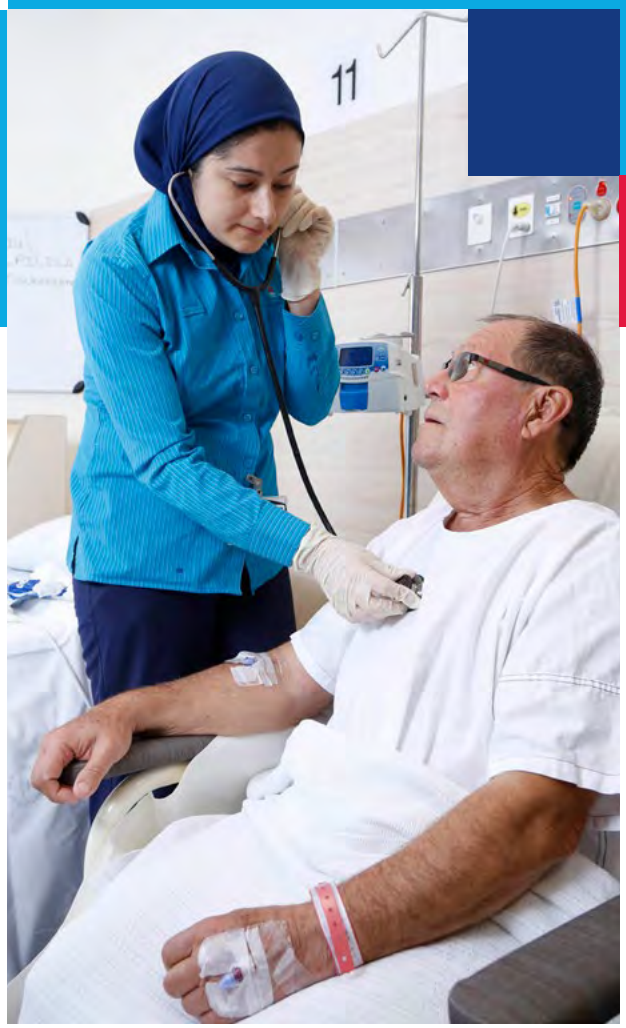
- Improve our understanding of disease mechanisms
- Determine the correct treatment
- Risk stratify and determine prognosis
- Establish and follow the effects of treatment.

We have an opportunity to leverage our already impressive capabilities to become a world-leading centre in this area. The team members collectively have an outstanding national and international track record, as well as breadth of competence, so are uniquely and excellently positioned to deliver on this vision.

NSLHD is already pioneering the integration of multimodality cardiovascular imaging into clinical practice.

The team has developed numerous longstanding international collaborations with leading institutions (UK, USA, Sweden, Singapore, Canada, New Zealand) with academic, health and industry partners. They are renowned for innovative discoveries, invention and implementation of new tools, and application of advanced imaging to enhance the power of clinical trials with global impact.

This initiative will see strategic investment across the whole pipeline of imaging research, spanning from biomedical engineering and imaging physics to big data, precision medicine, clinical trials, and implementation and policy. It will build a thriving ecosystem for education, research and world's best clinical care.



Benefits to the Precinct

The Precinct Plan provides an opportunity to further develop cardiovascular medicine and treatment. The benefits include:

- Improved patient diagnosis and management will see integrated application of state-of-the-art multimodality imaging to improve patient diagnosis and precision management, while minimising radiation and need for interventional procedures
- Education will see opportunities for medical and allied health students, junior staff, and research students to learn the theory, as well as how to use emerging imaging tools to improve patient diagnosis, management, outcome and experience
- Coordinated research platform: for discovery and innovation in cardiovascular disease imaging, with concentration of excellence of imaging scientists, engineers, data experts, bioinformaticians, along with clinical triallists, health economists and policy experts
- Enhanced University of Sydney presence on the precinct building on our existing programs, with particular focus on increased research and educational opportunities with allied health groups, radiography and nursing
- Enhancing the RNSH brand as leading innovators, inventing and applying state-of-the-art imaging technology to enhance patient outcomes and hospital experience
- Enhanced community and consumer engagement will see patient-focused research programs to help build broad strategies for imaging solutions to health problems and regular community education programs around heart health with schools, councils and sporting clubs.

Potential Partners

This proposal would see the growth of a global industry hub, with development of an established platform of international academic and industry partnerships, including financial investment, in-kind support, mentorship programs, and creation of jobs.

It will also involve partnering with the Agency for Clinical Innovation to integrate new clinical models of care that use state-of-the-art imaging, enhancing NSW Health strategic initiatives.

CLINICAL OPPORTUNITY 4: FUNCTIONAL WELLBEING CENTRE

Shifting the focus from surviving to thriving

Supporting a wide range of clinical specialties in incorporating evidence-based complementary therapies to improve patients' quality of life.

The Initiative

To create a NSLHD/University of Sydney Functional Wellbeing Centre incorporating evidence-based complementary therapies such as exercise, nutrition, psychological support and mindfulness training, and providing patients with tools to improve their quality of life. The Centre will sit alongside conventional medicine – not in place of it – acting as a bridge between the outstanding medical outcomes for which NSLHD is known and survivorship care following active treatment.

The Background

It is important to align the Precinct Plan with the University of Sydney designation of their northern campus as one focused on functional wellbeing. This opportunity has been jointly developed and sponsored by NSLHD and the University of Sydney.

Functional wellbeing programs, also referred to as integrative medicine, are becoming a more established adjunct to clinical treatment.

This is, in part, a response to increasing survivorship and in response to the patient voicing that surviving does not always equate to thriving. Functional wellbeing is what the patient hopes or aims to achieve in response to their clinical condition, and it represents a move from population-based to individualised, patient-centred treatments.

Informed discussion and decisions about treatment from the moment of diagnosis need to be augmented by the wider patient and carer community experience – not just among clinicians in multidisciplinary teams – but between patient, carers and clinicians. The experience of all patients is integral to the treatment of patients now and in the future, providing a feedback and feed forward element.

THE EXPERIENCE OF ALL PATIENTS IS INTEGRAL TO THE TREATMENT OF PATIENTS NOW AND IN THE FUTURE

Benefits to the Precinct

A NSLHD/University of Sydney Functional Wellbeing Centre will have the potential to support the scope of RNSH clinical specialties including cancer, burns, spinal, renal, mental health and musculoskeletal care. The Centre will incorporate evidence-based complementary therapies, supporting the patient to live while clinicians work to ensure the patient survives.

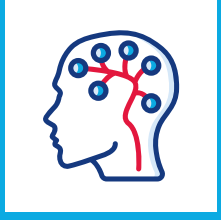
- It will provide a non-judgemental and informed space where patients can discuss alternative therapies and obtain information from reliable sources. Clinicians, in turn, will be aware of those alternatives and can discuss potential interactions with the patient's treatment
- Functional wellbeing medicine is increasingly incorporating artificial intelligence (AI) and machine learning in combination with biomedical research and wearable Apps, further driving change and individualisation of treatment and monitoring
- The Centre will deliver a holistic care experience for the patient and their families and carer(s) so treatment is adapted to meet individual needs and quality of life
- The result is a patient who remains as functional and independent as possible throughout and beyond treatment – shifting the focus from surviving to thriving.
- Education and research will be a key feature of the Centre.

Potential Staff and Partners

This proposal will be jointly developed and sponsored by NSLHD and the University of Sydney.

The Centre will incorporate a range of staff from clinicians to allied health disciplines, pharmacists and Smart App technologists to support patients on their journey.

It also presents significant opportunities for translational research, for example the use of targeted nutrition and supplements.



CLINICAL OPPORTUNITY 5: MULTIDISCIPLINARY NEUROVASCULAR SERVICE

Leading developments in neurology, neurosurgery and neuroradiology

Building on our existing high-level research and services to become a world leader in the field of neurology, neurosurgery, and interventional and diagnostic neuroradiology.

The Initiative

To build on current capabilities to become a world-leading multidisciplinary neurovascular services, covering the fields of neurology, neurosurgery and interventional and diagnostic neuroradiology.

The Background

NSLHD has always had a strong focus and expertise in neurovascular disease, including:

- The RNSH interventional neuroradiology (INR) service was among the first of its kind in Australia and for a long time, it was the statewide referral centre for neuro-interventional neurosurgical procedures, leading the way in novel treatments for stroke
- The RNSH Neurosurgical Department remains a tertiary referral centre with a very strong neurovascular focus and close links to Macquarie University
- The RNSH Neurology Department was one of the first to develop a stroke unit and treat stroke patients with a multidisciplinary approach. It remains one of the busiest neurological stroke service in NSW
- The NeuroCritical intensive care unit is the only one of its kind in NSW, catering for patients with critical neurological and neurosurgical disorders in close collaboration with the neurosurgical and neurological department.

The INR service together with diagnostic radiology, emergency medicine, neurology and intensive care have driven scientific developments that have changed treatment standards for ischaemic stroke and provided hope for patients with large vessel stroke. The neurovascular service is one of the largest and most active services in NSW and links into services at Macquarie University and the University of Sydney.

The breadth of expertise in different sub-specialities of neurovascular disease, the scientific focus and research development makes multidisciplinary neurovascular service a very strong candidate for the precinct.

Benefits to the Precinct

The Precinct Plan provides an opportunity to further develop our neurology services and expand and foster new research opportunities for training and long-care career development. Benefits include:

- Interventional neuro-oncology is one of the most exciting areas for further development. Technological advancements for treatment of ischaemic stroke and lesions of the cerebral vasculature hold promise for improving locoregional therapy for brain and head and neck tumours, managing tumour-related morbidity, and providing the foundation for personalised precision cancer care
- There is an opportunity to pioneer advances in robotic interventional neuroradiology in NSLHD, in collaboration with academic partners in its precinct. This could enable the roll out of new technologies across rural and remote Australia, so highly complex and specialist services like interventional radiology are accessible to rural and remote patients
- It will provide an Australia-wide teaching hub for the adoption of new INR technologies with live streaming interfaces
- The NSLHD Neuroscience Network has been very successful in researching and implementing new developments that have changed the way we treat stroke patients today. The district is at the forefront of cutting-edge research. One example is a trial underway using a new, highly effective intra-arterial thrombolytic therapy for targeting clots which are too distal to reach with mechanical embolectomy devices
- There is potential to train the specialists of the future remotely and help adopt new technology across NSW and Australia, with tele-proctoring.

Potential Reach

The stroke and neuroscience network is multidisciplinary and collaborates with multiple academic institutions in NSLHD. We have a proven track record of delivering high level research which had a direct impact on how we treat our patients today. There is an opportunity to work with academic partners to become a leader in the field of neurology, neurosurgery and interventional and diagnostic neuroradiology. Together with academic partners, we can develop the technology that could provide complex care to remote patients and provide hope to patients with rare cancers.

CLINICAL OPPORTUNITY 6: CENTRE TO IMPROVE PERSISTENT PAIN OUTCOMES

Enhancing the wellbeing of Australians living with chronic pain

Advancing multidisciplinary pain management, research, education and policy to reduce the high burden of distress and disability caused by chronic pain.

The Initiative

A new State-wide Centre to Improve Persistent Pain Outcomes (SCIPIO) to provide a national focal point for the development and delivery of advances in multidisciplinary pain management, research, education and policy.

The Background

Chronic pain affects 20 per cent of the NSW population and one-third of people aged over 65, so is particularly prevalent in the community residing within NSLHD. The distress and disability caused by chronic pain has a major negative impact on people's functional wellbeing. It also costs the state approximately $25 billion per year in direct medical costs and lost productivity. People with chronic pain are twice as likely to be admitted to hospital and have many other poor health outcomes: they frequently have mental health comorbidities and substance abuse issues, including abuse and misuse of opioids and other prescription medications.

While many medical specialities address pain as a symptom of disease in one organ system, for example, musculoskeletal health, the Pain Management Research Institute (PMRI), which is based at RNSH and the Northern Clinical School, addresses both the sensory and the emotional experience of chronic pain, and focuses on a biopsychosocial approach to assessment and treatment.

Since the 1990s, PMRI has been a leader in pain management research, education and advocacy. It has worked closely with industry partners in both the public and private sector.

PMRI's researchers are recognised as national leaders in the field and play key roles in the Kolling Institute priority research areas. PMRI is revolutionising the management of injured workers across the country, through system and case management changes adopted by many industries.

While PMRI is already a showpiece of the district, there is an opportunity to better coordinate its diverse activities and convert them into advances in policy and practice.

A new entity, tentatively called the State-wide Centre to Improve Persistent Pain Outcomes (SCIPIO), could achieve this aim. The new Centre will leverage PMRI's existing expertise and its partnerships to take what it has been developed in pain management, research, education and policy over the past two decades and use it to develop, promulgate and implement new guidelines, standards and policy.

While the Centre can be commissioned immediately, as it does not require the construction of a new building or the acquisition of expensive equipment or technology, should a Functional Wellbeing Centre be built on the precinct (Opportunity 4), the clinical services provided by the PMRI would benefit from co-location with other services in the new facility.

Benefits to the Precinct

The activities that would be undertaken by SCIPIO include:

- Develop and evaluate improved ways of enhancing functional wellbeing in people living with chronic pain, while simultaneously educating and training healthcare providers in state-of-the-art methods of chronic pain management
- In collaboration with the Australian Health Services Research Institute at the University of Wollongong, map current service delivery and the collection of pain outcomes data in NSW, so methods like machine learning can be used to analyse the data to identify the best practices in current chronic pain management and make personalised pain management a reality
- Promote a network of health services research activities for chronic pain in NSW, to evaluate issues affecting implementation of best practice approaches across primary and specialist care settings, including data linkage to document outcomes
- Maintain and extend the reach of our current national pain education and training program in chronic pain beyond the end of the current grant
- Advocate for patients with chronic pain and their families and enhance our active participation in the Agency for Clinical Innovation pain management network and the peak national advocacy body, Painaustralia
- Promote the implementation, and research into implementation, of early targeted biopsychosocial interventions for recently injured people presenting at hospital emergency departments and primary care settings and identified as being at risk of developing chronic, disabling pain
- Focus on the expanding role of information technology in healthcare, accelerated by the COVID-19 pandemic.

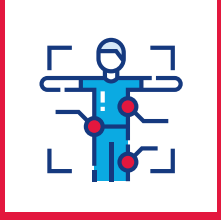
Potential Partners

The PMRI has developed extensive partnerships within and across the precinct including the Kolling Institute, NSLHD Clinical Networks, HammondCare, Macquarie Park and Frenchs Forest Precincts, and leveraging existing linkages with expertise in implementation science including through the Menzies Centre for Health Policy at the University of Sydney.

By building on our existing relationships within the NSLHD, the Agency for Clinical Innovation, and universities including the University of Sydney, Macquarie University, the University of Technology Sydney, the University of NSW, and Wollongong University, we believe SCIPIO can make a major contribution to enhancing the wellbeing of Australians living with chronic pain not only within NSLHD, but across all of NSW, the rest of Australia, as well as internationally.

Strategic Enablers

This section describes a number of enablers which are important prerequisites to designing an active and innovative precinct ecosystem. These enablers are not only important pillars to support the opportunities described in the previous section, but will enhance the breadth of all future clinical services across NSLHD.



STRATEGIC ENABLER 1: NATIONAL CENTRE FOR HUMAN FACTORS

Enhancing safety and quality of patient outcomes by embedding human factors concepts throughout the health service

The Initiative

A focus on human performance within systems, known as human factors, is a rapidly emerging discipline in both healthcare and other sectors of society.

The integration of human factor considerations into our system of care further enhances the safety and quality of patient outcomes. As described by the Clinical Excellence Commission:

> Human factors is an evidence-based scientific discipline that applies what is known about human capabilities and limitations to the design of systems, processes and environments to maximise human potential in the environment and reduces the likelihood of harm.

There is an opportunity for NSLHD, the Clinical Excellence Commission and the University of Sydney to create a National Centre for Human Factors on the precinct to:

- Design technologies and health systems that support human performance
- Embed human factors principles into safety and quality education and non-technical skills training
- Provide remote/face-to-face learning, professional leadership programs with clinicians/executive/boards on embedding human factors in every day clinical practice
- Provide a resource to support and promote research into human factors and patient safety.

Domains influencing human factors include:

- **Environmental:** Focused on user-centred design
- **Physical:** Focused on the anatomical, anthropometric, physiological and biomechanical characteristics of people and how these affect interactions between humans and other elements of the work system
- **Cognitive:** Focused on mental processes like perceptions, memory and reasoning and how these affect interactions between humans and other elements of the work system
- **Organisational:** Focused on sociotechnical systems, including organisational structures, policies and processes.

Benefits to the Precinct

Immediate benefits would include the Centre utilising RNSH as a test site for optimising application of human factor knowledge through a partnership with the Clinical Excellence Commission.

While the role of the Centre would primarily be to embed human factor concepts throughout NSW Health, it is proposed to evolve a national and international brief.

The Centre will benefit all clinical disciplines – allied health, nursing, midwifery, and medicine.

The proposal includes expanding, innovating and housing the Sydney Clinical Skills and SIM Centre within the National Centre, which will enhance user experience and increase commercial return.

HUMAN FACTORS, IS A RAPIDLY EMERGING DISCIPLINE IN BOTH HEALTHCARE AND OTHER SECTORS OF SOCIETY

STRATEGIC ENABLER 2: ENHANCED ACADEMIC PRESENCE

Developing a dynamic, visible academic presence to further promote multidisciplinary learning and interactions on the precinct

The Initiative

The Precinct Plan offers an opportunity to develop an enhanced academic presence on the precinct.

NSLHD currently has student placement agreements with 25 providers across a range of disciplines. The principal tertiary institutions include the University of Sydney, University of Technology Sydney, Macquarie University, Australian Catholic University, Western Sydney University and Australian College of Nursing. All of these are important relationships NSLHD is keen to sustain and grow.

The Northern Clinical School of the University of Sydney supports Doctor of Medicine students as well as practitioners completing postgraduate training. The school also assists in the training of nurses and allied health practitioners in both hospital and community settings. More than 100 past graduate students enrolled in the Northern Clinical School are involved in a broad spectrum of research ranging from basic laboratory research to clinical and epidemiological projects across the precinct.

There is a strong nursing and midwifery student presence on the precinct, predominantly through University of Technology Sydney, Australian Catholic University and University of Sydney.

There is uniform consensus among contributors to this Precinct Plan that developing the precinct aspirations of an active innovation ecosystem will require a more dynamic and visible academic presence. A fundamental principle of this enhanced academic presence is that it is designed to promote multidisciplinary learnings and interactions – critical components of health care of the future.

Benefits to the Precinct

This enhanced academic presence would:

- Improve student wellbeing and learning experience
- Help attract clinicians back to the precinct after graduation
- Facilitate integrated education and training between doctors, nurses, midwives and allied health.

Factors for Consideration

A number of areas have been identified for development across all disciplines, including:

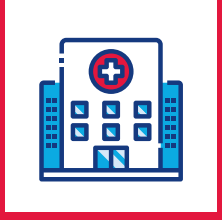
Future learning environment: Specifically designed teaching areas including small group tutorial rooms, a small amphitheatre and a number of specially designed interactive education rooms would elevate the student experience and encourage inclusion of a broader range of teaching styles.

Sydney Clinical Skills and Simulation Centre (SCSSC): The Simulation Centre comprises an operating theatre, laboratory with two resuscitation bays, two seminar rooms and a range of high and low-fidelity simulators, advanced anaesthetic simulators and part task trainers. The Clinical Skills Centre is the procedural teaching facility for Northern Clinical School. A new, sophisticated and contemporary SCSSC is proposed and would offer students access to a world-class learning facility, by enabling fully-immersive simulated clinical scenarios. The Centre could be expanded to include a simulation ward and 3D digital dissection tables that would enhance interprofessional teaching and specialty placement teaching. Enhancing the current SCSSC facilities would work to successfully develop and maintain high-quality simulation training programs for students and health professionals.

The student experience: In addition to improved academic experience, it is important to provide appropriate common room facilities for students to maximise the experience of their placements and embed a desire to continue to work and study at the precinct in the future. These facilities could include:

- A place to study and obtain support from teaching/medical staff
- A place to gather and collaborate
- A place to interface with other students – including other health disciplines.

A number of innovative suggestions were made to enhance innovative educational experience on the precinct. One involved the development of an integrative midwifery/medicine undergraduate course to promote joint learnings and multidisciplinary care during undergraduate years. Others involved initiatives in allied health, dentistry and pharmacy. All these propositions should continue to be explored.



STRATEGIC ENABLER 3: MAGNET® HOSPITAL RECOGNITION

Exemplar Nursing and Midwifery Services

NSLHD has recognised leaders in nursing and midwifery care in NSW. We consistently showcase our skills, knowledge and ability with international, national and state awards for innovative leadership, clinical innovation and research that generates publications and grants, profiling our significance in nursing and midwifery professions. This culture successfully aligns our nursing and midwifery strategic goals to improve patient outcomes across NSLHD. In all of our nursing and midwifery services we present the patient's voice and their compelling view of our safety culture across NSLHD.

Our principal tertiary referral facility, RNSH, is cutting edge, delivering specialist nursing and midwifery care in the areas of surgery, medicine, women's and children's health and critical care services including: emergency department, state-wide trauma centre, operating theatres, ICU, general, neurology/ neuroscience and cardiology. This is in addition to being a state-wide referral centre for severe burns, neonatal intensive care, interventional neuroradiology and acute spinal cord injuries.

The nursing and midwifery care provided at RNSH promotes teamwork, shared leadership, innovation and excellence at all levels. With a strong and capable workforce of over 2000 nurses and midwives, RNSH is positioned to take the next step towards recognition of their exceptional nursing and midwifery services through the pursuit of Magnet® status, enabling NSLHD and RNSH to highlight the strength, innovation, leadership and persistence in seeking to provide the best care to our community.

The Magnet® Recognition Program has accredited only 400 hospitals internationally who are seen as leaders in the delivery of exemplar nursing and midwifery care. The Program benefits the whole of an organisation. To nurses and midwives, Magnet® recognition means education and development through every career stage, which leads to greater autonomy at the bedside. To patients, it means the very best care, delivered by nurses who are supported to be the very best that they can be.

NSLHD and RNSH are committed to ensuring a sustained culture of excellence. Although the process of attaining Magnet® designation is thorough and lengthy, demanding widespread participation within the organisation, we see ourselves as ready to commence this work to ensure we are internationally recognised as delivering clinically excellent care, delivered by nurses who are supported to be the very best that they can be.

THE VERY BEST CARE, DELIVERED BY NURSES WHO ARE SUPPORTED TO BE THE VERY BEST THAT THEY CAN BE

STRATEGIC ENABLER 4: ESTABLISHMENT OF EARLY-STAGE CLINICAL TRIALS CAPACITY

Consolidating trial units to develop a world-class clinical trials facility that will attract and retain the best clinicians, researchers and partners

The Initiative

NSLHD has an extraordinary opportunity to develop a world-class Clinical Trials Centre which will establish its reputation as a national leader in advancing patient outcomes through translational research.

NSLHD boasts world-leading clinician researchers who are backed by teams of research scientists turning concept into research breakthrough and translation, from the laboratory and data repositories to patient care settings. An important step in realising these advances is clinical trials.

NSLHD already has several clinical trial units operating independently. By consolidating these and further developing infrastructure and support services in the formation of a Clinical Trials Centre, NSLHD can build a world-class facility, attracting and retaining the best clinicians, researchers, and partners. This Clinical Trials Centre will provide opportunities for all departments, such as creating synergies and capacity for partnering with a range of relevant stakeholders, including pharmaceutical and industry partners within and across the district.

Factors for Consideration

The clinical trials reference group is already undertaking the groundwork required to harmonise trials across NSLHD. This was an important initiative identified in the *NSLHD Research Strategy 2019-2024* and in particular given the inclusion of clinical trials in National Safety and Quality Health Service Standards from 2022.

The Kolling Institute is a critical partner in the success of a Clinical Trials Centre as it is:

- The joint-venture's home of academic excellence
- The bridge to translational outcomes
- A major pillar of the Kolling Institute's Research Strategy.

Many of our leading clinicians and opinion leaders have their scientific research base within the Kolling Institute. Other important expert partners, include North Shore Private Hospital, Radiology, Macquarie Imaging, NSW Pathology, allied health, and Sydney Health Partners.

To facilitate a consolidated and expanded Clinical Trials Centre on the precinct, specific infrastructure needs will be assessed and identified to ensure appropriate facilities are available.

Benefits to the Precinct

The success of a clinical trial is largely dependent on successful patient recruitment. The Clinical Trials Centre will provide the necessary resources such as infrastructure and support personnel for clinician/investigator-initiated trials, with many subsidised or funded through external grants such as National Health and Medical Research Council, industry or internationally-funded awards.

The Clinical Trials Centre will attract and retain world-class clinicians, researchers and partners, and will provide a sustainable funding model through contract research in drug and medical device related industry sponsored trials.

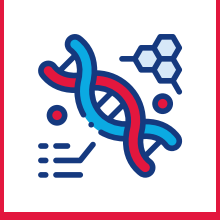
It will attract profitable industry partnerships through patient access, high-quality facilities, and content expertise.

A feature of clinical trials is the positive benefits to patients through:

- Access to cutting-edge therapies
- Close monitoring of conditions
- Further expert advice and support
- An active role in their own healthcare decisions.

This Clinical Trials Centre will provide patients with an opportunity to engage in co-design and to benefit from participation in clinical trials.

Through the development of a high-quality Clinical Trials Centre, NSLHD would be addressing all six priority areas of the *NSLHD Research Strategy 2019-2024*. Through building the infrastructure we would enhance partnerships in clinical trials, which would grow our research and further engage the community. This will lead to career development opportunities for clinical trials nurses, coordinators and other relevant staff, while having real-world impact of research on patient care and community health.



STRATEGIC ENABLER 5: GENOMICS ENHANCEMENT

Expanding NSLHD's genomic capability to harness developments in tailoring screening tests, genomic therapies, interventions and disease management

The Initiative

There is an opportunity to expand NSLHD's genomic capability over the coming decade to include oncology, haematology, maternal-fetal medicine, endocrinology, rheumatology, gastroenterology and pharmacogenomics.

Healthcare is set to be delivered at an increasingly individualised level that is underpinned by a deep understanding of a person's own genetic sequence over the next two decades. NSLHD, which currently hosts the state-wide genomics groups, has the opportunity to establish itself as an exemplar by tailoring screening tests, therapies, interventions and management within the population it serves, in a way most appropriate to the individuals within that population. This is the ideal population to introduce this model of healthcare based on the genome for the following reasons:

- Population with an elderly demographic
- High uptake of new technologies including non-invasive prenatal testing
- High rates of malignancy and other chronic disease commensurate with its aging population
- Well established interdisciplinary care teams.

Factors for Consideration

Our vision will be achieved through molecular testing of cancers to match international best practice. Within oncology, this requires the capability to test tumour samples for selected mutations and chromosomal translocations for which treatments are already available. This testing needs to be performed on the precinct to allow full integration into clinical care.

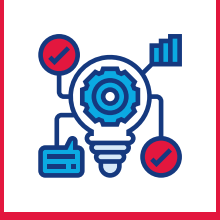
In the near future, this will also require the ability to test blood samples for circulating tumour DNA. As cancers driven by targetable mutations move from becoming incurable to becoming a chronic manageable disease, the emphasis will shift from tumour testing, to blood tests (circulating DNA) so that repeated/serial determination of circulating DNA will become a key part of follow up for the detection of early recurrence and acquired drug resistance that will determine changes in therapy.

All of the above capabilities could be integrated with those of Sydney Health Partners and our partner universities. These will continue to provide many opportunities for PhD students and developmental research. It would not duplicate the prokaryotic gene sequencing facility at Westmead Hospital but integrate with it.

Cell-based regeneration therapy is also an area where capability will need to be available within NSLHD within the next decade.

Benefits to the Precinct and Health System

- **Maternal-fetal medicine:** Developing capability to undertake prenatal genetic testing and diagnosis and to examine fetal DNA through maternal circulation. Much of this work is done now in Victoria and as demand grows, it will also need to be available through NSW. This relatively non-invasive form of genetic testing will become an important adjunct to assisted reproductive technology
- **Endocrinology, rheumatology and gastroenterology:** Specific needs somewhat similar to those in oncology and haematology. This will include the ability to detect certain disease predisposing markers, or genetic markers, which indicate the suitability or otherwise of particular forms of treatment
- **Pharmacogenomics:** Drug metabolising enzymes and pathways, and polymorphisms within these, may well determine specific treatments suitable for individuals as part of a more personalised approach to their medical care so developing skills in this area will be critical.



STRATEGIC ENABLER 6: A HEALTH ANALYTICS AND INNOVATION HUB

Leading the way in using informatics and data analytics to transform healthcare provision, safety and quality

The Initiative

The partners in the precinct have a unique opportunity to harness data analytics to close the gap between knowledge and practice and bring research, administration and digital technologies closer to clinical care.

The recent COVID-19 pandemic has demonstrated the demand for digital technologies and analytics capabilities, which are essential to transform the patient experience and support clinicians. The pandemic also demonstrated how quickly the health system can evolve when different groups share their expertise and resources to reach a shared goal.

Recognising the existing co-location of NSLHD, the NSW Ministry of Health and pillar agencies, clinicians and researchers, there is an opportunity for the precinct to become the exemplar of how informatics and analytics transforms healthcare provision, safety and quality.

Factors for Consideration

Successful examples of local or state-wide implementation are usually at high cost, have long development times and are limited in their scalability. Several challenges and potential solutions are describe below:

- There is disconnect between design of solutions and the information users on the clinical and operational frontline. This could be solved by strong clinician engagement and rapid iterative design and testing close to the clinical and operational front-line
- Technical infrastructure limitations and challenges in access to data. This could be solved by enabling the system to access eMR content structured into usable data. This requires high-powered computing infrastructure and sophisticated analytical tools to mine and structure the notes, diagnostics and other data in eMR
- Gaps in analytical skills and capacity. This could be solved by creating a critical mass of analytics expertise to develop tools and solutions for scaling out, and provide support and capability development to the analysts in the wider system.

Benefits to the Precinct and Health System

The precinct will lead the way in demonstrating how informatics and analytics transforms healthcare provision, safety and quality. This will extend from a deeper understanding of the quality of care that is provided, to how care is accessed and managed as well as enabling clinical trials recruitment and research.

Enhanced analytics support has potential benefits for many different parts of the health system. The types of options range from very specific, to very general; and the choice of where to focus will consider funding, other initiatives, existing work across NSW, and local priorities and expertise. The broad options include the following:

- Focus on a specific analytics method or discipline, such as artificial intelligence (AI)
- Focus on a specific clinical specialty such as aged care or centre of excellence such as musculoskeletal

- Focus on a specific strategic or operational initiative
- Building capability and capacity to develop analytical solutions to meet the information needs of the operational and clinical frontline
- Creating an environment and capacity to develop state-wide tools using local data, clinicians and clinical operating environments.

Several different, but overlapping, focus areas are proposed as follows:

- Become a centre of excellence for complex and big data analytics
- Create a learning system for continuous improvement of clinical care
- Create value and operational efficiency
- Foster innovative and digital solutions
- Speed up the process of undertaking research and impacting practice.

The precinct can achieve the aspirational vision of the NSW Health analytics framework through recruitment and maintenance of highly skilled analytics teams, agreed ethics and governance procedures and processes between organisations and alignment between local and state health and academic priorities and work cultures.

Data analytics tools have the potential to transform healthcare in many different ways including:

- Routine visits will be replaced by regularly monitoring one's health status, using analytics to synthesise and prioritise the information fed back from devices and patients
- The inpatient setting will be improved by more sophisticated quality metrics drawn from an ecosystem of interconnected digital health tools
- The care patients receive may be decided in consultation with decision support software that is informed not only by expert judgements, but also by algorithms that draw on information from patients around the world, some of whom will differ from the typical patient
- Support may be customised for an individual's personal genetic information, and doctors and nurses will be skilled interpreters of advanced ways to diagnose, track and treat illnesses
- In a number of different ways, policy makers are likely to have new tools that provide valuable insights into complicated health, treatment, and spending trends.

STRATEGIC ENABLER 7: OPTIMAL PRECINCT DESIGN

Partnering with consumers and staff to design a healthy precinct for the future

The Initiative

A new precinct design project will involve partnering with consumers and using co-design principles to identify particular issues for patients, carers, staff and visitors. This project will inform future planning and help establish a vision for the precinct that champions healthy placemaking and its central role in fostering healthy people and a healthy planet.

Precinct design is an important enabler to developing a healthy environment for patients, carers, visitors, staff and the broader community surrounding RNSH.

Factors for Consideration

A precinct exemplifying best-practice design includes safe, inviting and well-designed spaces that cater for all users, including children, the elderly, people with disabilities and Indigenous Australians. Such design also affords opportunities for health-promoting behaviours, including recreation, active travel, social interaction and connecting with nature. These behaviours benefit both human and planetary health – and showcase how contemporary health precincts such as RNSH are evolving to promote a broader community of health and wellness.

Improving precinct design is therefore critical to reinforce RNSH's world-leading approach to person-centred care, its ongoing stewardship of the environment, its commitment to creating a healthy workforce and its recognition of the important connection between people and place. This includes raising awareness of the precinct's rich social and cultural history, and the role RNSH has served in the community for over a century.

In advance of identifying future infrastructure needs, this project will involve partnering with consumers and using co-design principles to ensure optimal design for the future.

Benefits to the Precinct

In particular, such a project would focus on the following:

- **Quality public spaces:** creating a network of high-quality public spaces, including spaces for socialising, private reflection, active and passive recreation, connecting with nature and showcasing social and cultural heritage. Existing, underutilised spaces such as the Kolling building forecourt and the previous main hospital vacant building lot, provide the opportunity to meet user needs and establish an interconnected network of spaces across the precinct.
- **Access:** The creation of a welcoming environment to facilitate access for all, including those with mobility or sensory impairments. This is underpinned by a safe and walkable precinct with excellent pedestrian connectivity throughout the site, and to major destinations such as St Leonards train station and bus stops. Access could be centred around a network of green paths – a green grid – taking into account the precincts' topography and key landmarks.
- **Wayfinding:** Establishing a clear hierarchy of streets and walkways, reinforced by consistent signage, paving and lighting. New technologies could be employed to improve user access and experience, particularly for the many people whose first language is not English.
- **Patients and carers:** Meeting the unique needs of patients, especially long-stay patients who are from outside the northern Sydney area. This could include spaces where these patients and/or their carers can escape routine and have greater privacy.
- **Staff:** Ensuing the precinct design instils a sense of ownership and pride among staff, through both the quality of the public realm and spaces that meet staff needs. This has the potential to create a more engaged workforce and reinforce a positive workplace culture.
- **Expanding/enabling alternatives to attendance:** projects to investigate alternative options to attending the hospital, including use of telehealth, outreach services, patient education videos, GP support, alternative transport options.

The Precinct Plan provides a unique opportunity to consider spatial development through a health lens and from a community perspective. Simple yet effective changes to the physical environment, in terms of quality open spaces, good access and wayfinding, will help create a vibrant precinct ecosystem that enhances user experience and has the potential to improve both population and planetary health.

PHILANTHROPY AND PARTNERSHIPS

The NORTH Foundation is the philanthropic and fundraising partner of NSLHD supporting RNSH, Hornsby Ku-ring-gai Hospital, Ryde Hospital, Mona Vale Hospital and the Kolling Institute. NSLHD and the NORTH Foundation have a shared objective of building the Foundation to deliver strategic and effective fundraising for the purpose of furthering wellbeing. The NORTH Foundation is recognised as a major contributor to medical research and a community health system in which people enjoy improved health throughout their whole lives. The aim of the Foundation is to be a charity of choice for those seeking to improve community wellbeing, innovative health research and the delivery of exceptional patient care.

To support the precinct, the focus of the NORTH Foundation will be on identifying strategies to grow structured giving, as distinct from mass-market and other forms of giving such as direct donations or crowd-funding. Structured giving involves using a vehicle designed to enable giving, such as private or public ancillary funds, sub-funds and giving circles, testamentary or other legacy trusts. Structured giving can also occur without using a dedicated vehicle, through corporate cash donations, or larger scale and planned contributions from individuals and families. Growing structured giving helps support and reinforce other pro-social giving behaviours, such as mass market giving, impact investing, volunteering and other initiatives that benefit the precinct and the community.

To take advantage of the rapid growth of socially-conscious investing in NSW, the NORTH Foundation will also be looking to launch an impact investment fund to secure millions of dollars in multi-year commitments directly aimed at supporting the Precinct Plan and aligning impact and financial goals while also securing new philanthropic partnerships.


South
TEAM
LEADER

NEXT STEPS

Meeting the vision of the Precinct Plan will require formal assessment of the proposed Clinical Opportunities and Strategic Enablers, and importantly, engagement with our community as well as government, philanthropic and industry partners.

The development of the Precinct Plan has been led by the NSLHD precinct planning group (PPG) and the NSLHD precinct reference group (PRG) under the governance of the NSLHD Chief Executive and NSLHD Board. This next phase will continue to be overseen by the PRG with representatives from the NSLHD Clinical Networks, the RNSH Executive, and key partners including:

- NSW Ministry of Health
- Office for Health and Medical Research
- North Shore Private Hospital
- University of Sydney
- Sydney North Primary Health Network

The PRG will be responsible for driving the Precinct Plan as the peak governance body overseeing implementation.

The advancement of the RNSH campus into a vibrant and innovative precinct that will drive the best clinical, educational and research collaboration will require the sharing of knowledge, identification of risks and potential opportunities, and close collaboration with all our partners.

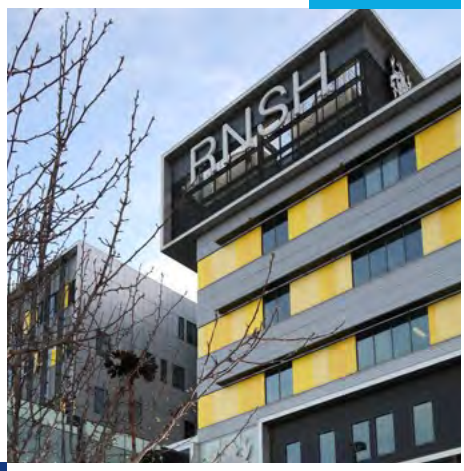
A VIBRANT AND INNOVATIVE PRECINCT THAT WILL DRIVE THE BEST CLINICAL, EDUCATIONAL AND RESEARCH COLLABORATION

ACKNOWLEDGEMENTS

We would like to thank all of those who provided their enthusiasm, time, vision and expertise to the development of this Precinct Plan.

Thank you also to the patients, staff and students who allowed us to use your words and images.

Thank you to our partners and consumers, whose ongoing contribution and participation in the precinct is invaluable in creating an innovative Health, Education and Research Precinct in St Leonards.



NSW GOVERNMENT

Health
Northern Sydney
Local Health District

NSW GOVERNMENT

Health
Northern Sydney
Local Health District

NSLHD PLANETARY HEALTH FRAMEWORK 2021 - 2023

Disclaimer
Please be advised that this document may contain images of deceased Aboriginal and Torres Strait Islander people.

ACKNOWLEDGMENT OF COUNTRY

Northern Sydney Local Health District would like to acknowledge the Traditional Custodians of the lands on which our health services have been built, the Gaimaraigal, Guringai and Dharug peoples and we honour and pay our respects to their ancestors.

NSLHD also acknowledges and pays respects to all Aboriginal and Torres Strait Islander peoples and to Elders past, present and emerging.

We acknowledge that past, current and future Aboriginal and Torres Strait Islander peoples are the continuing custodians of this country upon which we live, work and meet and that it is from their blood, courage, pride and dignity that we are able to continue to live, work and meet on this ancient and sacred country.

PLANETARY HEALTH IMPACT STATEMENT

We have lived continuously on Mother Country as custodians for more than 75,000 years,
the Ancestors have loved, and cared for Her, they have listened to Her since before there was time

Those Ancestors trod on Her as the First Peoples, they baked bread from wild sown seeds, drank from unpolluted waters, fished and caught turtle and crocodile, hunted kangaroo and cleansed themselves in pristine rivers

They cleared Her to farm, and planted trees where trees wouldn't grow, they burned bush to stimulate Her so she would give them shade and shelter and keep them from destroying all that she had created, all that was and will be, and taught us to be resilient and to love her

But we have forgotten Her; She is whispering to us that she is sick;

She withers and She will die if we do not care about her any longer

Listen to what She is saying;

You aren't very good at this are you? Understand that the earth you walk on, the trees that bear fruit for you, the fields that give grain to bake bread, the rivers that quench your thirst, the animals that give food, the gardens that give up their vegetables are finite, as are you.

What will they reap?

Mother Earth will soon tire of us

In fact

I think She already has.

She will soon tire of giving us chances to learn how to love her and nurture her

Her spirit will die, and our spirit will die with her

Love her, she loved us since before time, and we owe that to Her and our children

Written by Adjunct Professor Peter Shine, Director Aboriginal Health

CONTENTS

FOREWORD

Over the past century, significant advances in medicine, technology and urban development have increased our quality of life immensely. However, achieving these gains has led to negative impacts on the health and wellbeing of our planet.

As healthcare professionals, we are uniquely placed to contribute to significant and sustainable change in the field of planetary health. Northern Sydney Local Health District has a responsibility to reduce our environmental impact whilst achieving the highest standard of health, wellbeing and equity for our patients, our workforce and our community.

We know that our current levels of resource consumption are unsustainable. The impact of significant consumption of energy, water and generation of waste on human health and the health of our planet is immense. By focusing on the political, economic and social systems that shape planetary health, we have an opportunity to increase the resilience of our health system whilst reducing our impact on climate change.

Part of our responsibility as a local health district is to help and improve the health conditions affecting our community. As healthcare moves towards a more virtual experience, we will continue to leverage the sustainable benefits of technology and new models of care.

The decisions we make today when designing and delivering clinical services and implementing sustainable business practices, will continue to affect the health and wellbeing of our patients and our community for many generations to come.

Our inaugural *NSLHD Planetary Health Framework 2021–2023* sets out our commitment to improving and reducing our environmental footprint and subsequent impact on the planet and climate change. Five priority domains have been identified to achieve this: sustainable organisation, capital works and procurement, people and places, models of care, sustainable organisation, and waste management and resource recovery.

I look forward to working with you to ensure NSLHD continues to provide world class healthcare whilst actively seeking opportunities to become an environmentally sustainable organisation.

Deb Willcox
Chief Executive
Northern Sydney Local Health District

EXECUTIVE SUMMARY

NSLHD PLANETARY HEALTH FRAMEWORK 2021–2023

The *NSLHD Planetary Health Framework 2021–2023* outlines the district's vision to become a more environmentally aware and sustainable organisation in the field of planetary health.

The framework focuses on five priority domains: sustainable organisation, waste management and resource recovery, capital works and procurement, models of care and people and places. Each priority domain is underpinned by economic, social and governance systems that shape the actions affecting our natural systems and planetary health.

A range of targeted strategies have been aligned to each priority domain. For each strategy, we have outlined how we intend to achieve these targets and an executive sponsor has been nominated to ensure robust governance and oversight.

The framework has also been developed to help deliver on three strategies outlined in the *NSLHD Strategic Plan 2017-2022*:

- **Evidence-based decision making**
- **Responsive and adaptable organisation**
- **Engaged and empowered workforce**

NSLHD will make improvements in the field of planetary health by advocating for the highest standards of health, wellbeing and equity

NSLHD vision: Leaders in healthcare, partners in wellbeing

INTRODUCTION

Planetary health is defined as the *"highest attainable standard of health, wellbeing, and equity through judicious attention to the human systems – political, economic, and social – that shape the future of humanity and the earth's natural systems [1]."*

Planetary health recognises the inextricable link between the health of our planet and the health of human civilisation. As we alter the earth's natural systems, we are impacting our own social and environmental determinants of health including clean air, safe drinking water, sufficient food sources and secure shelter. Planetary health is a priority for NSLHD due to the impact on the health and wellbeing of our patients, staff and community. This includes the impact of the spread of infectious diseases such as severe acute respiratory syndrome, the risk of non-communicable diseases intensifying due to warmer temperatures and the impact of climate change on mental health.

The healthcare sector contributes seven per cent of Australia's total emissions output [2]. According to the World Health Organisation (WHO), the healthcare sector plays an essential role in working to reduce its climate footprint whilst strengthening public health systems to respond to the effects of climate change [3].

Globally the climate footprint is equivalent to approximately four per cent of global net emissions [4]. There are a number of related health co-benefits of addressing climate change: reducing the environmental burden of disease; reducing the number of life years lost; and decreasing overall hospital admissions.

The *NSLHD Planetary Heath Framework 2021–2023* will provide direction for the monitoring, development and implementation of planetary health related initiatives across NSLHD. The framework identifies NSLHD's commitment to the sustainability of its services, through addressing waste and water management, and energy use, and encouraging local efforts that focus on the design and delivery of clinical services.

This Framework builds on the *NSLHD Clinical Services Plan 2019–2022* in identifying that the environmental sustainability of resource use and design and delivery of clinical services is one of NSLHD's major drivers of health service change.

The Framework has also been developed to give consideration to a range of guiding principles and policies. These include the NSW Health Resource Efficiency Strategy 2016-2023 [5]; NSW Government Resource Efficiency Policy 2019 [6]; NSW Climate Change Policy Framework 2016 [7]; NSW Modern Slavery Act 2018 No 30 [8]; and the United Nations Sustainable Development Goals [9].

Staff at Ryde Hospital

ABOUT NORTHERN SYDNEY LOCAL HEALTH DISTRICT

NSLHD clinical services are organised across:

- Acute hospitals – Royal North Shore Hospital, Hornsby Ku-ring-gai Hospital, Ryde Hospital, Northern Beaches Hospital and one sub-acute hospital at Mona Vale.
- Clinical directorates – Mental Health Drug and Alcohol (acute inpatient Mental Health Service provided at Macquarie Hospital) and Primary and Community Health which delivers services from a network of community health centres and in people's homes.
- Clinical and other support services, including medical imaging, pharmacy, allied health, Aboriginal health and carers support. Pathology services are provided by NSW Pathology.
- Affiliated health organisations providing sub-acute care at HammondCare (Greenwich and Neringah Hospitals) and Royal Rehab at Ryde.
- 11 Clinical Networks that advise on the strategic development of services and the profile and configuration of services across the hospitals and directorates.

NSLHD covers an area of approximately 900 square kilometres, located across nine local government areas and almost one million people, which represents 11.7 per cent of the NSW population.

In the 2019–20 financial year, the district performed more than 31,596 operations, provided care to 229,711 people in our emergency departments, cared for more than 5,502 babies born in our hospitals, and cared for 571,279 occassions of service to nearly 160,000 patients in outpatient clinics. NSLHD has an expense budget of approximately $1.7 billion.

There are a number of planetary health related initiatives already underway across NSLHD. Some of these include: large solar panel installations at Hornsby Ku-ring-gai and Mona Vale hospitals, recycling and waste management systems in place at multiple facilities and the *NSLHD Active Transport Framework* that aims to reduce car dependency in both in NSLHD workplaces and across Northern Sydney. NSLHD also reports annually on resource efficiencies in compliance with the *NSW Government Resource Efficiency Policy*.

OUR CORE VALUES

C O R E

COLLABORATION

With colleagues, we share our ideas and knowledge, offer assistance and work together to identify opportunities for sustainable development. With patients, consumers, carers and family members, we take the time to talk and listen. We aim to improve the patient experience by promoting planetary health and engaging stakeholders in environmental improvement initiatives.

OPENNESS

With colleagues, we communicate transparently and honestly, participate in constructive feedback and take time to listen to each other's ideas on how to become an environmentally aware and sustainable organisation. With patients, consumers, carers and family members, we take the time to answer questions about our hospital or service's commitment to planetary health and environmental sustianability.

RESPECT

We respect and appreciate all cultures. With colleagues, we are inclusive and treat each other with fairness, resolving issues constructively with each other and ensuring our work environment is safe. With patients, consumers, carers and family members, in addition to ensuring that you get safe, high quality care, we take your sustainability concerns seriously and follow up with you to ensure you get the most up to date information about NSLHD's environmental commitment.

EMPOWERMENT

With colleagues, we acknowledge strengths and complementary skills in others, we support and mentor each other to provide the highest quality care whilst being mindful of environmental sustainability. With patients, consumers, carers and family members, we enable communication and participation, ensuring your suggestions for a more sustainable healthcare system are considered, recorded and implemented where suitable.

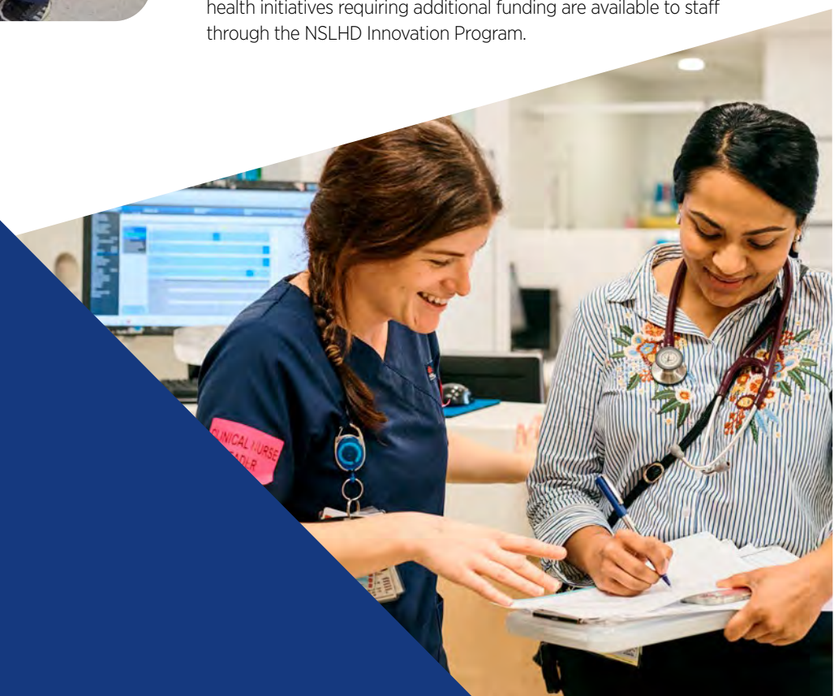
Staff at Hornsby Ku-ring-gai Hospital

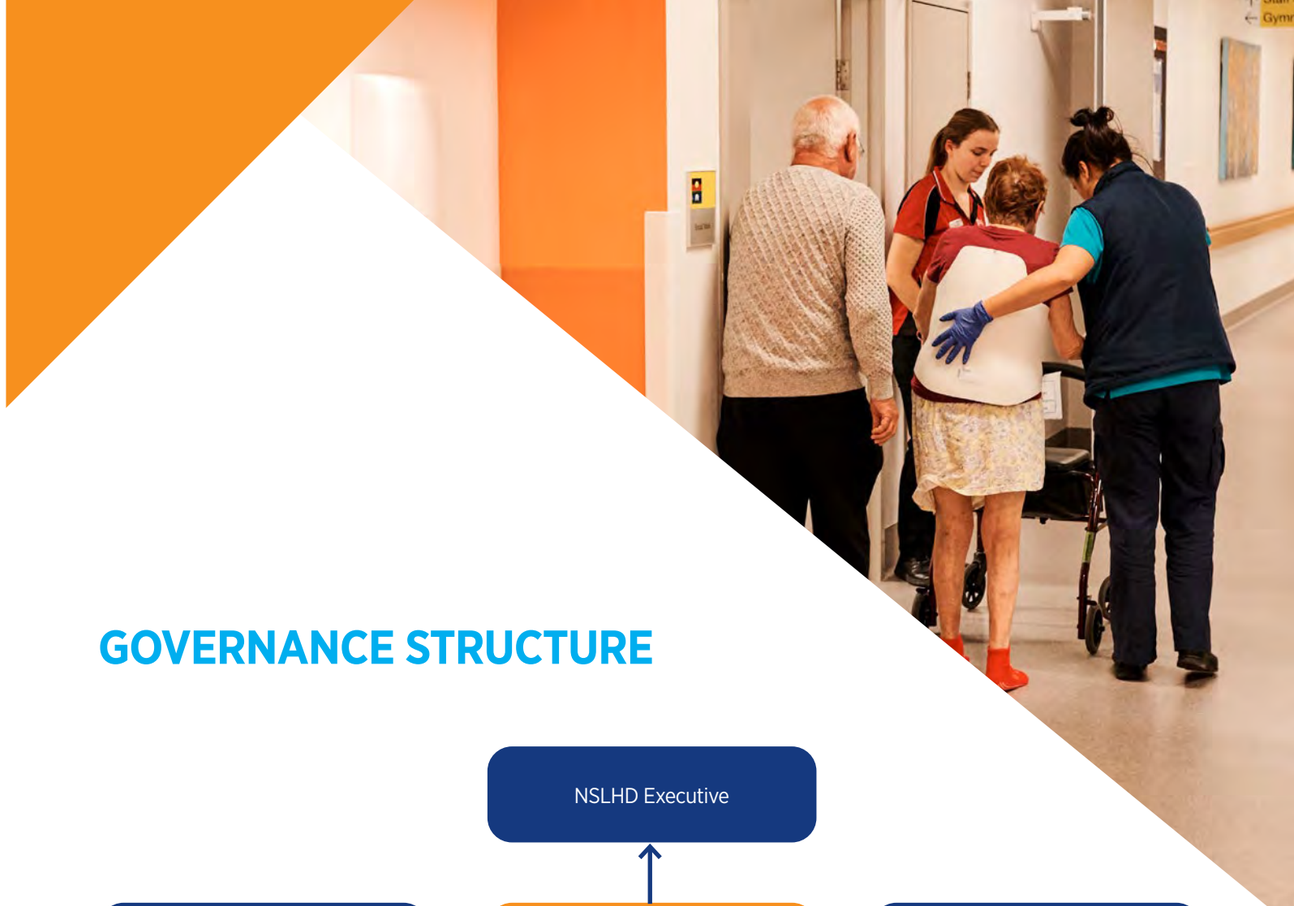
STRUCTURE AND ACCOUNTABILITY

The NSLHD Planetary Health Committee will drive the agenda of the *NSLHD Planetary Health Framework* and maintain oversight of its implementation. The five priority domains and focus areas – sustainable organisation, waste management and resource recovery, capital works and procurement, people and places and models of care – will underpin decisions made in relation to the implementation and endorsement of new planetary health related initiatives.

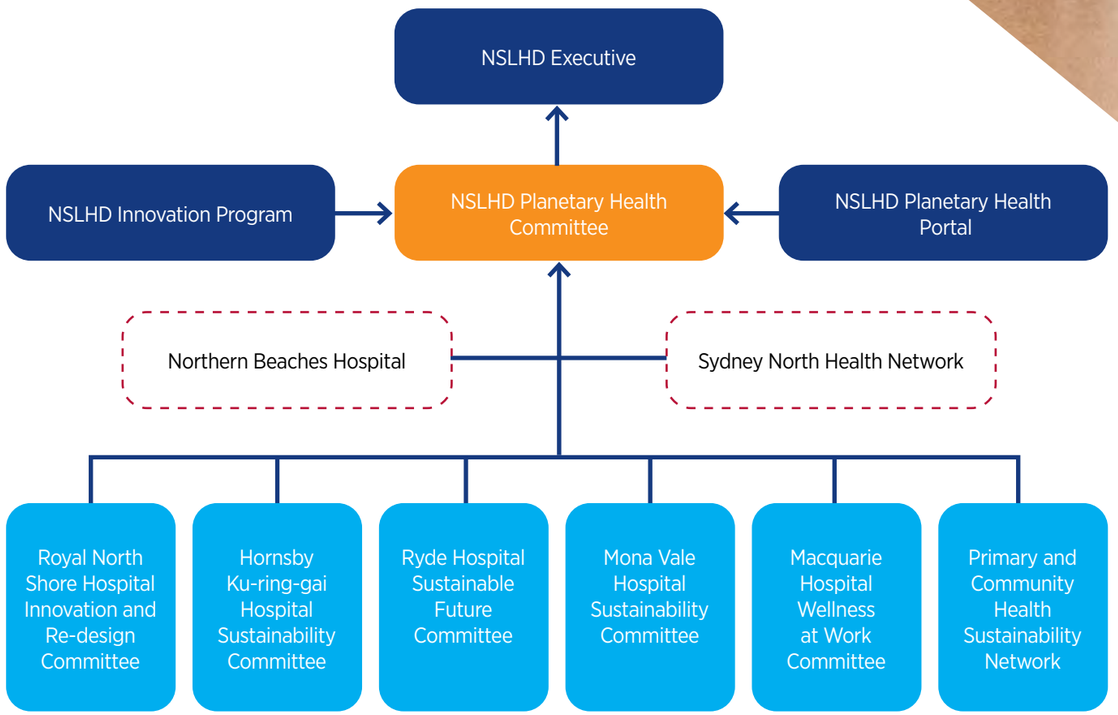
Each hospital and facility across NSLHD has implemented, or is in the process of implementing, a planetary health/environmental sustainability governance structure. Royal North Shore Hospital have developed a sustainability plan and action plan aimed at embedding sustainability within all hospital operations. Progress on this plan is reported to the RNSH Innovation and Redesign Committee, which is a sub-committee of the NSLHD Planetary Health Committee. Other reporting sub-committees of the NSLHD Planetary Health Committee include the Hornsby Ku-ring-gai Hospital Sustainability Committee, Ryde Hospital Sustainable Future Committee, Mona Vale Hospital Sustainability Committee, Macquarie Hospital Wellness at Work Committee and Primary and Community Health Sustainability Network.

A Planetary Health 'staff ideas' portal will be launched across the district in 2021. The portal will give staff a platform to suggest improvement initiatives related to planetary health in their department and/or hospital. In addition, opportunities for planetary health initiatives requiring additional funding are available to staff through the NSLHD Innovation Program.





GOVERNANCE STRUCTURE



OUR ENVIRONMENTAL PERFORMANCE

ENERGY CONSUMPTION

Total consumption by energy type	2015/16	2016/17	2017/18	2018/19	
Electricity (kWh)	61,226,552	61,983,398	62,609,345	58,304,902	↓
Natural gas (MJ)	128,648,326	111,002,543	94,398,580	86,025,430	↓

Energy consumption per 1000 bed days	2015/16	2016/17	2017/18	2018/19	
Electricity (kWh)	113,420	110,912	110,323	114,011	↑
Natural gas (MJ)	238,317	198,625	166,339	168,217	↑

FLEET

	2015/16	2016/17	2017/18	2018/19	
Total fuel consumption (litres)	440,624	426,759	395,959	366,815	↓
Total fleet	489	484	475	459	↓

NB: Arrows indicate trend from most recent year compared to year prior. The tables present NSLHD's energy, fleet, water and waste consumption and generation over the past five years. Energy, water and waste consumption has been measured against per 1000 bed days to provide a method for measuring energy consumption against activity of patients admitted for an episode of care. This is for the purpose of adding meaning to the data and does not include total activity across the district. Please note data prior to 2018 includes Manly Hospital, decommissioned in 2018, and Mona Vale Hospital, that decreased in size after ceasing provision of acute care.

WATER CONSUMPTION

Total potable water consumption (Kl)	2015/16	2016/17	2017/18	2018/19	
	546,430	505,529	485,467	481,264	↓

Water consumption (Kl) per 1000 bed days	2015/16	2016/17	2017/18	2018/19	
	1,012	905	855	941	↑

WASTE GENERATION

Total waste consumption (Tonnes)	2015/16	2016/17	2017/18	2018/19	
Clinical waste	422.3	425.6	382.6	374.4	↓
General waste	3,058.6	3,228.4	3,203.6	3,266.6	↑
Recycled waste	343.4	323.5	378.6	385.5	↑
Total tonnes	**3,824.3**	**3,977.5**	**3,964.8**	**4026.5**	—

Waste consumption (Tonnes) per 1000 bed days	2015/16	2016/17	2017/18	2018/19	
	7	7	7	8	↑

2019/20 STATISTICS

Over **31,596** operations were performed

Provided care to **229,711** people in our emergency departments

571,279 occasions of service to nearly 160,000 patients in outpatient clinics

Cared for more than **5,502** babies born in our hospitals

TOTAL WORKFORCE **11,539** (8,156 FTE)

50 Aboriginal and Torres Strait Islander Workforce (0.6% of total workforce)
Aiming for **3%** of workforce in 2020-2021

1,256 (987 FTE) Allied Health Professionals

178 (153 FTE) Clinical Nurse Consultants/Clinical Midwifery Consultants

553 Staff Specialists (281 FTE) and **673** Visiting Medical Officers

5,503 (3,560 FTE) Nurses/Midwives/ AIN'S

Healthy Children's initiative actively engaged **123,684 children** (from 153 schools and 398 childhood services) and found innovative ways to continue to provide support to these vulnerable populations throughout the COVID-19 period

943,908 residents (11.7% of the NSW population) in 2019;
OVER 1 MILLION residents by 2026 (a growth of 7.6%)

PRIORITY DOMAINS

SUSTAINABLE ORGANISATION

Ensuring organisation wide sustainable development through governance structures, measurable performance indicators and effective partnerships

Strategy	How this will be achieved	Timeframe	Executive Sponsor
1a. Ensure consideration of the connection the Aboriginal and Torres Strait Islander people have with the environment and the importance of showing cultural respect	Work with Aboriginal health to ensure consideration is ingrained in all organisational decision making	Ongoing	General Managers/ Service Directors
1b. Establish Planetary Health Environmental Sustainability Committee and/or governance framework at all hospitals and services	Ensure relevant staff are identified to lead implementation and drive planetary health initiatives	6 months	General Managers/ Service Directors
1c. Monitor and report on environmental performance and initiatives underway across NSLHD	Develop an annual Planetary Health Report to be uploaded to the NSLHD website and provided to the Board	1 year, ongoing thereafter	Chief Executive
1d. Executives to include planetary health initiatives as a goal in their performance and talent agreements	Encourage executive leadership of planetary health across the district	3 years	Chief Executive
1e. Ensure planetary health principles are captured in strategic and other plans across Northern Sydney	Give consideration to planetary health initiatives when developing the Northern Sydney Health Research and Education Precinct	3 years	Chief Executive
1f. Ensure NSLHD joins the Global Green and Healthy Hospital (GGHH) network	Commit intent and work towards at least two of the GGHH Sustainability Goals	1 year	Chief Executive
1g. Engage consumers, carers, families and the broader community in the implementation of strategies outlined in the framework	Work with the chair of the NSLHD Consumer Committee to facilitate engagement	1 year, ongoing thereafter	Chief Executive
1h. Increase promotion of initiatives and achievements related to planetary health	Promote initiatives and achievements widely across all NSLHD communication platforms	Ongoing	Director Media and Communications
1i. Minimise printing associated with documentation requiring approvals	Executive support unit mail allocations to encourage utilising electronic records management system to document approvals	1 year, ongoing thereafter	Director Strategic Operations
1j. Increase the number of hybrid/electrical vehicles in the NSLHD fleet	Review and prepare plan/options following release of new State Government Fleet contract in March 2021	1 year	Director Finance and Corporate Services
1k. Engage with external partners to promote and drive planetary health related initiatives	Liaise with Sydney North Network and other organisations to seek opportunities to partner on appropriate initiatives/strategies	Ongoing	Chief Executive

CASE STUDY: SUSTAINABLE ORGANISATION

NSLHD PLANETARY HEALTH COMMITTEE

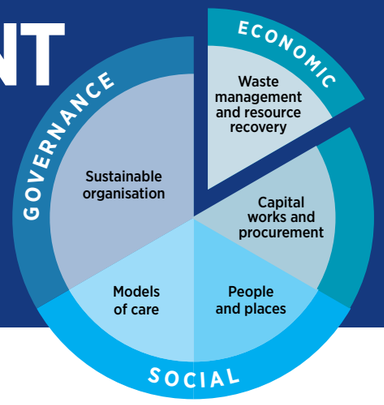
Chaired by the NSLHD Chief Executive, the NSLHD Planetary Health Committee is the peak decision making body for planetary health related decisions across NSLHD.

The purpose of the committee is to develop and support strategies that promote planetary health and environmental sustainability across the district. The committee provides leadership and direction for the development and implementation of initiatives and maintains oversight of each hospital and service planetary health or sustainability committee or network.

The committee gives members the opportunity to share local initiatives underway in their respective directorates and to engage with external stakeholders to promote and expand planetary health activities at a district level.

The committee comprises representation from across all hospitals and services including health promotion, clinical governance, people and culture, research strategy, ICT, allied health, corporate communications, corporate services, health services planning, strategic operations, Aboriginal health and a consumer representative.

WASTE MANAGEMENT AND RESOURCE RECOVERY



Integrating effective waste management processes in all NSLHD hospitals and facilities by promoting practices amongst staff, improving segregation and increasing recycling opportunities

Strategy	How this will be achieved	Timeframe	Executive Sponsor
2a. Promote reuse and redistribution opportunities for waste in areas such as furniture, ICT equipment, medical products, medical equipment and linen	Communicate opportunities in place with staff and identify opportunities to map current services in place for each waste stream	Ongoing	General Managers/ Service Directors
2b. Explore opportunities to collaborate with industry and other partners to implement circular economy solutions in our hospitals and services	Review the economic and environmental value of circular economy solutions and engage with industry partners to review options	3 years	Chief Executive
2c. Identify strategies to increase segregation of waste and recycling	Develop a process for further segregation of waste. Provide education to staff in relation to waste segregation. Roll out identified waste stream projects	2 years	General Managers/ Service Directors
2d. Ensure annual waste audits are conducted at all facilities to monitor progress and compliance	Regularly report on waste audit results conducted by waste contractor	6 months, ongoing (quarterly) thereafter	Director Finance and Corporate Services

CASE STUDY: WASTE MANAGEMENT AND RESOURCE RECOVERY

ROYAL NORTH SHORE HOSPITAL OPERATING THEATRES

It is estimated that a hospital's operating theatres are three to six times more energy intensive than other departments and contribute approximately 20-30 per cent of a hospital's total waste output [10].

After identifying a need to become more sustainable, staff at the operating theatres and Royal North Shore Hospital reviewed a range of opportunities to increase the number of waste streams to reduce landfill and non-usability of clinical waste.

This was achieved by implementing metal salvaging recycling from laparoscopic procedures, introducing dry mix recycling that allows high-quality plastics to be turned into processed engineered fuel, increasing battery recycling initiatives and focusing on managing pharmaceutical waste by diverting waste from being collected in sharps bins and incinerated offsite. This ensures that pharmaceutical waste is disposed of via energy efficient combustion.

The operating theatres have also moved to use of biodegradable kidney dishes and trays made of 100 per cent bagasse, a sugarcane fibre that is both compostable and biodegradable and suitable for incineration with less carbon emissions.

CAPITAL WORKS AND PROCUREMENT

Ensuring all capital works projects are completed with the highest environmental ratings and sustainable design principles available and procurement is managed to source environmentally sustainable products where possible

Strategy	How this will be achieved	Timeframe	Executive Sponsor
3a. Ensure all new infrastructure and capital developments comply with current sustainability codes, policies and standards	Work with Health Infrastructure to ensure compliance with sustainable design principals and resource efficiency and include in NSLHD Capital Framework	Ongoing	Director Finance and Corporate Services
3b. Develop strategies to incentivise staff to order in bulk volumes and minimise number of deliveries	Undertake review of imprest levels and other ordering practices	1 year, ongoing thereafter	Director Finance and Corporate Services
3c. Ensure all computers automatically switch to sleep mode after a period of inactivity	Baseline setting for non-clinical computers (eg. general staff and administrative computers) is to enter sleep mode after 30 minutes of activity	Ongoing	Director Information Communication Technology
3d. Investigate opportunities for rainwater harvesting in new buildings	Work with Health Infrastructure to ensure inclusion in all new builds and include in NSLHD Capital framework	Ongoing	Director Finance and Corporate Services
3e. Identify opportunities for energy efficiency opportunities in building operations	Provide energy data report and financial information to all hospitals	1 year	Director Finance and Corporate Services
3f. Encourage 'buy local' procurement for small value items (under $10K) that are not required to be bought on contact	Include in Procurement and Contracts Framework and include information on NSLHD intranet	1 year	Director Finance and Corporate Services
3g. Ensure procurement tenders include sustainable/environmental procurement practices tender weighting includes a sufficient percentage to encourage sustainable efficiencies	Work with HealthShare to ensure inclusion in major procurement tenders. Consider the NSW Health Aboriginal Procurement Participation Strategy. Check NSLHD quotation/tender documents to ensure inclusion. Include in Procurement and Contracts Framework	1 year, ongoing thereafter	Director Finance and Corporate Services
3h. Include sustainability evaluation criteria for procurement of stationary and janitorial items	Include in current market strategy	6 months	Director Finance and Corporate Services
3i. Consider the safety and wellbeing of staff to manage issues such as noise, Volatile Organic Compounds (VOCs), lighting, ergonomics, noise, hazardous substances and Hazardous Manual Tasks in the design and planning for new builds and refurbishments	Ensure Health Infrastructure and Ministry of Health Planning, Tender and Contract documents include compliance and include in NSLHD Capital Framework	Ongoing	Director Finance and Corporate Services

ECONOMIC

CASE STUDY: CAPITAL WORKS AND PROCUREMENT

HORNSBY KU-RING-GAI HOSPITAL SOLAR PANELS

The Hornsby Ku-ring-gai Hospital photovoltaic (PV) solar panels system aims to improve energy efficiencies and reduce the hospital's overall carbon footprint. The installation at Hornsby is one of the largest solar PV systems on a healthcare facility in Australia. The new system is expected to produce over one million kilowatt-hours of power per year, saving $250,000 and reducing carbon dioxide emissions by 900 tonnes annually.

Due to the large roof space and new buildings on the hospital campus, Hornsby was selected to be one of the first hospitals in NSW to have solar energy, with a combined size of 865 kilowatts (kW).

NSW public hospitals account for around 85 per cent of NSW Health's total building energy costs and greenhouse gas emissions [11]. These emissions lead to rising global temperatures and climate change, contributing to serious environmental and public health issues. Widespread solar adoption leads to significantly reduced nitrous oxides and sulfur dioxide emissions, both of which can lead to respiratory and cardiovascular health problems [12].

By harnessing sunlight and converting it into sustainable electricity, Hornsby is reducing its contribution to air pollution and is significantly reducing its overall carbon footprint.

PEOPLE AND PLACES

Promoting an environment that considers active transport and healthy place making to support the physical and mental wellbeing of our patients, staff and community

Strategy	How this will be achieved	Timeframe	Executive Sponsor
4a. Maintain existing green spaces and actively seek opportunities to develop new open green spaces	Where possible, undertake a systematic review of site open space with a view to use even small areas to enhance amenity and biodiversity	Ongoing	General Managers/ Service Directors
4b. Build knowledge and capacity amongst our workforce to understand and engage in planetary health	Integration of *NSLHD Planetary Health Framework* into the onboarding and orientation process Provide information in the NSLHD planetary health portal in the onboarding and orientation process Encourage completion of the 'Sustainability in Healthcare' My Health Learning module	Ongoing	Director People and Culture
4c. All NSLHD hospitals and services to facilitate active travel through provision of bicycle parking, end-of-trip facilities, public transport options and parking demand management	Monitor, review and report on the NSLHD Active Travel Procedure *PR2020_020*	3 years	Director Health Promotion

CASE STUDY: PEOPLE AND PLACES

NSLHD ACTIVE TRAVEL PROCEDURE

The NSLHD health promotion directorate generates long-term improvements for the whole population and focuses on creating conditions that enable a healthy population.

The *NSLHD Active Travel Procedure*, driven by the NSLHD health promotion directorate, encourages a workplace environment at NSLHD that supports sustainable and active travel for both staff and visitors. The procedure is targeted at all NSLHD staff members who may use active travel as a means of transport to, from and during work alongside all other people, including workers and visitors, who may use active travel as a mode of transport to and from NSLHD sites.

The procedure has a number of related benefits for planetary health including increased physical activity, increased active travel uptake, improved mental health and enhanced social wellbeing, and less traffic congestion leading to a reduced carbon footprint.

The procedure sets out NSLHD's commitment to achieve and maintain the best possible standard of health, safety and welfare for all patients, staff and visitors. To achieve targets set out in the procedure, the NSLHD health promotion directorate advocates for improvement of the wider built environment for cycling and walking, encourages staff to participate in active travel and monitors usage of bicycle parking facilities.

MODELS OF CARE

Ensuring models of care are sustainable and have a low environmental impact whilst maintaining integration and coordination between clinical areas and providers

Strategy	How this will be achieved	Timeframe	Executive Sponsor
5a. Incorporate environmental sustainability measures when implementing and evaluating models of care	Map environmental footprint of suggested new models of care and benchmark to best practice	Ongoing	General Managers/ Service Directors
5b. Evaluate the carbon footprint of existing models of care to identify opportunities to minimise environmental impact	Target identified practices to evaluate and complete evaluation of identified models	1 year	General Managers/ Service Directors
5c. Aim to reduce healthcare spend in procedures with low clinical value	Develop a process for identifying procedures of low clinical value. Identify three procedures of low clinical value to improve.	2 years	General Managers/ Service Directors
5d. Establish a telehealth sustainability plan that measures the reduction in carbon emissions	Develop an environmental evaluation report in consultation with the NSLHD Telehealth Steering Committee	Ongoing	Executive Director Operations

CASE STUDY: MODELS OF CARE

TELEHEALTH

Telehealth gives patients the option to receive safe, high quality care virtually and has pioneered the use of digital communication to improve the patient experience. Alongside improving overall access to healthcare, the use of telehealth has major sustainability benefits including reducing road travel and fuel combustion.

In 2020, clinicians across NSLHD turned to telehealth at a rate never seen before to deliver healthcare during the COVID-19 pandemic. Between March and September it is estimated the use of telehealth saved approximately 525,528 kilometres of travel by cars to NSLHD facilities. Assuming most patients drive to their appointments in cars using conventional petrol, this converts to a saving of approximately 100,000 kilograms of greenhouse gas emissions.

With road transport and fuel combustion contributing 18 per cent of CO_2 emissions globally [13], there is a significant opportunity within the healthcare sector to leverage the sustainable benefits of virtual models of care like telehealth. This has the potential to reduce the overall environmental impact of atmospheric pollutants emitted by motor vehicles travelling to healthcare facilities.

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"Without urgent action on climate change, the conditions that underpin the health and well-being of the human population will be greatly diminished in coming decades."

Professor Peter Doherty, **Nobel Laureate for Medicine**

NSW GOVERNMENT

Health
Northern Sydney
Local Health District

Northern Sydney Local Health District
Ryde Hospital
Mona Vale Hospital NSW
Royal North Shore
Hornsby Hospital

NthSydHealth

Northern Sydney Local Health District

NthSydHealth

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NSW Government Response

Legislative Council Portfolio Committee No. 2 – Health

Inquiry into the Operation and Management of the Northern Beaches Hospital

August 2020

INTRODUCTION

In February 2020, the Legislative Council Portfolio Committee No. 2 – Health released the Final Report for their Inquiry into the Operation and Management of the Northern Beaches Hospital. The Report contained one finding and 23 recommendations.

The Northern Beaches Hospital was a key component of the broader Northern Beaches Health Service Redevelopment Project and opened on 30 October 2018. The Redevelopment Project also included the construction of the Brookvale Community Health Centre, Mona Vale Community Health Centre, Dalwood Child and Family Health Centre.

Northern Beaches Hospital consolidated the acute care services of Manly Hospital and Mona Vale Hospital, providing residents of the Northern Beaches with enhanced access to more complex care closer to home, including a state of the art emergency department, an advanced intensive care unit, and updated surgical facilities.

NSW Health has entered into a long-term partnership with provider Healthscope to deliver public patient services at Northern Beaches Hospital over the next 20 years. By delivering the Hospital through the Public Private Partnership model, the NSW Government was able to maximise the range and breadth of health services available to the Northern Beaches community.

Healthscope is required to deliver services to public patients at the standard expected of all NSW Public Hospitals. The NSW Government welcomes the opportunity to continue to strengthen the partnership with Healthscope, and is committed to ensuring a high quality of care and services are provided to the Northern Beaches community.

Healthscope has acknowledged and apologised for the operational issues which arose following the opening of Northern Beaches Hospital, and has restated their commitment to ongoing improvement and high quality patient outcomes. These improvements have been evidenced through the Hospital's performance results each month: emergency department performance is now among the best in NSW, patient experience ratings have consistently been higher than NSW peer hospitals, and elective surgery wait times are consistent with NSW Health recommended timeframes.

The NSW Government will continue to monitor the Hospital's performance to ensure high quality healthcare is provided to the Northern Beaches community.

The NSW Government has reviewed the recommendations in the Committee's Final Report and has provided the attached response. A number of recommendations identified in the Committee's Final Report are already being worked towards in collaboration with Healthscope and other external stakeholders.

RESPONSE TO RECOMMENDATIONS

Recommendation 1

That in order to build the community's trust in the Northern Beaches Hospital and enable community members to make informed choices about how they access care, NSW Health and Healthscope immediately and significantly enhance transparency by publishing information on an ongoing basis with respect to:

- ***all inpatient and outpatient services available at the hospital to public and private patients***
- ***out of pocket patient costs.***

Supported

Information relating to available inpatient and outpatient services for both public and private patients is published on the Northern Beaches Hospital website.

The Northern Sydney Local Health District (NSLHD) will work in partnership with Healthscope to ensure this information is reviewed and updated on an ongoing basis.

Recommendation 2

That NSW Health and Healthscope ensure that the same levels and standards of care are provided to public and private patients at the Northern Beaches Hospital.

Supported

Healthscope has confirmed that standards of care for public and private patients are equal, irrespective of financial class. Safety and quality at Northern Beaches Hospital is consistently monitored by NSW Health through regular reporting of Key Performance Indicators (KPIs).

Healthscope are required to provide clinical services at the role delineation levels specified in the Northern Beaches Hospital Project Deed. Northern Beaches Hospital provides the Northern Beaches community with access to more complex clinical care and a broader range of specialist services than was previously available at Mona Vale and Manly Hospitals.

Recommendation 3

That NSW Health ensure that the Northern Beaches Hospital is able to provide all coronary intervention treatments available to private patients to public patients also, regardless of the urgency of their need.

Supported

A 24/7 Interventional Cardiology Service is available to all patients presenting to the Northern Beaches Hospital Emergency Department, irrespective of health insurance status.

Operational Readiness Testing is currently underway for the implementation of a model of care known as PAPA (Pre-hospital Assessment for Primary Angioplasty). This will allow suspected heart attack patients to arrive at Northern Beaches Hospital via NSW Ambulance and receive expedited interventional cardiology treatment.

Recommendation 4

That NSW Health determine and inform the public of:

- ***the boundaries for ethical business practices at the Northern Beaches Hospital***
- ***the appropriate mechanism to investigate allegations of business conduct that is not in the interests of individual patients or the broader community.***

Supported

Healthscope and Northern Beaches Hospital are committed to maintaining the highest levels of integrity and ethical standards.

Northern Beaches Hospital is obliged to provide services in accordance with Medicare Principles and all relevant NSW and Commonwealth legislation. These obligations are clearly documented without contractual, regulation or legislative amendment being required.

Healthscope's Code of Conduct sets the standards of integrity and business ethics expected in its workplaces. The Code ensures employees are aware of the consequences, should the Code be breached.

Healthscope's Board is also committed to maintaining high standards of corporate governance and has adopted a system of internal controls, risk management processes and corporate governance policies and practices to support and promote the responsible management and conduct of business.

Allegations of unethical business practices are significant and will be urgently investigated. Investigation of allegations will occur within the established Northern Beaches Hospital project governance and will be referred to further appropriate agencies, including NSW Police, as required.

Healthscope is guided by various laws which cover its business. There are also a number of mechanisms that guide and monitor ethical business conduct and any allegations including:

- The NSW Health Care Complaints Commission, which will investigate complaints about health care organisations and can also initiate an "own motion" complaint if it becomes aware of significant risks to public health and safety or significant concerns about a health service provider;
- The NSW Ministry of Health Regulation and Compliance Unit, which monitors private health facilities to ensure compliance with the NSW licensing standards set by the *Private Health Facilities Act 2007* (NSW) and the *Private Health Facilities Regulation 2017* (NSW);
- The Australian Health Practitioner Regulation Agency (AHPRA), which works in partnership with 15 National Boards to ensure the community has access to a safe health workforce across all professions registered under the National Registration and Accreditation Scheme. It is guided by the Health Practitioner Regulation National Law, as in force in each state and territory.

Recommendation 5

That Healthscope ensure that appropriate signage is erected at the Northern Beaches Hospital's points of admission which notifies patients of their right to treatment as a public patient at no cost.

Supported

Signage notifying patients of their rights is presented in the Northern Beaches Hospital Emergency Department. The right to be treated as a public patient or to use private health insurance is also verbally explained to the patient, in line with NSW Public Hospitals.

All care provided through the Northern Beaches Hospital Emergency Department is provided at no charge to Medicare eligible patients, and patients who need to be admitted to the hospital for ongoing care can choose to be admitted as a public or private patient. All patients naturally receive emergency clinical care, irrespective of their Medicare status.

Northern Beaches Hospital provides appropriate treatment for all people who present at or are referred to the hospital. All public patients receive the care that they need, consistent with the treatment they would receive in other public hospitals.

Recommendation 6

That NSW Health better support non acute care and address the need for outpatient services at the Northern Beaches Hospital by:

- ***reinstating previously available public specialist clinics, with priority given to cardiology and neurology***
- ***enhancing paediatric outpatient services***
- ***addressing the long existing gaps in gastroenterology, ophthalmology and orthopaedic outpatient services***
- ***ensuring outpatient services for public patients are bulk billed.***

Noted

To ensure alignment to the evolving needs of the Northern Beaches community, NSW Health is currently working with Healthscope to review the scope of outpatient services at Northern Beaches Hospital.

Information regarding outpatient services available to public patients is regularly updated on the Northern Beaches Hospital website.

Recommendation 7

That NSW Health and Healthscope publish data on rates of intervention in respect of all births that have occurred at the Northern Beaches Hospital, and actively monitor these figures to ensure that maternity related options and outcomes for public patients are consistent with those in the public hospital system.

Supported

In line with NSW Public Hospitals, rates of birth intervention at Northern Beaches Hospital are published in the annual NSW Mothers and Babies Report.

The NSLHD and Northern Beaches Hospital will actively monitor rates of birth intervention through the established performance meetings to ensure maternity outcomes are consistent with other peer hospitals.

Recommendation 8

That the Northern Sydney Local Health District work with Healthscope to extend the option for midwife group practice to all patients and provide birthing baths in all birthing suites.

Noted

The NSLHD is undertaking a District-wide review of midwifery group practice to assess community needs and inform further service development. The NSLHD will also consult with Northern Beaches Hospital and the NSW Ministry of Health through this process.

All public maternity patients at Northern Beaches Hospital have the option to use a birthing bath if preferred. Northern Beaches Hospital will undertake review of birthing bath utilisation to assess whether additional baths are required to support the current maternity service, subject to feasibility.

Recommendation 9

That the NSW Government take immediate steps to engage directly with Northern Beaches state Members of Parliament, community leaders and other stakeholders to investigate the ways and means to restore a public level 3 emergency department to the Mona Vale Hospital as soon as possible.

Not supported

NSW Health will continue to work closely with all stakeholders regarding the provision of clinical services across the Northern Beaches.

Northern Beaches Hospital now provides the Northern Beaches community with access to more complex clinical care and a broader range of specialist services than was previously available at Mona Vale and Manly Hospitals, including:

- 50 emergency bays compared to 30 bays previously
- 14 operating theatres compared to 5 previously
- 20 intensive care beds compared to 13 previously
- 40 maternity beds compared to 31 previously

More complex maternity, emergency, intensive care and surgical services are being provided, as well as a range of imaging and diagnostic services. This means the community can access specialist services closer to home, including MRI and high level pathology services.

Other examples of extra services include the capacity to care for pregnant women giving birth from 32 weeks, a 14 bed special care nursery that is able to care for babies from 32 weeks, emergency cardiac catheterisation and surgery, more specialised orthopaedic surgery, and plastic surgery.

The services currently delivered at the Mona Vale Hospital Urgent Care Centre provide the community access to urgent clinical care close to home, with the back-up of a major acute hospital nearby. Patient feedback on the services provided at the Urgent Care Centre has been very positive.

Recommendation 10

That NSW Health undertake an audit on the complete range of medical and health services on the Mona Vale Hospital site to confirm that what is available accords precisely with what has been produced in both written and electronic form and is in the public domain. Further, that information regarding the services be continuously updated as the services develop and evolve.

Supported

A comprehensive list of the services available at Mona Vale Hospital is provided on the NSLHD website. This list is reviewed and updated on a regular basis.

The NSLHD website is currently undergoing a redesign, with the new website expected to launch in September 2020. The new design will improve website usability, and will include additional information for Mona Vale Hospital services including referral pathways.

Recommendation 11

That NSW Health and the Northern Sydney Local Health District, on an ongoing basis, positively consider opportunities to expand both the range and availability of medical and health services that are offered at the Mona Vale Hospital.

Supported

NSW Health will continue to consider the range of services that are suitable to be provided from the Mona Vale Hospital campus.

New specialist facilities are already under construction or completed, including a new inpatient Palliative Care Unit and Geriatric Evaluation and Management Unit, refurbishment of the existing Emergency Department to create an Urgent Care Centre, a new Support Services Building, a relocated helipad, a new drug and alcohol rehabilitation unit, and a new NSW Ambulance Station.

Recommendation 12

That the Northern Sydney Local Health District monitor over time the effectiveness of both the Northern Beaches Hospital and the Mona Vale Hospital in meeting the health needs of the communities they serve, including for emergency care. Further, that it establish a mechanism, beyond the current limited Bureau of Health Information data published quarterly, for ongoing reporting to communities, for the purposes of transparency, engagement and building trust.

Noted

Monitoring of effectiveness is being undertaken through performance reporting of Northern Beaches Hospital and Mona Vale Hospital, as well as feedback from NSW Ambulance and the Emergency and Critical Care Network.

As well as the Bureau of Health Information data, a number of safety and quality performance indicators are also published on the Northern Beaches Hospital website at: https://healthscopehospitals.com.au/quality/my-healthscope/northern-beaches.

NSW Health will work with Healthscope to review the publicly reported data for Northern Beaches Hospital, and consider expansion of this report in line with other NSW Public Hospitals.

Recommendation 13

That the Northern Sydney Local Health District make full and proactive use of its ability to adjust the activity profile of the Northern Beaches Hospital according to the community's evolving needs, both via the 'annual notice' process and renegotiation of specific aspects of the deed.

Supported

As a requirement within the Northern Beaches Hospital Project Deed, the Activity Profile for Northern Beaches Hospital must be assessed and revised each year to ensure alignment to the evolving needs of the Northern Beaches community.

NSW Health have already applied a range of adjustments to the Activity Profile for Northern Beaches Hospital since opening, including the addition of a 24/7 Interventional Cardiology Service.

Recommendation 14

That the Northern Sydney Local Health District and Healthscope formally request, on behalf of the residents of the Northern Beaches, that Transport for NSW establish by mid-2020 a regular direct bus service from Palm Beach on the Pittwater Peninsula to the Northern Beaches Hospital via the Wakehurst Parkway.

Noted

Transport for NSW introduced a new bus route from Mona Vale to Northern Beaches Hospital in late 2019.

Route 155 provides an hourly service between Mona Vale, Narrabeen and the Hospital seven days a week. This new route is part of the NSW Government's commitment to introduce 14,000 extra weekly bus services.

Residents living in the Pittwater area between Palm Beach and Mona Vale can use regular route 199 services and transfer to route 155 at Mona Vale or Narrabeen for access to the Hospital.

Recommendation 15

That the Northern Sydney Local Health District and Healthscope formally request, on behalf of the residents of the Northern Beaches, that Transport for NSW look at alternative options to widening the Wakehurst Parkway given flooding and other environmental constraints.

Supported

Transport for NSW contributed $5 million to Northern Beaches Council's study on flood mitigation options. The Wakehurst Parkway flood mitigation options which arose from this study are currently under review.

Recommendation 16

That the NSW Government ensure that the land on which the Mona Vale and Manly Hospitals sit always remain in public hands for health and medical related activities, and that 99 year or other similar long term leasing arrangements not be entered into for the sites.

Supported

The NSW Government asset strategy for the former Manly Hospital site will see the property re-purposed for health and wellbeing use, including the construction of an Adolescence and Young

Adults Hospice. Community engagement has commenced with support from the local member and the Council.

The Mona Vale Hospital site will continue to be used both for public and private health and medical purposes.

Recommendation 17

That the NSW Government cease demolition of the Mona Vale Hospital main building after asbestos removal is complete and retain this public asset for future use.

Not supported

Significant amounts of asbestos are present throughout the Mona Vale Hospital Main Building. Additional asbestos was identified during the demolition process within structural elements, cavities, embedded within concrete and within the building's façade. The building is no longer structurally sound, and demolition of the West Wing is in progress.

New specialist facilities are already under construction or completed including a new inpatient Palliative Care Unit and Geriatric Evaluation and Management Unit, refurbishment of the existing Emergency Department to create an Urgent Care Centre, a new Support Services Building, a relocated helipad, a new drug and alcohol rehabilitation unit, and a new NSW Ambulance Station.

Recommendation 18

That the Northern Sydney Local Health District and Healthscope:

- ***take further action to fully integrate the Northern Beaches Hospital into the operations of the local health district, including in the hospital's working relationship with other hospitals***
- ***establish integration as a formal item for reporting and discussion in the local health district's fortnightly meetings with Healthscope.***

Supported

The NSLHD and Northern Beaches Hospital have a strong and collaborative relationship. Northern Beaches Hospital is directly involved in a range of NSLHD committees, working groups, clinical case conferences and interface meetings. The NSLHD continues to actively support partnerships between NSLHD Clinical Networks and Northern Beaches Hospital clinical teams.

To further the integration of Northern Beaches Hospital with the NSLHD, a new Clinical Integration Committee has been proposed. The Clinical Integration Committee will include representatives from both the NSLHD and Northern Beaches Hospital, with the primary aim of supporting the delivery of high-quality patient care by strengthening current operational links and driving further opportunities for collaboration.

The 'Key Service Linkage Directory' details the established service linkages between Northern Beaches Hospital and NSLHD services to streamline referral processes for public patients. This is updated on a regular basis and is accessible to both NSLHD and Northern Beaches Hospital staff.

Recommendation 19

That Northern Beaches Hospital collaborate with community based services, including health clinics, to improve its linking of patients, and especially vulnerable patients, into services. In doing so, that it:

- ***jointly develop and trial a care navigation model enabling immediate access and support for patients at risk following admission***
- ***participate in a joint care planning process with key community care providers in discharge planning for patients with high and complex care needs***
- ***enhance its understanding of the eligibility criteria for a range of community services and supports.***

Supported

Northern Beaches Hospital works closely with community-based health services to ensure collaborative care, especially for vulnerable or at-risk patients. This includes regular interface meetings and case conferences with community care teams, and improved referral pathways into community services.

Northern Beaches Hospital also meets regularly with the Northern Sydney Primary Health Network to collaborate on key health issues affecting the local area.

Northern Beaches Hospital and the NSLHD will continue to work together with Northern Sydney Primary Health Network to investigate and implement strategies to improve care navigation and joint care planning, including discharge planning.

The NSLHD will support Northern Beaches Hospital by ensuring regular communication of updates to eligibility criteria or lead times for community services and supports.

Recommendation 20

That the Northern Sydney Local Health District and Healthscope examine and act on further ways to provide quality discharge planning and effective linkage of patients into community based services.

Supported

Discharge planning is a key priority for both NSW Health and Northern Beaches Hospital to ensure effective continuity of care, with work currently underway to enhance the discharge planning process. This includes implementation of strategies to streamline access to discharge information for community care providers.

Referral pathways into community health services are captured and regularly updated within the 'Key Service Linkage Directory'. This supports effective linkage of patients into community care by providing clinicians with detailed information around community referral pathways and key NSLHD and Northern Beaches Hospital contacts.

Recommendation 21

That Healthscope and the Northern Beaches Hospital continue to build a culture of respect and collaboration with general practitioners and community based services, including by establishing:

- ***ongoing mechanisms for these stakeholders to meet regularly with senior representatives of the hospital and the Northern Sydney Local Health District to resolve issues and build partnerships***
- ***proactive and regular communication to local general practitioners on jointly identified matters of importance via mechanisms to be jointly agreed***
- ***a dedicated general practice liaison role with a clinical background to support communication regarding individual patients and troubleshoot matters as they arise.***

Supported

The NSLHD will continue to support Northern Beaches Hospital in building a strong and collaborative relationship with the Northern Sydney Primary Health Network.

Northern Beaches Hospital and the Northern Sydney Primary Health Network now meet formally on a bimonthly basis to discuss and progress key issues. These meetings provide a forum to regularly communicate with general practitioners (GPs) and have supported and improved GP collaboration.

Northern Beaches Hospital also proactively communicates to local GPs through a regular newsletter.

A new GP liaison role has been implemented at Northern Beaches Hospital, providing a single point of contact for any GP-related matters.

A series of education courses are also being hosted at Northern Beaches Hospital to allow GPs to receive their Continuing Professional Development at the Hospital.

Recommendation 22

That the NSW Government not enter into any public private partnerships for future public hospitals.

Noted

No public private partnerships are currently being pursued in relation to NSW Hospitals.

Recommendation 23

That the Northern Beaches Hospital develop, publish and implement a community participation and engagement plan that:

- ***recognises the fundamental value of consumer perspectives for the planning, delivery and evaluation of health services***
- ***guides the hospital to engage better with the community it serves.***

Supported

The Northern Beaches Hospital Community Participation and Engagement Plan has been developed and is updated each year.

Further to this, Northern Beaches Hospital is in the final stages of developing a Stakeholder Engagement Framework which will include community, consumers, staff and volunteers. This Framework will clearly set out what community can expect from Northern Beaches Hospital, including community involvement activities.

As part of the Framework, a Community Advisory Council will be established to provide community participation and codesign opportunities.

NORTH
Foundation

Annual Report
2021-2022

Contents

NORTH Foundation

Fundraising to support innovative health research and the delivery of exceptional patient care within the Northern Sydney Local Health District.

Our Vision

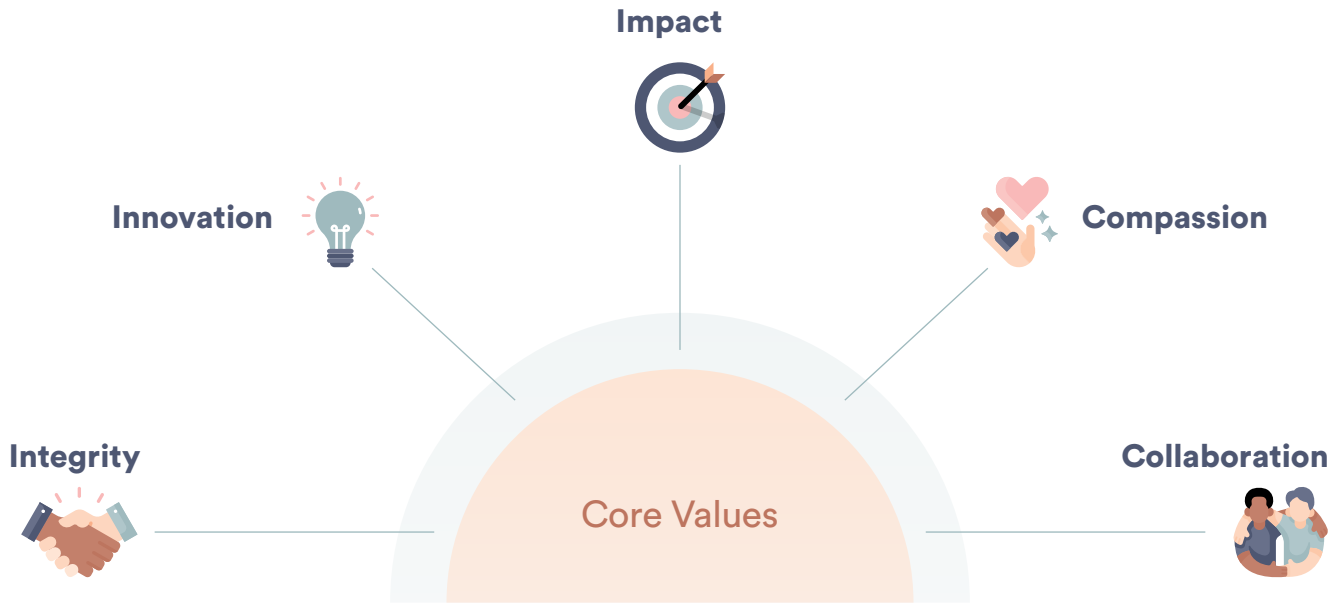
To create a future where our community benefits from quality healthcare and there are no barriers to what can be achieved through innovative medical research and patient care.

Our Purpose

We exist to deliver better patient outcomes for our community by bridging the gap between what is needed today and what is possible tomorrow.

Our Promise

We are committed to supporting medical and community health services that are there for everyone in the community, throughout their whole lives.



Fundraising Pillars

Research

Funding world-class innovative medical research that has a tangible impact on patients' lives.

Education

Funding education and training opportunities for our researchers, healthcare workers and community services staff.

Care

Improving patient care and facilities through the provision of new health services, patient wellbeing programs and equipment.

Nurture

Developing long-term, meaningful relationships with our community and supporters through engagement opportunities and health promotion activities.

From our

CEO and Chair

This year, our focus at the NORTH Foundation has been on building our team and working closer with staff across the Northern Sydney Local Health District (NSLHD). We held workshops focused on collaboration and engagement with our key stakeholders and beneficiaries and we held various meetings with senior NSLHD staff to come up with ways of communicating more efficiently.

As a result of these sessions, we are looking forward to doing even more alongside our district colleagues to help them improve health outcomes for the community.

I'm pleased to report that we are highly efficient at raising funds - for every dollar raised in the last year, approximately 85 cents was available to be spent directly on our purpose.

The NORTH Foundation would like to thank all the generous individuals, trusts and foundations, and organisations who supported us in 2021-2022. Many of our donors have experienced firsthand the care and dedication from the district healthcare staff and feel compelled to give back. Together, we seek a healthcare system that provides excellent patient care and solutions to real-world health problems. We also acknowledge and thank those who have helped us behind the scenes and I would personally like to thank Deb Willcox, outgoing CE of the NSLHD for her continued support.

I wish to extend my thanks to our Board of Directors, Development Committee, NORTH Foundation leadership team and staff who have all stepped up during this past year and collectively done a wonderful job in ensuring our stability and growth.

As we build a really strong team here, I'm excited about what the future holds. We are looking to launch our first ever newsletter and improve our community engagement, and also strengthen our fundraising portfolios so keep your eyes out for what's to come!

Gilbert Lorquet
CEO, NORTH Foundation

Welcome to our second annual report. It follows another year in which global events dominated the news, including the ongoing COVID-19 pandemic. Against this backdrop, our public healthcare system has demonstrated its resilience and continued its high level of service to the community. But it has been a struggle to overcome staffing shortages and manage budgets under severe strain from rising costs.

This is where the NORTH Foundation plays a vital role as the official fundraising partner of the NSLHD. We exist to deliver better patient outcomes for our community by bridging the gap between what is needed today and what is possible tomorrow through funding important initiatives that might otherwise not occur.

To that end, we raised $8.2M in 2021-2022. This amount was down 39% versus 2020-2021 and reflects the general decline in funds raised in the charity sector over the last year. Another factor was a decline in large bequest donations, which can vary significantly from year to year.

On a positive note, in 2021-2022 we saw a 55% increase in our number of distinct donors from the year prior and our annual tax appeal raised a record amount.

Many individuals contributed to raising these funds and receive our thanks. Healthcare staff at all levels are instrumental in promoting a giving culture. The NSLHD management team, led by Chair of the board Trevor Danos and CE Deb Willcox are strong supporters of the NORTH Foundation. I want to acknowledge Deb and thank her for her outstanding contribution as CE of the NSLHD, a role she left in September 2022.

Thank you to the NORTH Foundation staff, led by CEO Gil Lorquet who delivered well above their resourcing level and with passion for their roles. I'd also like to thank my fellow board members for their contribution and commitment, especially Ian Dardis who retired, and to welcome Michelle Tea who joined as a new board member.

No doubt next year will bring new global and local challenges and opportunities. With your support, the NORTH Foundation will continue to deliver on its purpose and further enhance healthcare outcomes for the NSLHD community.

Michael Ellies
Chair, NORTH Foundation

From the

Interim CE of the NSLHD

This year in Northern Sydney Local Health District, hundreds of thousands of people in our community received high-quality care. The snapshot below shows some of the work done by our staff across our district.

All this has been achieved during what has been an incredibly challenging time to work in health. Throughout the pandemic, we managed to sustain the performance of our services across the district – which I am proud to say is one of the highest performing districts in NSW.

We are also proud to say that the Adolescent and Young Adult Hospice (AYAH) in Manly has now been completed and will open to patients in early 2023. $5 million from generous donors kickstarted this project so it's great to see that it will now provide patients aged 15 to 24 with life-limiting illnesses a home-away-from-home that offers respite care, symptom management and end-of-life care.

Thanks also to funding from the NORTH Foundation, we strengthened our research focus and outcomes with the establishment of a new position, the NSLHD Chair of Research. Professor Bruce Robinson has been appointed to this role and he will be responsible for leadership advisory services and for driving the implementation of the district's research strategy.

It has been another successful year of fundraising and I want to thank the NORTH Foundation and its highly-skilled team for their commitment and dedication to raising funds for our hospitals, facilities and world-class medical research.

Thank you also to all our staff, volunteers, donors, patients and their families. I very much look forward to seeing what we can achieve in the year ahead.

Lee Gregory
Interim Chief Executive, NSLHD

NSLHD Snapshot 2021-2022

5,195
babies born in our hospitals

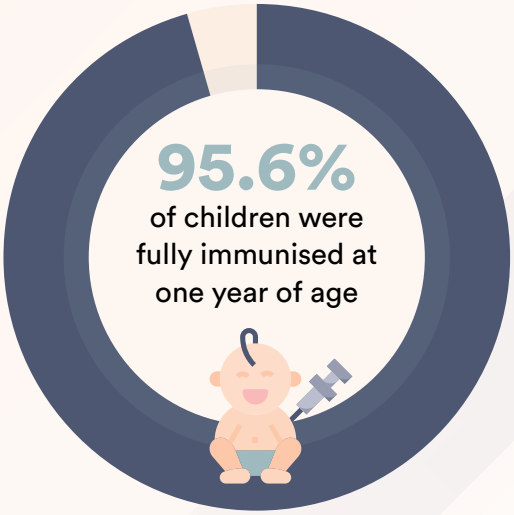
30,112
operations were performed in our hospitals

216,899
people presented* to our emergency departments

50,925
people arrived to our emergency department by ambulance

366
Dialysis patients

38
Kidney transplants



*Excludes COVID screening presentations

Our beneficiaries

The NORTH Foundation is the official fundraising partner of the Northern Sydney Local Health District. Our beneficiaries include Royal North Shore Hospital, Ryde Hospital, Hornsby Ku-ring-gai Hospital, Manly Adolescent and Young Adult Hospice, the Kolling Institute and many more.

Royal North Shore Hospital was established in 1885 and is a major teaching hospital and trauma centre in NSW. The hospital cares for more than 1.1 million patients a year, which equates to one in every five people living in NSW.

Ryde Hospital was established in 1934 after strong lobbying by the community. It features inpatient, outpatient and community services, as well as the specialised Graythwaite Rehabilitation Centre which was opened in 2013.

Hornsby Ku-ring-gai Hospital has been providing quality healthcare to the community since 1933. It incorporates Hornsby Ku-ring-gai Hospital and six community health centres and continues to expand to meet increasing demand.

The Manly Adolescent and Young Adult Hospice finished construction in December 2022. This unique service will provide support to young adults with life-limiting illnesses, offering respite care, symptom management or end of life care.

The Kolling Institute is the oldest medical research institute in NSW. For more than 100 years, our clinicians and scientists have been changing the lives of patients by directly translating their research into medical practice.

Our story

The NORTH Foundation has always been focused on raising funds to improve community wellbeing by supporting innovative medical research, the delivery of exceptional patient care, and health promotion activities.

Pre 2013
Individual fundraising teams and auxiliaries are operating within hospitals.
The Northern Medical Research Foundation is established.

2013
Kolling Foundation is created to focus on fundraising for medical research only at the Kolling Institute.

July 2014
Kolling Foundation remit is expanded to include Royal North Shore Hospital, Ryde Hospital and Hornsby Ku-ring-gai Hospital.

September 2018
New CEO is recruited and a new five year strategic vision is created.

December 2018
Trust deed for the NORTH Foundation is executed resulting in the establishment of the NORTH Foundation.

October 2019
NORTH Foundation hosts a public launch and private donor event.

September 2019
NORTH Foundation team undergoes a re-structure.

February 2019
New affiliation agreement is established between the NORTH Foundation and NSLHD.

November 2019
Adult and Young Adolescent Hospice in Manly is added to remit and $5M gift is confirmed.

January 2020
Kolling Institute celebrates 100 years and launches a new research strategy.

February 2020
New affiliation agreement is established between the NORTH Foundation and NSLHD.

2022
New approach to appeals results in most successful tax and Christmas campaigns and the team launches regular giving program.

2021
NORTH Foundation recruits new senior staff, launches grants program, receives largest bequest income to date and establishes trusts and foundations portfolio.
NORTH Foundation (Health Promotion Charity) DGR1 is established in July.

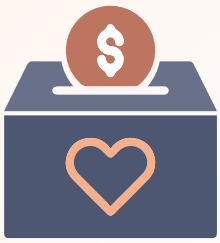
March 2020
New NORTH Foundation community fundraising initiatives are launched.

2021-2022 in review

The NORTH Foundation continued to receive generous support from a wide cross-section of the community this year. With your support, we raised $8.2 million to support patient care, innovative projects, equipment and investments in life-changing research.

1,300
generous donors contributed

$8.2 million



Total philanthropic income

In 2021-2022, approximately 1,300 generous donors contributed more than $8.2 million to support excellence in patient care and world-class medical research.

Total untied and tied funds

$5.2 million
tied funds

$3 million
untied funds

‘Untied funding’ is where a donation is made and the cause (department, clinician, researcher, project, etc) has not been specified. It includes funding where the hospital or research institute has been specified, but not the actual cause and as a result, these funds are often used for the beneficiaries’ highest priorities.

‘Tied or semi-tied funding’ is where the specific department, cause, clinician, researcher or project has been specified by the donor and therefore the funds can only be used for this purpose.

Bequest income

Gifts in Wills, also known as bequests, are an investment in the future of healthcare and these acts of selfless generosity have enabled the NORTH Foundation to support, grow and improve health services and medical research across the district.

In 2021-2022 we received $4.7 million in bequest income and had more enquiries than ever from people interested in leaving a gift in their Will to support hospitals and medical research.

$4.7 million
in bequest income

$3.5 million
in non-bequest income

186
donors gave $1,000 +

Transfers to the NSLHD

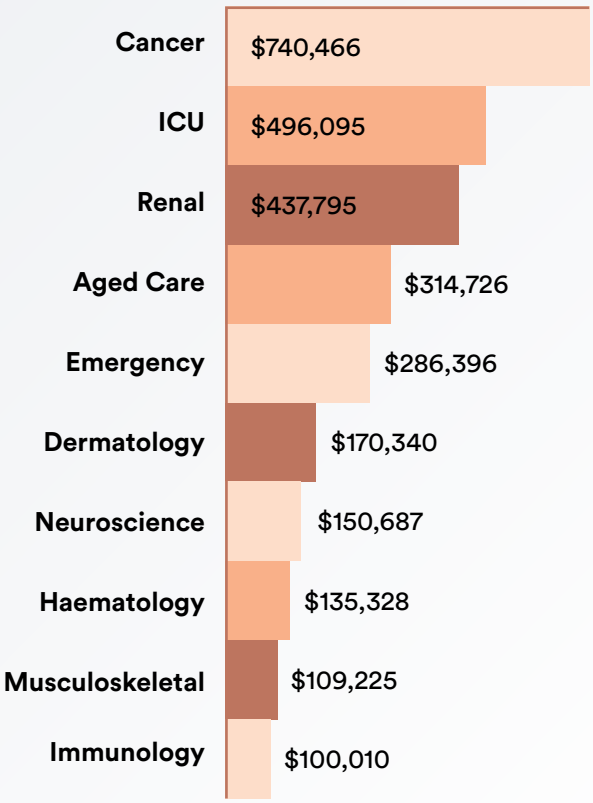
As the official fundraising partner for the NSLHD, the funds we receive are transferred directly to our beneficiaries. This means that our hospital staff, clinicians and other healthcare staff are able to determine how best to use the funds to improve our patient services or expand our research programs.

$3,889,000

in contributions to hospitals, staff, projects and researchers

Top 10 tied funded causes

*inclusive of bequest income



Research revenue

We are proud to support various research initiatives taking place at the Kolling Institute and across the NSLHD.

In 2021-2022, our generous donors contributed $2.4 million to life-changing research projects.

These gifts provided crucial funding for initiatives aimed at translating research into clinical practice, creating early detection mechanisms, discovering new treatment options and improving outcomes for patients.

$2.4 million

for research

$5.8 million

for patient and hospital services

55% increase

in the number of new donors from 2020-2021

2021-2022 highlights

With the help of our donor community and NSLHD staff, we had another wonderful year of activity across the NORTH Foundation. We also created more opportunities for our community members to engage with us.

Hospital Helping Hands

We are delighted to have launched our new regular giving program called Hospital Helping Hands. These donors are a dedicated group of compassionate individuals who have chosen to support our hospitals and medical research on an ongoing basis (monthly or annually).

In May 2022, we sent out a direct mail campaign inviting our regular donors to submit a message of thanks on a handprint cut-out to display on a wall within the foyer of Royal North Shore Hospital. We received a great response and we look forward to engaging more with this special community.

> I give monthly because I am grateful for the care I received from the neurosurgical team. The staff put their hearts into helping me so I am contributing in appreciation of the healthcare team.
>
> Tianrui Lui, regular donor

Grateful Patient Program

This year, we launched our grateful patient program called Gifts of Gratitude which will feature in hospitals. The first hospital to promote our collateral is Royal North Shore Hospital. The other hospitals across the district will receive their tailored collateral in the future.

Patients are often grateful for the care that they have received and want to say thank you in a way that is both meaningful to them and has a tangible, lasting impact on their healthcare team and our services.

Our Gifts of Gratitude program acknowledges and promotes that our hospitals are there for the community throughout their whole lives – from first moments, through unexpected change or challenges and into healthy ageing.

This narrative allows us to feature patient stories from across all of our healthcare and medical services.

When a patient makes a Gift of Gratitude, they can nominate a specific department, project or clinician that they would like their donation to support and write a message of thanks to the team that supported them.

These messages of thanks are gathered by our team and often shared with clinicians and other staff. We also contact them if they are interested in sharing their story with our community.

Community Fundraising

Across the NSLHD and beyond, we are lucky to have a vibrant community of fundraisers and fundraising groups who have supported our services over the years. These individuals go above and beyond to raise funds and support various causes, and their efforts have a tremendous impact on our success.

Their enthusiasm and energy inspire others to get involved and support us. We are truly grateful for their dedication and cannot thank them enough for their hard work and commitment. Their unwavering support is what allows us to continue our work and make a positive impact across the NSLHD and beyond.

In February 2022, we launched a new Community Fundraising newsletter to help connect with the community and expand our community fundraising portfolio.

In addition to supporting individual and group fundraisers within the community, the NORTH Foundation also launched a new community fundraising initiative called Costumes for Cancer.

This inaugural campaign, held in February and March raised almost $30,000 for local cancer research by asking participants to dress up in costumes and garner support from their family and friends. Schools across the district got involved, including Pymble Ladies' College and Barker College.

I am fundraising to show gratitude to Professor Samra from Royal North Shore Hospital. I thank him with all my heart for his care, kindness and magnificent support.

Karen Humphries, community fundraiser

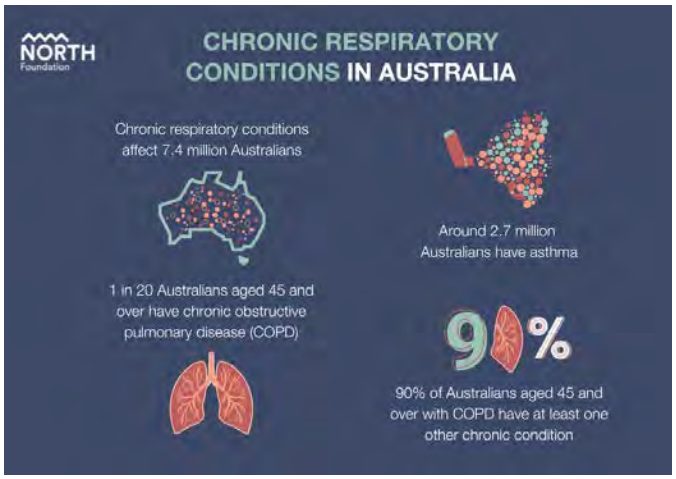
2021-2022 highlights

An important goal for our team over the last few years has been to diversify our programs and engage with our community of donors, fundraisers and supporters in new and innovative ways.

Health Promotion Activity

In July 2021, the NORTH Foundation became a health promotion charity. When we became a health promotion charity, our remit expanded and we are now in a position to promote healthy habits and educate in order to prevent and reduce illness in the community.

The NORTH Foundation will always be focused on raising funds for hospitals and medical research across the NSLHD. However, in 2022, we started to actively post about various health-related issues on our social media platforms. Our posts include information on prevalent and rare health conditions, healthy eating, stress management, and more. In the future, we hope to expand on this by, for example, hosting podcasts and Q&A sessions with clinicians.



Appeals Success

Our Christmas Appeal letter was signed by Dr Sarah Wesley, the Deputy Director of the Intensive Care Unit (ICU) at Royal North Shore Hospital and a Senior Intensive Care Specialist. Her letter was about how our staff had prepared, adapted and upskilled to meet the increase in patient numbers.

The letter explained how our district responded to the Delta variant of COVID-19 and how throughout it all, our hospitals kept serving the community – no matter what. This appeal featured patient stories from across the district and asked donors to leave a 'message of thanks' to their healthcare staff and hospitals.

This was our most successful Christmas appeal to date, raising $139,000. Our tax campaign raised more than $445,000 for various areas across the district, which makes it our most successful tax appeal to date.

The appeal explained that providing a good patient experience is at the heart of everything we do in this district, and often, this goes beyond immediate medical care. For our staff, the general well-being, rehabilitation and mental health of everyone is just as important as medical treatment.

We are grateful to our donors for their support and we look forward to sharing future appeals with our community.

NSLHD and NORTH Foundation Grants Program Update

This initiative was launched in June 2021 as a way to provide a new opportunity for NSLHD staff to access untied funding received by the NORTH Foundation.

In 2022, $300,000 of funding was allocated to innovative projects across three funding rounds:

Round 1: Patient services
Round 2: Education, community wellbeing and outreach
Round 3: Research

This year, some of the projects we supported across the NSLHD include:

- Mona Vale Hospital senior's outdoor gym to promote health and well-being amongst older Australians
- ICON COVID-19 study within Royal North Shore Hospital Emergency Department to investigate the impact of Australians avoiding EDs during lockdowns and the potential effect on public health
- NSLHD Aboriginal and Torres Strait Islander Health Service Ngalga Ngarra (Sit, Look, Listen) Project
- Computer remediation of cognition and thinking skills in consumers with schizophrenia and substance abuse disorders
- FACT Accreditation for Royal North Shore Hospital Haematology Department to allow the department to participate in international clinical trials and routinely offer patients access to novel immune cell-based treatment options
- Anorectal ultrasound to improve care in patients with lower gastrointestinal motility disorders
- Establishment of inpatient lymphoedema service at Mona Vale Hospital Palliative Care Unit
- ICU Follow-Up Clinic within Royal North Shore Hospital to provide ongoing care and support to patients who have suffered a major critical illness

Our hope is that our grant funding can be used to seed fund projects or kick-start innovative ideas to enhance our hospital services, further medical research and improve the care we provide patients.

Projects and initiatives which have already secured part-funding from other sources, or already have an active donor base are looked upon favourably.

Throughout this process, our team has been focused on establishing and developing positive relationships with staff from across the NSLHD. We have been involved in approaches to potential donors and discussions with existing donors.

As the program grows year on year, we will be continuing to seek more innovative, collaborative projects which align with the NSLHD Strategic Plan.

> I would encourage staff across the NSLHD to keep an eye out for the next available opportunity for grant funding because the innovative ideas you have may well become a reality for the community.
>
> Jane Woolgar, grant recipient
> Physiotherapy Head of Department at Mona Vale Hospital

Mark's story

My surprising blood cancer diagnosis and why I'm now supporting the FACT accreditation project

Mark Cohen

For 64 years, Mark Cohen took good care of his body. He played sport, went to the gym regularly, never smoked or drank alcohol and lived by the philosophy that his body had to last a long time so he could grow old with his wife, Sonya.

Before his shock diagnosis, Mark says he felt indifferent towards the health system. Looking back, he believed that, **"The system existed for 'sick' people and I supported it by paying my taxes but it wasn't there for me."**

He felt this way until the day he had no choice but to come to grips with his own mortality.

On 17 August 2020, Mark and his wife Sonya went to the GP to get results for routine blood tests and for Sonya, results of a routine mammogram. Sitting together, Sonya and Mark had no idea that within minutes their lives would be turned upside-down. The GP first turned to Sonya, telling her that she had breast cancer, but luckily, she would probably recover as it had been caught early due to her own diligent care.

After a minute, the GP turned to Mark and told him he may have myeloma, a blood cancer that develops from the plasma cells made in the bone marrow. If confirmed, this was a worse diagnosis and if not treated immediately, he would not survive more than two years.

Mark recalls, **"Sonya and I looked at each other and realised at that moment, our world had changed forever but it just goes to show that cancer doesn't discriminate."**

From thinking they were both healthy heading into the GP practice to coming out with two cancer diagnoses, the hardest part was then telling their two children and planning their treatments at the same time.

Within days, Sonya's treatment had been set, specialists appointed and three weeks later she had a lumpectomy followed by a month of radiation therapy. She is now in recovery, thanks to a system that provided years of breast scanning services, her own care and the efficiency and professionalism of her healthcare professionals.

As for Mark, within 24 hours of seeing the GP, a specialist had been appointed and six months' worth of appointments had been booked. Mark recalls, **"I don't know who did it all or how it was done, but the system was flawless. It happened without me having to blink."**

A bone marrow test confirmed the pathologist's query of myeloma and within a week, Mark started a six-month course of chemotherapy to suppress it. He then went to get a bone marrow transplant – a process that Mark describes as the most traumatic of his life.

Arriving at the Northern Sydney Cancer Centre at Royal North Shore Hospital and seeing people in the waiting room, Mark was struck by how outstanding the health care system is for acute patients.

> "When you enter the reception at the Northern Sydney Cancer Centre, it's astounding to see the number of people waiting because every one of those people is relying on the system.

> I can't name all the people who took care of me because there were so many and they were all outstanding in providing me with holistic care and support.

"I'll never forget when I sat down to get my blood taken, I saw a young man caring for his wife and broke my heart to see someone so young being destroyed by this affliction."

Mark was taken care of by a team at Royal North Shore Hospital, led by Professor Ian Kerridge, a staff haematologist and bone marrow transplant physician. Mark remembers the kindness and compassion of all the healthcare professionals involved in his care, including Nonie Ferrer, the clinical nurse consultant in the Apheresis and Venesection Unit and Cassandra Reid, the bone marrow transplant clinical nurse consultant.

Professor Kerridge says that the relationship between him and Mark was one of mutual respect and honesty. **"We developed an intensely personal and rich relationship. I had to trust Mark completely and he had to trust me completely – it's the sort of relationship which transcends the illness."**

Over two days in the Apheresis Unit, Mark's stem cells were harvested into two bags, the size of his fist. Mark describes the process as being extremely uncomfortable as he had to sit down the whole time with both arms pinned to the chair.

"A centrifugal machine collected my blood and extracted the stem cells first and then the process was completed with the balance of my blood being returned via a line injected in my other arm."

After having his bone marrow destroyed as the first step of the transplant process, one of the tiny bags of cells was injected back into Mark's body. It was then a matter of waiting for the cells to start rebuilding his body's capacity to produce blood on its own.

Remember, no bone marrow, no blood, no life.

Now almost two years on, Mark is on maintenance drugs which are very strong and have significant side effects. Even though some days are tough, he says, **"You've got to be strong, look at the positives and get through the harder times for the ones you love."**

With two grown up daughters and a granddaughter, Mark says they are the ones he thinks about and worries about the most. Since he started courting Sonya 37 years ago, he has been writing poetry to her and continues to do so today as a coping mechanism.

After his experience, Mark is donating to the FACT accreditation project in the hopes that his journey will help pave the way for more people to benefit from the advanced care that the Royal North Shore Hospital Haematology Department can provide to them.

Mark with his wife and daughter

"If getting FACT accreditation for the hospital can deliver better health outcomes and improve the experience for future patients, I see it as my duty to donate and tell as many people as possible."

"I want to nudge potential donors who might be thinking, 'No, not this time' to understand how impactful their donations could be, not just for others but, perhaps for themselves," says Mark.

Mark believes that even with 'good health', there is always the unexpected possibility that you might one day need immediate and urgent health care. He says, **"We are lucky that the system is fantastic – everyone involved is professional, caring and diligent and I hope that sharing my story will inspire others to help."**

Nina's story

Why I am grateful to the Paediatric Diabetes and Endocrinology Department at Royal North Shore Hospital for caring for my son

Nina and Callum

Every parent knows that feeling of dread that takes over when your child is sick, and you don't know what's wrong or how to help.

It has been four years since my son Callum was diagnosed with type 1 diabetes. After what we had thought was just a viral infection from some food after a trip to Japan, it was such a shock to hear the diagnosis – and only three weeks before his 10th birthday.

We had just arrived home from a two-week holiday in Japan when Callum first started to feel unwell. We all know how easy it is for kids to get sick and so my first instinct was to think it was either a parasite from eating sushi while in Japan or sheer exhaustion after a busy holiday.

Even though my husband is a former paramedic and Callum was experiencing the common symptoms of a viral infection, we didn't want to take any chances, so we took Callum to see our GP who said that he had likely caught a virus and needed a few days of rest.

Several weeks went by and Callum was still out of sorts. We noticed that he had started to lose weight, was often tired and had begun to complain about being very thirsty. We emailed our paediatrician, who treats Callum for ADHD, to see if his symptoms might be happening due to other medication he was taking.

Our paediatrician wrote back saying that Callum's thirst could be a side effect of his medication and that he may be going through a growth spurt which could be causing his tiredness. It was a simple explanation that seemed plausible, so we didn't follow up with booking an in-person appointment.

However, when Callum's symptoms seemed to worsen while we were on a trip away with some families from his soccer team, we sought an in-person opinion. As a parent, you often know when something isn't quite right with your child, and in Callum's case, he was not his usual adventurous and active self that jumped at the chance to hang out with his friends.

Throughout the trip, Callum was lethargic and often sleeping – he wasn't chatty or always feeling hungry, which I am sure anyone would agree is quite odd for a growing 10-year-old boy.

He started to look grey and was so tired and unwell that we decided to leave the trip early to see our GP again.

Our GP asked Callum for a urine sample which revealed that he was suffering from ketoacidosis (a serious medical condition associated with type 1 diabetes) and needed urgent medical attention. The significant ketones in Callum's urine indicated that he was likely to be diabetic, and his diagnosis of type 1 diabetes was formally confirmed later that day.

After undergoing further tests, Callum was put under the care of Dr Kim Ramjan, the Paediatric Endocrinologist at Royal North Shore Hospital.

This all happened three weeks before Callum's 10th birthday, and I didn't know how I was going to explain to my son, who already had a fear of needles, that he had type 1 diabetes and would need to be injected with insulin every day for the rest of his life.

> **I knew Callum was struggling to understand what this all meant and so I was doing my best to remain calm and strong for him but to be honest, I was feeling heartbroken. I kept reassuring him that before he knew it, he wouldn't even have to think about the injections as it would just become part of his routine – as simple as brushing his teeth.**

Although I tried my best to put on a brave face, it was still hard to watch what Callum was going through. Knowing that every decision we made as parents in managing his diabetes could potentially result in more hospital visits was a lot for my husband and I to process.

> I am in awe of the efforts of the team in caring for my son, and I am committed to making sure that every parent who goes through what we went through has access to this incredible service.

What helped us the most through those early days was the support from the healthcare professionals at Royal North Shore Hospital. I am so grateful for the support that we received from the Paediatric Diabetes and Endocrinology Department in those first days after Callum was diagnosed. Sharon Youde, the Paediatric Diabetes Dietician that was leading Callum's care, and her team of diabetes educators took the time not only to go through the basic information on type 1 diabetes but specifically how this would affect Callum and our family.

They made a point of trying to understand Callum's lifestyle and answered all our questions with patience and reassured me when they sensed that we were confused or overwhelmed by it all. We were still feeling anxious and uneasy when Callum was getting discharged, but the team from Royal North Shore Hospital reassured us that they would only be a call away if we ever needed their help.

> **Managing Callum's diabetes is an ongoing journey, and it definitely isn't easy. There have been a lot of tears, frustration and panic, especially when his blood sugar levels are low, and I'm not with him.**

Until Callum's diagnosis, I didn't know that there was such a broad healthcare team involved in the management of a patient's diabetes. My husband and I have never felt alone in the day-to-day management of Callum's diabetes.

> **The ongoing support that my husband and I have received from diabetes educators has been outstanding. I have found that being able to speak to them about managing Callum's diabetes – especially when I can't be physically with him – helps to relieve some of my anxiety.**

Explaining to them that it was hard for me as a parent to find the balance between being the "cool parent" (who encourages their kid to have fun) and the "overprotective parent" (who wants to protect their kid from harm) and having them listen to my concerns, made me feel supported. And even though we sometimes wonder if we are doing everything we can to take the best care of Callum, they always reassured us that we were doing a good job at managing Callum's diabetes.

They helped me realise that although my responsibility of managing Callum's blood sugar levels is important, it is more important as a parent not to let his condition get in the way of him growing up.

> Four years on, we are continuing to manage Callum's diabetes as a family. It is an ongoing journey, but we would not have felt as confident as we are without the support and advice from the team at Royal North Shore Hospital.

The care that this healthcare team provides goes far beyond the four walls of the hospitals and anything I could have imagined. It's one of those instances where you don't realise how lucky we are in Australia to have the hospital and healthcare system we do until you or a loved one needs it.

I am proud to say I am a regular donor to the NORTH Foundation and have also committed to volunteering my time as the Chair of the NORTH Foundation Development Committee. I joined the Development Committee because I am passionate about medical research and believe that the innovative research happening within the NSLHD might even find a cure for Callum's type 1 diabetes one day.

I am still in awe of the efforts of the team in caring for my son, and I am committed to doing as much as I can to make sure that every parent who goes through what we went through has access to this incredible service and level of care.

Early career researcher spotlight

Dr Jillian Eyles on closing the gap between research and practice in the treatment of osteoarthritis

Dr Jillian Eyles

Although 1 in 11 Australians suffer from osteoarthritis (OA), less than half are receiving optimal treatment from their General Practitioner (GP).

Dr Jillian Eyles believes that patients are not being prescribed exercises or taught how to self-manage their condition or achieve and maintain a healthy weight control which could ultimately reduce their pain and improve their overall wellbeing.

Prior to her journey as an early-career researcher, Dr Eyles was a physiotherapist who had already worked in allied health for 15 years.

So what made Dr Eyles – a mother of two young children – decide to pursue a PhD in musculoskeletal research?

Dr Eyles discovered that a career in research meant that she could align her passion for lifestyle interventions with her purpose of positively impacting the community.

> **I've always enjoyed and have seen the benefits of being active. I saw physiotherapy as an opportunity to help people in the community by teaching them how to implement exercise and physical activity in a clinical way.**

To this day, Dr Eyles says that her journey into a career in medical research was quite unique as it was her involvement in research as a clinician with the NSLHD Spinal Cord Injury Unit that sparked her interest in chronic disease management.

"Even when I was studying physiotherapy as an undergraduate, I enjoyed research. Fast forward to today, I am an early-career researcher, two years post PhD, and currently working on several exciting research projects."

With a background in physiotherapy, and a family medical history of OA, Dr Eyles made the decision to specialise her research on OA – specifically on the translational or implementation research required for clinicians to support their OA patients to achieve better patient outcomes.

"I have been involved in this area of research since starting my PhD in 2012 and am fortunate to be surrounded by a team at the Kolling Institute who is also passionate about seeing the best evidence OA care translated into the community."

By conducting research, Dr Eyles and her team have found that the best treatments for symptomatic relief do not involve medications or surgery. Core management of OA includes education for self-management, exercise and physical activity, and weight control. One of the key parts of their role as researchers now is to work out the best way to translate this research into clinical care as we found that GPs and other health professionals' knowledge and skills in best treating OA are limited.

In 2019, Dr Eyles was given the opportunity to contribute to the National OA Strategy, with a focus on determining how to change current OA treatment practices in Australia.

> I believe that our work can bridge the gap between research and practice in the treatment of OA and have a long-term and sustainable impact on our global community.

One of the main recommendations that came out of this strategy – which has now been implemented in the form of an e-learning program that was supported by a funding grant from the Federal Government – was the need for a good education program for healthcare practitioners.

This e-learning program is designed to teach healthcare practitioners about the best evidence OA care to deliver to their OA patients in the community, with the goal of having the e-learning modules tested by healthcare professionals by the end of 2022.

Once the desired outcomes in Australia are achieved, Dr Eyles and her team plan to adapt the e-learning program so that it can be rolled out overseas as OA is a very prevalent condition globally.

> At the NORTH Foundation, our goal is to provide Dr Eyles and her team with funding for research costs and equipment to continue their life-changing research project to completion.

Ultimately, Dr Eyles hopes to make the program a free resource for healthcare professionals from low-and-middle income countries to improve the quality of patient care.

Reflecting on her journey as an early-career researcher with the Osteoarthritis Research Group at the Kolling Institute, Dr Eyles' advice for others considering a career in medical research is to constantly find opportunities to learn, grow and improve.

> **Get involved in lots of different projects to build on your skillset and knowledge.**

Although their research around OA continues to progress with the support from the Federal Government funding, Dr Eyles and her team require community and philanthropic support to be able to bring this vision to life and make a positive impact on a global scale.

"I believe that our work can bridge the gap between research and practice in the treatment of OA and have a long-term and sustainable impact on our global community."

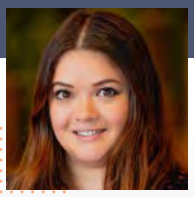
Senior leadership team

The NORTH Foundation has a dedicated and experienced senior leadership team. They are focused on building relationships with healthcare staff and donors and they work to engage the community and raise awareness of the NORTH Foundation to help raise funds for our beneficiaries.

Gilbert Lorquet

Chief Executive Officer

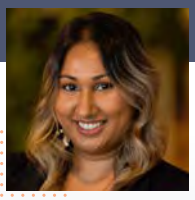
Gilbert leads the team and activities of the NORTH Foundation and is dedicated to significantly growing the organisation so it can support more world-class medical research and patient care services. Gil's role is to provide a clear sense of direction, with overall executive responsibility for fundraising and day-to-day operations. He has a background in philanthropy and brings a wealth of experience to lead the NORTH Foundation team. Outside work, Gil is the Chair of Football NSW and is passionate about football.



Amelia Seeto

Director of Marketing and Communications

Amelia has committed her career to the third sector and has worked for disability and human rights charities, social enterprises, impact investors and political campaigning organisations in the UK, Spain and Australia. As an experienced communications director for purpose-driven organisations, she brings extensive knowledge to the team and hopes to raise the profile of the NORTH Foundation. Outside work, Amelia is a board director of a few charities that focus on youth mental health and women's rights.



Nicky Jacobs

Director of Philanthropy

Nicky joined the NORTH Foundation in early 2019 having previously worked within philanthropy teams at various leading Australian universities. Nicky has worked in philanthropy for almost ten years across a number of fundraising and engagement portfolios including telethons, alumni relations, regular giving, appeals, community fundraising, major gifts and bequests. Nicky hopes to see the medical philanthropy sector grow in Australia because she believes that hospitals and research institutes are worthy of philanthropic investment.

Patrick Foong

Finance Manager

Patrick joined the NORTH Foundation in June 2022 as our Finance Manager. He previously worked with several charities in the healthcare and research sector for more than ten years. Patrick brings extensive finance and corporate governance experience to the organisation and he is passionate about giving back to the community. Patrick and his team are accountable for funds received by the NORTH Foundation and gifts received by the NSLHD. His team is also responsible for the business services function of the organisation including database maintenance and financial reporting.

Board of directors

Our board of directors brings professional expertise in a variety of areas. The board is responsible for providing strategic oversight, financial management, review of our performance as well as ensuring we are governed by appropriate policies and procedures.

Michael Ellies
Director
Chair

Deb Willcox
Director

Jonathan Morris
Director

Tim Parker
Director

Penny Williams
Director
Secretary

Merren Armour
Director

Tanya Bowes
Director

David Singer
Director

Michelle Tea
Director

Development committee

The development committee brings a broad skillset and wide variety of experience from across the philanthropic sector. This committee provides support for the organisation's initiatives and activities and its members are all driven to help us achieve our goals.

Nina Mapson Bone
Chair

Meredith Cummins

Nick Jaffer

Jakki Travers

Jason Tunbridge

David Orr

Julie Shaw

How you can support us

We rely on the generous support of our community to help us bridge the gap between what is currently possible today and what is possible in the future for our healthcare services and medical research. There are a number of ways you can get involved to help improve our patient services and grow our medical research across the NSLHD.

> We are both very grateful patients and decided to give because the experienced staff have taken such good care of us. You never know when you will need their care, and they have always been there for us.
>
> Robyn and Peter Elliot

Join our donor community

All donations make a positive difference to our beneficiaries and ultimately to patients. You can easily donate online, by mail or by phone.

Join our Hospital Helping Hands

Regular donations from this group allow us to strategically plan and provide ongoing funding to our healthcare services and medical research.

Participate in a community fundraising initiative

Participate in Conquer Kokoda or Costumes for Cancer and help us grow our network of community fundraisers while supporting important causes.

Leave a gift in your Will

Consider becoming a Northern Star by including a gift in your Will to help support one of our NSLHD hospital services or medical research initiatives.

Share your story

If you or a loved one have had a good experience with one of our healthcare services, we would love to hear from you! We are always looking for grateful patient stories to help us promote our NSLHD services.

Provide probono support or gifts-in-kind

As a small charity we are always grateful for any pro bono support or gifts-in-kind. If you are a business that could offer support, we would love to get to know you and form a partnership with you.

Fundraise for us

Fundraising can be a fun and rewarding team-building exercise for a family, school or business. There is no one way to fundraise and engage people in a cause so however you choose to fundraise just don't forget to involve your network and have fun!

Support one of our fundraising priorities

Each year, we ascertain major fundraising priorities which align with the district's strategy. We are always looking for individuals who are happy to be ambassadors for these projects and connect us to potential donors who may share these interests.

Behind the scenes

The NORTH Foundation has formed strong partnerships and strategic plans which have allowed us to make a significant impact to the health of our community. Behind the scenes, our policies and robust management ensure that every dollar raised is used effectively to create meaningful impact.

Charity Status

The NORTH Foundation is a charity registered with the Australian Charities and Not-for profits Commission (ACNC) and meets ACNC Governance Standards.

We have endorsement by the Australian Taxation Office (ATO) as a Deductible Gift Recipient 1 and an income tax exempt charity.

We are a health promotion charity and are members of the Public Fundraising Regulatory Association and the Fundraising Institute of Australia.

Policies and Procedures

Our Audit and Risk Committee manages our policies and procedures including:

- Business Continuity Policy
- Corporate Payment Card Policy
- Financial Delegations Policy
- Fraud and Dishonesty Policy
- Fundraising and Donation Handling Policy
- Governance and Reporting Standards
- Investment Policy
- Privacy Policy
- Risk Management Policy
- Working From Home Policy

Our policies and procedures are reviewed and approved by our board regularly.

> We are a health promotion charity and are members of the Public Fundraising Regulatory Association and the Fundraising Institute of Australia.

Staff Remuneration

Remuneration is determined by a combination of not-for-profit salary benchmarking, experience and recommendations approved by the NORTH Foundation Remuneration and Nominations Committee following annual staff development and performance reviews.

Our board of directors and development committee offer their expertise and time to the NORTH Foundation on a voluntary basis.

Third Party Partners

Our investment portfolio is managed by a third-party service provider, JBWere. Our investment policy provides for long-term stability, and liquidity sufficient for the funding of grant-making and other operating activities. It also sets out guidelines for the portfolio's risk profile, strategic asset allocation and investment restrictions.

Our FY2022 accounts were audited by KPMG and are available on our website. In April 2022, our board of directors unanimously decided to change external auditors to KPMG, one of Australia's biggest firms. Our previous auditors were engaged between FY2018 and FY2021.

Partnering with KPMG going forward will hopefully provide us with various benefits such as the opportunity to host bespoke fundraising events in their Sydney office.

Thank you

The NORTH Foundation thanks the following generous individuals, trusts and foundations, and organisations who supported us this year. Together, we seek a healthcare system that provides excellent patient care and solutions to real-world health problems. We also acknowledge those who have elected not to have their names published.

The Adolph Basser Trust
Collendina 5 Foundation
Ana Bordeianu
Andrew Potter
Angela (Suet) Pong
Billie Parker Dyer
Carol Blair
Catherine Anne Penney
Gonski Foundation
Emorgo Foundation
Lowenden Foundation
Eleanor Dunn
Girgensohn Foundation
Gordon Howlett
Graeme Lane
Graham Norman Nock AM OBE
Greg and Beverley Alt Foundation
Heart Research Australia
Helen Lyons Foundation
Ingrid Kaiser
Ipsen Pty Ltd
Irene Penney Franco
Janet Knight
Joanne L Parkes
John Eager
Joseph Vucetic
Jun Hu
Les Jeckeln
Lucille J Lees
M.A.S.T. Foundation
Mark Cohen
McNally Foundation
Michael Ellies
Parmedman Family Trust
Patricia Penn
Paul Orban
Pratten Foundation
Perpetual Limited
Raymond Raper
Rosemary Rajola
Skipper-Jack Jacobs Charitable Trust
Susan and Garry Rothwell
Terrence Turk
The Lin Huddleston Charitable Foundation
The Luan & Yoong Foundation
The Northcare Foundation
Thomas Fussell
Warren and Marianne Lesnie
Estate of the late Anne Kompus
Estate of the late Ann Gray
Estate of the late Arpad Pocza
Estate of the late Anita Stafford McKenzie
Estate of the late Anne Margaret Murray
Estate of the late Gregory Lloyd Hoare
Estate of the late John Charles Battin
Estate of the late Pamela Margaret Andrew
Estate of the late Wendy Noela McCormick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Financial commentary

Below is an explanation of our financial performance, including background into the legacy of the NORTH Foundation to help readers understand how the overall financial results in practice relate to the official audited financial statements which are available on our website.

Changes to the NORTH Foundation

The NORTH Foundation was originally a registered charity operating as the Kolling Foundation (operated between 23 July 2014 and 30 April 2021). The NORTH Foundation Health Promotion Charity Limited ("The HPC") was established on 26 July 2021 to expand our customer base to include Public Ancillary Funds and therefore a greater scope of beneficiaries of the NSLHD.

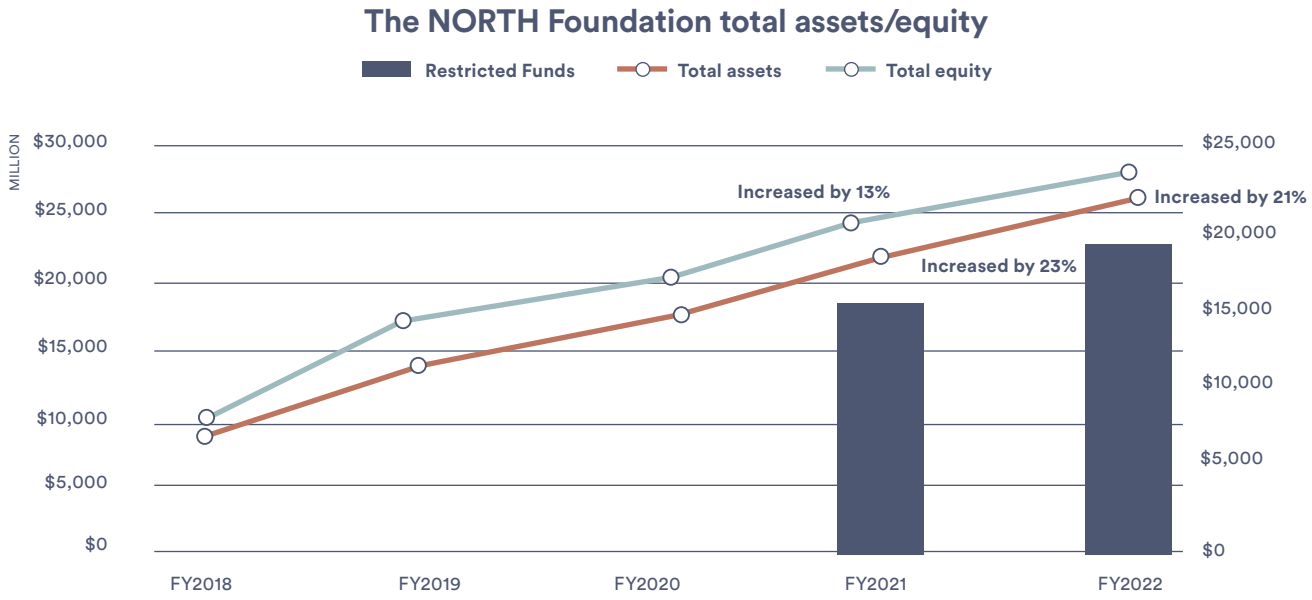
In FY2022, two financial statements were lodged under the Trustee for the NORTH Foundation ("The Trust") with a DGR2 endorsement and the NORTH Foundation Health Promotion Charity Limited with a DGR1 status. It is our plan to windup the Trustee for the NORTH Foundation before 30 June 2023.

DGR status

Australian charities can apply for Deductible Gift Recipient (DGR) as DGR1 or DGR2 with the Australian Taxation Office. Both the Kolling Foundation and the Trustee for the NORTH Foundation were endorsed with DGR2.

Charities with DGR1 endorsement like the NORTH Foundation Health Promotion Charity can receive funds for tax purposes from DGR1 donors.

Balance Sheet



Balance Sheet Summary

In FY2022, 96.0% (FY2021 99.7%) of total assets are invested or held as cash and cash equivalent.

In FY2022, the total equity includes restricted funds of $19.0 million (FY2021: $15.6 million). Most of the restricted funds were donations from an Estate, where they are tied to a specific project, cause, or purpose within the NSLHD.

We are pleased to report that the total assets and equity grow steadily over the last five years. This has been the result of our ability to hold back donations from an Estate earmarked for a purpose.

Statement of comprehensive income

$'000	FY2018	FY2019	FY2020	FY2021	FY2022
Revenue	Kolling	Kolling	Kolling & Trust	The Trust	The Trust & the HPC
Non-bequest income	$2,879	$7,714	$2,443	$3,936	$3,100
Bequest income	$4,760	$1,708	$3,440	$8,351	$4,673
Donations attributed to NSLHD accounts*	$1,615	$690	$1,459	$969	$450
Total receipted donations	$9,254	$10,112	$7,342	$13,256	$8,223
NSLHD contributions	$900	$900	$900	$900	$900
Other income	$206	$301	$673	$313	$179
Total income	**$10,360**	**$11,313**	**$8,915**	**$14,469**	**$9,302**
Expenditure					
Transfer of funds and grants to NSLHD	($4,245)	($4,231)	($2,550)	($9,331)	($3,530)
Transfer of funds for research to other	$0	$0	$0	$0	($360)
Other expenditure	($823)	($735)	($1,098)	($1,208)	($1,773)
Total expenditure	($5,068)	($4,966)	($3,648)	($10,539)	($5,663)
Unrealised loss on investment	($55)	$0	($544)	$516	($488)
Surplus for the year (includes donations received by NSLHD*)	**$5,237**	**$6,347**	**$4,723**	**$4,446**	**$3,151**

We are pleased to report that the NORTH Foundation continues to record a surplus despite a small decline in non-bequest income.

*Due to this tax accounting issue, the DG1 funds receipted cannot officially be recognised in the NORTH Foundation (and previously the Kolling Foundation) audited financial statements as income received. However, for the purpose of full consideration of the total income raised by the NORTH Foundation in practice, the table above has reflected the income that was attributed in NSLHD audited statements.

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