



Sydney
Local Health District

Safety and Quality Account

Year ended 30 June 2023

2022-23 Report

2023-24 Future priorities

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A message from the Chief Executive

Sydney Local Health District is proud to highlight outstanding achievements across our facilities and services over the last 12 months. Providing safe and quality care remains the top priority for our staff who have partnered with local communities and system partners to provide the best possible care to people who access our hospitals and services. We continue to progress the District's updated Strategic Plan for 2024–2029 to ensure our organisation continues to provide *excellence in health and healthcare for all*.

This year's Account highlights many successes, including the start of our Behavioural Escalation Support Team; using virtual care to support patients with fractures or following trauma; and improving access to specialist disability services across the District.

The Behavioural Escalation Support Team (BEST) remains on track against its implementation plan to support patients with cognitive impairment, mental illness, brain injury, or difficulties related to stress and coping. The BEST provide specialist, proactive support to people at risk of behavioural disturbance or history of aggression, with the team achieving on average 11 fewer calls per month for emergency intervention.

Our virtual care strategies continue to deliver outstanding care to residents across the District. Recent virtual trauma and fracture clinics have been an overwhelming success in providing safe and effective care to patients outside traditional hospital settings. The service has received great feedback from patients, who also report decreased travel times and a better understanding of their care.

Access to specialist disability services has also improved since our 2021 to 22 Account. In April 2023, the Disability Specialist Unit and the Department of Community Paediatrics partnered to provide multidisciplinary diagnostic assessments to reduce complexity and uncertainty for patients accessing multiple services. The team have reduced their waitlist for patients accessing diagnostic assessment services by 36 per cent since January 2023.

I am proud to share this year's *Safety and Quality Account* with you, and welcome your feedback via the communication options on the next page.



Dr Teresa Anderson AM
Chief Executive, Sydney Local Health District

Acknowledgement of Country

Sydney Local Health District (the District) acknowledges that we live and work on Aboriginal land. We recognise the strength, resilience, and capacity of Aboriginal people who live and work on this land. We would like to acknowledge the traditional owners of the land and to pay our respects to Aboriginal Elders past, and present. Our District acknowledges the three clans within the boundaries of the District comprising the Gadigal, Wangal, and Bediagal people. In the wider Sydney metropolitan area, around 29 clan groups comprise the Great Eora Nation.

The District's *Aboriginal Health Strategic Plan 2018 to 2022* sets out how the District commits to improving the health and wellbeing of Aboriginal communities through the Sydney Metropolitan Local Aboriginal Health Partnership in collaboration with the Redfern Aboriginal Medical Service (AMS) and our local Aboriginal communities. We strive to close the gap in health outcomes by providing culturally competent health services which are continually enhanced to optimise Aboriginal people's wellbeing. Some of our particular achievements from our Aboriginal health programs this year are described on pages 9 and 10, and our upcoming key programs for 2023-24 are outlined on page 27.

Your feedback

If you have any comments or suggestions on this *Safety and Quality Account*, we would welcome your feedback. Please contact:

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Introduction

Statement on safety and quality

The Board, in approving this *Safety and Quality Account*, confirms it is accurate and aligns to defined Sydney Local Health District (District) strategic priorities. The Board confirms it is clearly committed to continuously improving the safety and quality of care across the District. In making this statement, the Board has considered the information provided to it by management during the year, its own review of that information documented in Board minutes, and the feedback received by the District from consumers and external organisations.

All District facilities and services are fully accredited under the [National Safety and Quality Health Service Standards](#) issued by the Australian Commission on Safety and Quality in Health Care (ACSQHC). The District's 2023 Attestation Statement is listed in the appendix on page 30.

Snapshot of achievements over the previous 12 months

Across the District in the last 12 months, we are proud to showcase multiple achievements that have improved the quality of care delivered to our patients, families, and carers.

Supporting safer patient care: the Behavioural Escalation Support Team (BEST)

Royal Prince Alfred Hospital (RPA) has recently implemented the Behavioural Escalation Support Team (BEST) to role model, support and empower staff to provide best practice care for patients at risk of aggressive behaviours. The program commenced in November 2022, and was split into four implementation stages. The District remains on track with its rollout, with the BEST program expected to reach its full scope by January 2024. The BEST program has identified patients diagnosed with dementia or delirium most frequently require input from BEST, which forms a future focus across the District to proactively identify and respond to patients with cognitive impairments.

Since BEST commenced, there has been a year-on-year monthly average of 11 fewer reported emergency calls made in response to personal threats.

Addressing disparities in reproductive health: a new community health intrauterine device service targeting vulnerable population groups

Increasing access to long-acting, reversible contraception is a globally-recognised strategy to reduce unintended pregnancy. Intrauterine devices (IUDs) are the most effective, however most Australians use either less-effective options or no contraception. RPA Sexual Health Services identified key populations to benefit from the program include Aboriginal and Torres Strait Islander peoples, sex workers, people aged under 26, those from a culturally and linguistically diverse background, survivors of sexual assault, or people ineligible for Medicare services.

In May 2021, the IUD service was introduced with ongoing data collection through to September 2023. To date, 64 patients were assessed as suitable for IUD insertion, and 51 of these patients attended an IUD insertion appointment – leading to 45 successful insertions without any procedural complication. This initiative effectively delivered publicly-funded sexual health services to vulnerable populations in the District by removing barriers to essential reproductive care.

For ongoing sustainability, these services will continue to be offered to vulnerable populations attending the clinic and other areas within the Community Health service, such as Youthblock Youth Health Service.

Improving access to care: rpavirtual Fracture and Trauma Clinics

The RPA Virtual Hospital, or **rpavirtual**, partnered with RPA Hospital's orthopaedic and physiotherapy departments to establish a virtual fracture clinic to help manage patients with simple fractures or musculoskeletal injuries. Between October 2020 and October 2022, the clinic treated 575 patients, of which 82 per cent completed treatment without any clinical incident or need for surgery and only one patient attended an emergency department for further treatment. Most fracture clinic patients, 99 per cent, reported their experience as good or excellent, with benefits including reduced travel time, an increased understanding and management of their condition, and not needing to miss regular school or work commitments. The virtual fracture clinic avoided costs associated with traditional outpatient orthopaedic appointments, with patients experiencing

savings in associated travel costs. **rpavirtual** has recently extended this support to Broken Hill Hospital Emergency Department for patients in Far West Local Health District.

In September 2022, **rpavirtual** also partnered with the District's trauma clinical nurse consultant to provide multidisciplinary follow-up for patients who experienced mild to moderate trauma.

The virtual trauma clinic coordinates and optimises care for patients after discharge from inpatient wards or emergency departments. As of August 2023, a total of 168 patients have attended the clinic. Results show on average, patients' length of stay is shortened by 1.8 days in hospital, or by 1.4 hours in the emergency department. Overall, the admission rate for eligible patients to hospital has decreased by 29 per cent which represents 133 fewer inpatient bed days. Work is underway to explore the suitability of including more complex patients, such as those with rib fractures, into the service in the future.

'More than just teeth': an innovative, holistic approach to ensuring patient safety and reducing health disparities

Sydney Dental Hospital (SDH) and Oral Health Services see patients who report social disadvantage or marginalisation that negatively affects their overall health, wellbeing, and safety. SDH adopted a holistic model of care to offer place-based integrated care which recognises the psychosocial and legal needs of patients attending the service.

In 2019, SDH introduced legal services by a health justice partnership lawyer from Redfern Legal Centre with support from an on-site social worker. SDH staff completed targeted training to identify psychosocial issues including domestic violence, mental health concerns, and threats to personal or financial safety. The partnership means staff can connect patients with support on legal issues regarding housing, crime, fines, credit, or debt matters during their appointments with the service.

The service is proud to be the first public dental service in Australia to offer integrated care to improve overall wellbeing with a social worker and lawyer for crisis intervention, support services, and advocacy. Since 2019, nearly 500 patients have been offered assistance from the service's social worker, and in 2022 over 100 legal services were provided to 47 patients including

advice, assistance, and representation. The service has received positive feedback from patients who report ongoing benefits from this partnership in addressing the social determinants of health and improving their overall wellbeing.

It's never too late to move: Strength training, rehabilitation and outreach needs in geriatric (STRONG) medicine

As people age, the mass and strength of muscles declines which causes slower walking and an increased risk of falls or chronic disease. This further leads to a lower quality of life and changes to personal independence. In 2022, Concord Hospital's STRONG Medicine Centre was established to provide individual high-intensity exercise and nutritional advice to older residents with chronic disease or frailty. In the right dose, exercise can have positive effects on the body to improve weakness, poor balance, and mobility. Participants in the program develop goals to improve strength, increase physical ability to complete daily tasks, support joint health, prevent falls, manage their diet, or manage their mood.

In the first eight months, the 12-week program helped 127 patients achieve an average of 48 per cent improvement in their overall strength, faster walking speeds, improved balance, and better ability to stand from a chair. Clients also reported a better quality of life, mood, and confidence to do daily tasks as a result of the program's twice-weekly exercise and dietary interventions.

All participants in the program reported a better understanding of how exercise can help manage their overall health and reported finding the treatment they received helpful. Demand for the program continues to increase at both Balmain and Concord Hospitals, with the team exploring new options to deliver the STRONG medicine program to continue to promote the importance of life-long activity with the message 'it's never too late to move'.

Achievements against priority initiatives over the past 12 months

Summary of safety and quality planning processes and governance structure

The District has robust processes for consulting widely when determining which initiatives will be prioritised within our facilities and services so they meet the needs of people in our locality now and in the future. The selection criteria for priority setting is informed by national, state, and local focus areas including those of the NSW Ministry of Health, Clinical Excellence Commission (CEC) and Agency for Clinical Innovation (ACI). District strategic plans reflect extensive consultation with key stakeholders, including staff and members of our local community, to ensure plans reflect the diversity of the population who provide and receive care. Our extensive network of consumer engagement and participation enables us to incorporate feedback in continuous service redesign and improvement (described on page 12). Continual improvement is also guided by learnings from incidents, complaints, clinical outcomes, audits, and other quality and safety indicators. Facilities and services implement these strategic plans, supported by approaches outlined in overarching operational and quality plans, and clinical stream position papers. Connections between our safety and quality priorities for 2023-24 and the District strategy and other guidance are set out on page 27.

Our governance structure to support continuous improvement is set out in our *2019 Clinical Governance Framework*, *2023 Corporate Governance Plan*, and facility frameworks which outline how our committees, executives and teams monitor safety, quality, and patient experience.

Improvements achieved through priority initiatives

Key improvements

The following achievements highlight District initiatives to improve safety and quality of care over the past 12 months.

Redesign of the General Practice Casualty at Balmain Hospital

The General Practice Casualty is an urgent care centre at Balmain Hospital that provides acute care for patients with minor injuries and illnesses. Over the last five years, there has been significant growth in the number of patients accessing the service. This has also led to associated increases in the average lengths of stay in the department and number of patients who did not wait for care.

In 2023, the hospital collaborated with the District's clinical redesign team to improve patient experience in developing an equitable, responsible, and integrated model of care. The team followed several patient journeys with supporting feedback from staff and patients to identify key action areas — longer wait times, education and professional development for staff, workforce planning, and improving patient comfort.

The service has implemented the use of electronic discharge summaries to improve communication with other care providers, including follow-up test results and plans for ongoing care. Staff are supported by formal education and development frameworks in the department, with consideration to include a nurse practitioner in the current model of care. The team continue to work with staff and consumers to plan enhancements in the physical environment, such as improving comfort and monitoring patients in the waiting room. The service has commenced its implementation of the above initiatives and will formally re-evaluate outcomes in July 2024.

Delivering virtual eating disorder workshops for youth services and schools

In November 2022, District Community Health Services and Youthblock Youth Health Service held an online workshop for schools and youth services to provide strategies for awareness, early intervention, and prevention of eating disorders. The program was developed in partnership with District Mental Health Service's eating disorder and school link coordinators to target marginalised young people and students who have reported disordered eating, or are diagnosed with an eating disorder. The workshop was part of the District's response to the high prevalence and complexity of disordered eating in the state's youth sector. It was also in response to increased rates of reported eating disorder diagnoses following the COVID-19 pandemic.

Delivering the workshop virtually allowed this program to reach those outside the District, including schools and youth services located in regional NSW or interstate.

There were 343 registrations for the workshop, supported by evaluation surveys before and after the session, including a follow-up survey six months after the program. 221 participants completed the survey before the session, with 76 per cent completing an evaluation after workshop. 52 participants during this follow up indicated they had sustained changes long-term (in line with the workshop's objectives).

The service continues to embed learnings from each session to future offerings while improving access to existing referral pathways, and plans to run the workshop annually as part of a stepped intervention model aligned with the *NSW Health Service Plan for People with Eating Disorders 2021-2025*.

Streamlining access to specialist disability services

In 2017, the Disability Specialist Unit (DSU) was transferred to the Department of Community Paediatrics to offer multidisciplinary diagnostic assessments to patients needing to access multiple services. In April 2023, the DSU was successfully consolidated by a steering group who identified key objectives and monitored project plans. As a result, patients can access a single streamlined service that utilises expertise from both Child and Family Health teams and the Department of Community Paediatrics. This provides a single service to the community and has reduced confusion and uncertainty for consumers that may utilise multiple health services, in addition to minimising duplication and resource use. The team utilise a common system to prioritise clients who require diagnostic assessment across the District, with a particular focus on people experiencing financial hardship, diagnosed with a mental illness, reporting other family or psychosocial vulnerabilities, or those from culturally and linguistically diverse backgrounds.

Since January 2023, despite an additional 244 referrals as part of an ongoing quality improvement initiative, the team has reduced its post-COVID-19 waitlist by 36 per cent. Social work services are also now available to all families accessing the service. The consolidation has increased the ability to upskill medical, nursing, and allied health clinicians by providing clinical supervision to clinical psychologists and specific training in developmental and autism assessments to internal and external attendees. The service is establishing a community of practice with local paediatricians.

A research project is underway to investigate diagnostic stability with varying assessment tools to improve service safety, quality, and sustainability.

Keeping staff safe in community-based services

Aged Health, Chronic Care, and Rehabilitation (AHCCR) Services provide care through more than 30,000 visits each year in the community or clients' homes. Working in the community brings a specific set of risks for staff who are required to work without the support or backup of on-site clinical or security staff. In 2022-23, the team implemented the District's Community Duress System during home visits and community-based field work. This initiative is a digital security system which is linked to a security alarm centre. The system allows staff to set welfare timers for the expected duration of their visit, or to activate an immediate duress alert through their work phone or an enabled wearable device. The duress alert follows an escalation pathway that notifies key team members, an external security centre and, if needed, NSW Police.

Since implementation in August 2022, all AHCCR staff have been set up with a system profile, dedicated mobile phone, and a paired wearable device. There have been no incidents where staff have needed to activate a duress alarm, however staff report a high level of confidence in accessing the system and seeing an immediate response where alarms had been accidentally triggered.

Naamuru Parent and Baby Unit

Opened in June 2022, Naamuru Parent and Baby Unit was the first public mental health unit in NSW to offer joint parent-baby admissions for parents experiencing acute mental illness during the perinatal period, and is the first in the world to offer non-gender specific care and treatment.

Care is delivered to parents experiencing moderate and severe mental illness who would have previously otherwise received treatment in acute mental health units, separated from their baby and other supports. The unit was developed following an extensive period of co-design, consultation, and collaboration across consumers with lived experience, and local Aboriginal community partners. The complex network of health professionals delivering care in the perinatal space also includes paediatrics, Child and Family Health, obstetrics, community mental health and

perinatal infant mental health teams, early parenting organisations, and the already established private perinatal mental health unit.

Naamuru has established family-focused, trauma-informed assessments in a multi-disciplinary treatment program for parents with mental illness in the first 12 months postpartum. It creates a space for healing, recovery, and connection for new parents experiencing severe mental illness. Traditional models separate parents and babies whilst the parent receives inpatient psychiatric care. Naamuru has developed an effective and innovative mental health service for a complex population, demonstrating meaningful outcomes with anticipated intergenerational benefits.

Statewide intellectual disability mental health outreach service (SIDMHOS)

This is an innovative service dedicated to improving mental health outcomes for people with intellectual disability. The service aims to empower local health services in a dual approach by providing specialist mental health care and fostering workforce upskilling. This is achieved by tertiary consultation and Project ECHO – a unique capacity-building model that facilitates multi-disciplinary learning by formal presentations and anonymised case discussions. The service operates through a hub-and-spoke model, integrating evidence-based clinical expertise with capacity-building initiatives from experienced psychiatrists, psychologists, and a clinical nurse consultant which uses telehealth platforms to reach consumers in rural and remote areas.

The program has yielded transformative results across the state and has significantly improved access to specialist care across 13 local health districts. To date, SIDMHOS has provided training to more than 380 clinicians and increased professionals' confidence when working with people with intellectual disability. An independent evaluation reported that consumer wellbeing notably improved, with positive changes to consumers' lives from revised medication and helpful strategies to better manage behaviour. SIDMHOS has achieved notable success in improving mental health care within the intellectual disability sector. The innovative SIDMHOS model is scalable, financially sustainable, and transferrable, which has significantly contributed to the mental health landscape in NSW.

Enhancing cultural safety to improve care for Aboriginal peoples

The District community has a high percentage of people who identify as Aboriginal, and we continually seek new ways to engage and empower our District to become the healthiest Aboriginal community in Australia. Since our last Account, innovative, culturally-tailored initiatives have been undertaken with excellent outcomes including our priority populations programs (PPPs) for people with hepatitis C virus, and a traditional healing cultural immersion experience.

Our Population Health PPP team adapted their model of care to better enable hepatitis C virus (HCV) diagnosis and access to treatment by Aboriginal peoples. The team used an outreach model designed to address stigma that was more comfortable for people to navigate outside a mainstream setting. The roles of senior Aboriginal health workers were expanded using collaborative co-design to include HCV testing, communicating results, and helping patients navigate the healthcare system. Over a third of PPP patients identify as Aboriginal peoples and the model has been expanded to other diverse settings to integrate the social determinants of health.

The Ngangkari Traditional Healing Cultural Immersion Experience was the first metropolitan hospital clinic in NSW to incorporate complementary community events such as painting and dance workshops, exhibitions, and yarning circles as engagement opportunities and to improve health literacy. The week-long community co-designed event featured 240 clinic sessions with Ngangkari Aboriginal traditional healers and Ngangkari supporters also visited inpatients at RPA Hospital.

64 per cent of Ngangkari clinic attendees identified as Aboriginal peoples and over 600 people attended the event which received overwhelmingly positive consumer feedback.

Concord Hospital held engagement morning tea sessions with Aboriginal Elders and hospital executives to discuss the healthcare experience of Aboriginal peoples. During consultations, the community highlighted the importance of culturally safe spaces like Concord Hospital's Aboriginal Cultural Lounge and the presence of Aboriginal Liaison Officers and Aboriginal Health Workers.

The meeting informed a plan for community Elders to be filmed in 2024 to highlight their experiences about the healthcare system, and local Elders have partnered with the District Aboriginal Health Unit to suggest names for the new Concord Hospital Aboriginal Cultural Lounge.

Progress against 2022-23 safety and quality priorities

In this section, we describe District achievements against each of the five key priorities set for 2022-23.

Strengthening safety culture through structured reflective practice

The District has progressed its commitment to pilot the Clinical Excellence Commission's reflective practice program in 2022-23 for clinical governance staff who manage serious incidents and complaints. A structured approach to reflective practice supports clinical supervision and staff wellbeing, which is a key step in improving the District's overall safety culture. The District has completed consultation on approaches to broaden reflective practice which will inform the overall model and future planning. Next steps will be to progress reflective practice processes over three months, and scope ongoing implementation.

Patient reported measures (PRMs)

The District achieved its aim of having an approved PRM policy directive in place by June 2023.

The District's Implementation of [Patient Reported Measures \(PRMs\)](#) Policy was developed to guide and support a standardised implementation of PRMs across the District. The document outlines the mechanisms, governance, reporting and processes for facilities or services to implement and use PRMs – including data governance, survey selection, reporting, and use of feedback. The policy supports staff to use timely patient reported outcomes (PROMs) and experience measures (PREMs) to inform clinical decision-making and shared care planning. Our District is the first local health district in NSW to develop a PRM policy and share learnings with other NSW Health services.

The District continued to work with services to support and embed the collection of patient and family feedback to improve the delivery of patient care. The past year has seen an increased number of services engage with the PRM team to collect patient and care feedback to integrate into development of new services or review and redesign of current programs, including the BEST program, STRONG medicine program, and Balmain General Practice Casualty redesign.

Reduce hospital-acquired complications

The District continues to aim for 10 out of 14 HACs to be in line with the District target by 31 December 2023 and this is an ongoing priority for 2023-24. Rolling 12-month HAC performance has significantly improved this year with 6 out of 14 HACs meeting target in June 2022, which increased to 12 out of 14 by June 2023. This multifactorial improvement reflects a combination of

District and facility improvement programs, as well as changes in activity. HAC performance and improvement work is set out in further detail on page 27.

Building capability in safety and quality improvement

As a learning organisation that meets the diverse needs of our patients and remains fit for the future, we look to build capability in safety and quality improvement. To support this continuous improvement, the District implemented the Clinical Excellence Commission's (CEC) statewide Safety and Quality Essentials Program (SQEP) for a second year and at scale across the District. The District's Clinical Governance Unit and Sydney Education partnered with CEC to embed safety and quality improvement capability through training in improvement science methodology, and support for multi-professional teams to translate learnings into frontline improvements.

The program offers foundational, intermediate, and adept levels of training. To date, 1,300 staff have completed foundation level training, 32 staff have completed intermediate level training and 6 staff have completed adept level training. Knowledge sharing is supported by representation from a range of faculty tutors. On 1 July 2023, the District entered a new three-year partnership agreement with the CEC as continuing the program remains an ongoing quality priority for 2023-24 as set out on page 27.

Closing the gap in health outcomes for Aboriginal peoples

The District has actively progressed our priority work programs for Aboriginal health in 2022-23. In November 2022, we completed the NSW Ministry of Health's Aboriginal Cultural Engagement Self-Assessment Audit Tool (ACESAAT) which tells us how well our teams provide culturally-safe healthcare services for Aboriginal peoples. The survey is informed by the NSW Health Aboriginal Health Plan and NSQHS standards. The District performed particularly well in areas such as working strategically and forming partnerships with Aboriginal communities. Services which scored particularly well included Drug Health Services (91 per cent); Croydon, Marrickville, and Redfern Health Centres (88 per cent); RPA Hospital (82 per cent) and the District Clinical Governance Unit (81 per cent). Benchmarking data is not yet available. The most recent ACESAAT results will inform our action plan. Areas of focus for continuous improvement in our services are outlined on page 27.

RPA Hospital Emergency Department progressed its new model of care to improve staff-led culturally-safe communication with patients who are Aboriginal by integrating Aboriginal health workers with the team. Further recruitment of Aboriginal health workers and health practitioners continues.

The District has progressed its smoking cessation program for Aboriginal women. By December 2023, the program aims to have at least 35 per cent of Aboriginal women who are pregnant and smoke to quit smoking by the second half of their pregnancy. A collaborative implementation committee included representatives from the nursing directorate, Health Promotion Unit, an Aboriginal Clinical Midwife Consultant, and two Aboriginal Health Workers from Antenatal Care and Child and Family Health services. Staff have completed a tailored eLearning program on culturally-safe tobacco cessation support, and new carbon monoxide breath monitors for use in perinatal settings have been commissioned. This is an ongoing priority area for 2023-24 as set out on page 27.

COVID-19 equity-focused health impact assessment and equity framework

The Health Equity Research Development Unit (HERDU), a partnership between the District and University of New South Wales, completed an equity-focused health impact assessment (EFHIA) resulting from the COVID-19 pandemic and associated responses in the District. The EFHIA started when evidence first emerged that the COVID-19 virus had reached Australia, focusing on the health and equity impacts of the virus, along with government and health responses (in particular) over the following two years. The EFHIA identified potential health equity impacts and identified evidence of effective actions to reduce the likelihood of inequity. The EFHIA report concluded with 22 equity-focussed recommendations directed at what worked well, what more could be done, and what to do differently to support health equity within the District and more widely.

HERDU is currently leading the update and development of the District's Equity Framework. This document informs how equity is addressed within the District and how staff, patients, community members or partner organisations can support and strengthen action on improving equity across our facilities and services. This review contains a stream to focus on Aboriginal experiences, views, and perspectives on health equity in the District. An Aboriginal Research Officer leads this stream which includes an Aboriginal Community Reference and Governance Group and an internal Aboriginal Institutional Governance Group. Learning about perspectives in relation to equity and the equity framework will advance knowledge in this area to inform future policy and research agendas.



Improving the patient experience

Using consumer feedback and experience data

The District recognises the importance of involving consumers as partners in the design, delivery, and evaluation of systems and services, while including patients as partners in their own care (to the extent they choose). The tools we use to capture consumer, patient, and carer feedback support existing initiatives and those completed as a result of feedback.

Systems for capturing and responding to feedback

The District is pleased to hear the views of patients, consumers, carers, and family members who give feedback. This feedback can include complaints, compliments, patient and consumer surveys, face-to-face feedback to teams, social media comments and interactions, and patient stories. Patient stories are a rich source of consumer feedback — a number of inspiring patient stories and videos are available on our [Sydney Connect website](#).

The patient experience teams receive and respond to complaints and compliments raised by members of the public or through Ministers, the Health Care Complaints Commission, the NSW Ombudsman, or in response to findings from the Bureau of Health Information. The District responds to all patient feedback, where compliments and suggestions are personally acknowledged before being forwarded to our staff.

In 2022, the District received an average of 262 pieces of feedback a month including complaints, compliments, and suggestions. Complaints are acknowledged within five days of receipt where staff work with patients and families to resolve concerns and identify areas for system improvement. Themes from feedback are analysed and shared with the Board in a quarterly report. Patient experience activities are monitored by the District Patient and Family Centred Care Committee, District Clinical Quality Council, and Board.

The District continues to build on its Patient Reported Outcomes Measures (PROMs) and Patient Reported Experience Measures (PREMs) program using local and Agency for Clinical Innovation surveys. This is also supported by Bureau of Health Information results to inform service delivery and care planning. The District has developed standardised PREM surveys for community services, inpatient, and outpatient care settings that have been translated into the top 10 languages spoken in our community. In 2022,

collection of PROMs commenced using the Health Outcomes and Patient Experience (HOPE) platform, and to date 72 services are live with 247 staff trained to use the tool across the District. In 2022-23, the District collected feedback via 8,105 PREMs and 4,340 PROMs. The District's Mental Health Service continues to expand the use of the statewide surveys *Your Experience of Service* and *Carer Experience Survey* to collect data about patient and carer experiences across our facilities and services.

Service improvements as a result of patient feedback

Services across the District use patient feedback to inform service improvements. For example:

- The RPA Renal Supportive Care Unit completed 850 PROMs and 111 PREMs that provides valuable information for patients with complex conditions.
- The statewide Parkinson's clinic at Concord Hospital have used this feedback to improve clinic practices by improving wayfinding and coordinating appointment times to improve patient flow.
- Sydney Dental Hospital and Oral Health Service have also developed an implant policy that addressed issues that patients reported in waiting for their dental implants to be ordered and for replacing implants.
- Concord Hospital responded to PREM feedback received by their Adequacy of Access and Disability Committee about complexities with parking times in their carpark. In response, the hospital increased parking duration for patients at the Rusty Priest Building to assist patients while attending appointments.
- Concord Hospital has improved pre-admission information on its website and increased visibility to their local Patient and Family Experience Officer to raise concerns.

The District works to continually improve performance in overall patient experience and engagement indexes.

Partnering with patients and consumers to improve health literacy

As part of patient and family-centred care, our facilities and services actively involve patients and consumers in decisions which affect them.

Our District's *Culturally and Linguistically Diverse Health Strategic Plan 2022-2026* was co-designed through extensive consultation with local community consumers and groups to ensure service development initiatives reflect what people say they need.

Health literacy amongst patients from culturally and linguistically diverse backgrounds continues to be a priority. We aim to improve health literacy by promoting health interpreter services to patients and staff, and translating patient information resources into community languages. Consumer reviews of our patient-facing materials are regularly conducted. In 2022-23, the District made changes to more than 200 documents as a result of the robust consumer review process.

Peer support workers support health literacy for vulnerable people, enabling them to discuss health and care options. The District hosts one of the largest programs for peer workers across Australia within the mental health service so that people with lived experience can support people in our hospitals and community services during their journey.

Residents of social housing were actively engaged in the co-design of the Health and Wellbeing Peer Education Program along with non-government organisations. To date, 21 social housing residents have been trained as peer educators, delivering community education to over 160 members in their communities. This program will continue in 2023-24 with more community education sessions booked throughout the year. There is an evaluation of the program underway with the Health Equity Research and Development Unit, with a view to scaling the initiative to other locations of high disadvantage.

Using feedback to improve oral health services

Visiting a dental clinic can be an unnerving experience for many people, and it is important to enhance patient experience while improving oral health outcomes. Sydney Dental Hospital and Oral Health Service has focused on the journey of care by using PREMs and experience-based co-design with patients, carers, staff, and the local community to integrate text messaging with the patient information system. Response rates to feedback polling has increased 688 per cent, with over 800 responses and 1,000 free text comments informing improvement work. The service is proud to highlight very high patient satisfaction with 94 per cent of patients saying they would recommend the service to their friends or families.

Carer reported experience measures

In August 2023, the *Carer Reported Experience Measures Survey* launched so carers can provide feedback to the District about their experience as a carer. Questions are based on PREMs approaches and the *NSW Health Recognition and Support for Carers Key Directions 2018 to 2020*. Data reporting will be quarterly going forward. Carer feedback is also gathered by the Mental Health Service using the statewide *Carer Experience Survey*.

The District has developed Mobile Information Carer Centres for all our facilities so carers can access resources at locations which are convenient for them. This activity focuses on identifying hidden carers who may not have previously been recognised as performing this role or the services available to support their wellbeing.

A workplace culture that drives safe, high-quality care

Staff culture and leadership

Sydney Education: building a workforce fit for the future

As part of our District's Innovation Week in July 2023, the Centre for Education and Workforce Development was officially re-launched as [Sydney Education](#) to reflect the District's investment in professional development and training opportunities for staff now and into the future. Courses are offered across portfolios including professional development, clinical practice, leadership and management, and work health and safety. Since its start, the training facility has shifted from a traditional clinical classroom style to one that incorporates all aspects of professional growth and development, keeping up with education trends and emphasising the translation of skills into the workplace. The Lived Experience Educator Program is an exciting new initiative that builds on this positive transformation with 26 patients, carers, and advocates trained as educators who represent our diverse District community. The lived experience educators will use their unique perspective to design and build an integrated curriculum.

Over the next five years, Sydney Education will prioritise delivering innovative learning experiences that enable excellence in healthcare to give staff tools to become transformational leaders and better connect with the community. The *Sydney Education Strategic Plan 2023–2028* includes seven priorities that underpin excellent education services offered to staff, which aligns with the District's Strategic Plan and the NSW Future Health Plan.

Our commitment to safety culture

Safety culture is essential to ensure patients consistently receive the right care through processes that are reliable and without unwarranted clinical variation. In 2023, our District Clinical Governance Framework approaches its final stages of consultation which sets out how the District ensures that we have a robust safety culture. Organisational culture is a key element of safety culture and our MDOK (MyDistrictOK) wellbeing program is actively promoted through District-wide communications. This is also supported by individual outreach facilitated by local governance units to offer staff impacted by incidents individualised support from peers as part of our Colleague Care program.

Through the Clinical Excellence Commission's (CEC) statewide Safety and Quality Essentials Program (SQEP), we have provided tailored education and training to our entire workforce on safety culture in healthcare and how we all play a role in maintaining a positive culture. The program has had significant uptake across the organisation as outlined in page 10. Across the District, we actively promote learning from what works well, learning from incident reviews, and feedback from facilities to guide continual improvements that are monitored at District and facility governance committees through to the Board. Recent initiatives have included implementing the Rapid Response in the Emergency Department (Team RR_{ED}) program at Canterbury Hospital, frontline team safety huddles to discuss patient and staff safety issues in all services, and promoting the Recognise, Engage, Act, Call, Help (REACH) escalation service to patients and families across inpatient and community settings.

NSW Health Key Performance Indicators

End of year summary of performance against Key Performance Indicators (KPIs) outlined in the service agreement

This section provides a summary of our 2022-23 performance against KPIs outlined in our service agreement with the NSW Ministry of Health, with comparative data for 2021-22. Where an indicator is below target, associated improvement initiatives are outlined. Hospital-acquired complications (HACs) are set out on page 25.

	Data period	2021 – 2022	Current target	2022 – 2023	Commentary
Patients and carers have positive experiences and outcomes that matter					
Patient engagement index number – adult admitted patients	Oct 22 – Dec 22	8.44	8.50	8.62	Target met.
Patient engagement index number – emergency departments	Oct 22 – Dec 22	7.27	8.50	7.75	Improvement from 2021/22. The District has implemented a process to use and review Bureau of Health Information (BHI) KPI and survey data. This involves a review of survey results, identifying key themes and priority areas across the District, then sharing data to facilities to review, analyse, and action locally.
Overall patient experience index number – in emergency departments	Oct 22 – Dec 22	8.46	8.60	8.24	Slight deterioration. Emergency Departments (ED) continue to be an area of focus to improve patient experience with Canterbury, Concord and RPA Hospitals developing action plans in response to BHI data.
Overall patient experience index number – adult admitted patients	Oct 22 – Dec 22	8.55	8.70	9.02	Target met.
Mental health consumer experience – consumers with a score of very good or excellent (%)	Apr 23 – Jun 23	71%	80%	81%	Target met.

	Data period	2021 – 2022	Current target	2022 – 2023	Commentary
Safe care is delivered across all settings					
Emergency treatment performance –admitted (% of patients treated within four hours)	Jul 22 – Jun 23	33.4%	50%	32.5%	<p>Target not met. Facilities continue to implement strategies to improve patient flow. RPA Hospital has a range of strategies including daily hospital wide operational meetings, twice daily access meetings, an admitted patient escalation pathway, and use of their Emergency Department Short Stay Unit, transit lounge and surge bed areas. Canterbury Hospital has assigned a ‘fast track doctor’ to oversee triage category 4 and 5 patients.</p> <p>All emergency departments have implemented navigator roles to improve patient flow, experience, and efficiency.</p>
Mental health presentations with people staying in emergency departments over 24 hours	Jul 22 – Jun 23	593	0	1944	<p>Target not met. The Mental Health Service has established a Whole of Health Committee to focus on factors that impact length of stay and have also increased mental health resources in emergency departments at RPA and Concord Hospitals to support mental health consumers.</p>
Percent of emergency department presentations treated within benchmark times – triage category 1 patients seen within two minutes	Jul 22 – Jun 23	100%	100%	100%	Target met.
Percent of emergency department presentations treated within benchmark times – triage category 2 patients seen within 10 minutes	Jul 22 – Jun 23	83.6%	95%	84.9%	<p>RPA Hospital did not meet the target due to a high volume of presentations and inpatient access constraints in the emergency departments. Strategies to improve performance include an emergency department flow consultant who promotes early decision-making, and a mobile triage nurse who expedites triage and streaming of patients to the correct location. Recruiting to nursing roles is approved and ongoing.</p> <p>Canterbury Hospital has seen a 43% increase in category 2 presentations during 2022-23 which has impacted performance. The facility is delivering nursing education that focuses on higher acuity patients, and a float consultant has been implemented to expedite care and treatment in the Emergency Department.</p>

	Data period	2021 – 2022	Current target	2022 – 2023	Commentary
Percent of emergency department presentations treated within benchmark times – triage category 3 patients seen within thirty minutes	Jul 22 – Jun 23	78.2%	85%	75.7%	<p>RPA Hospital did not meet the target due to a high volume of presentations. Strategies to improve performance include an emergency department flow consultant who promotes early decision-making, the mobile triage nurse, and implementing technical assistants to support early protocol commencement, assessment, and triage of patients.</p> <p>Canterbury Hospital has seen a 13% increase in presentations for triage category 3 patients in 2022-23 compared to the previous financial year. The facility re-opened their Medical Admission Unit after its closure during COVID-19 and have re-launched its Short Stay Unit which can expand to seven beds.</p>
Inpatient discharges from emergency department Accessible and Rehabilitation Beds by midday (%)	Jul 22 – Jun 23	20.8%	≥35%	23.1%	<p>Some improvement. RPA Hospital performance was 27.8% for the 2022-23 financial year. The facility completed a clinical redesign project called 'Good to Go' which aims to improve inpatient discharges. The RPA Patient Flow Unit reviews 'Waiting for What' reasons and estimated date of discharge compliance daily to support wards with inpatient discharges.</p> <p>Canterbury Hospital is working on early allied health referral and review for discharge clearance, and early medical rounding. The facility is focusing on discharge planning from time of admission.</p>
Transfer of Care (ToC) from ambulance to emergency departments in 30 minutes or less	Jul 22 – Jun 23	82.8%	90%	85.9%	<p>Some improvement. Canterbury Hospital met this indicator with 90% of patients transferred from ambulance to emergency within 30 minutes.</p>
Elective surgery overdue – number of category 1 patients	Jul 22 – Jun 23	0	0	22	<p>The District COVID-19 surgical recovery plan cleared surgical backlog by June 2023.</p>
Elective surgery overdue – number of category 2 patients	Jul 22 – Jun 23	3067	0	1183	<p>Concord Hospital developed local reports to predict the surgical activity of individual surgeons and was used alongside District performance modelling to guide targeted redistribution of surgical lists. This process has ensured all specialties had adequate capacity to meet their demand and complete all overdue cases. Concord Hospital increased local surgical capacity with additional staffing, bed capacity, theatre sessions, and Saturday lists. Performance of waitlists is monitored at the weekly Concord Hospital Elective Surgery Meetings to ensure all patients have their procedures within a clinically appropriate period.</p>
Elective surgery overdue – number of category 3 patients	Jul 22 – Jun 23	3429	0	2336	<p>Any cancellation of category 1 patients is escalated to the appropriate general manager to identify preventable cancellation measures or ensure the procedure is appropriately re-booked.</p>

	Data period	2021 – 2022	Current target	2022 – 2023	Commentary
Elective surgery access performance –percent of category 1 patients treated on time	Jul 22 – Jun 23	100%	100%	99.8%	RPA Hospital performance for 2022-23 was 100% following continual strategies to improve elective surgery access performance. A new process was implemented to ensure waitlisted patients have a planned admission date within appropriate times based on clinical urgency category, and a pathway to manage day of surgery cancellations for Category 1 patients.
Elective surgery access performance –percent of category 2 patients treated on time	Jul 22 – Jun 23	86.4%	97%	91.6%	Facilities continue to improve when comparing 2022-23 to the previous financial year. RPA Hospital performance was 98%, meeting the target. The facility revised their escalation processes to manage upcoming breaches, supported by weekly meetings between the Director of Operations and Patient Information Services Department to review and proactively review the surgical waitlist.
Elective surgery access performance –percent of category 3 patients treated on time	Jul 22 – Jun 23	89.2%	97%	90.1%	RPA Hospital performance was 97.3%, meeting the target. The facility revised their escalation processes to manage upcoming breaches and continue weekly meetings (above).
Mental health acute seclusion rate occurrence rate per 1,000 bed days	Jul 22 – Jun 23	8.4	5.1	6.6	In April 2022, Mental Health Services established a Restrictive Practices Steering Committee in response to increased rate and duration of seclusion. The committee has adopted the evidence based 'Six Core Strategies' approach to reduce restrictive practices. This included engaging units in the District with the highest patient acuity and correspondingly highest seclusion rates with the Clinical Excellence Commission (CEC) Action Learning Network. This work corresponds with a downward trend in seclusion rate with a peak of 9.5 episodes per 1,000 occupied bed days in Q3 2021-22 to 5.7 in Q4 2022-23.
Mental health average duration of seclusion (hours)	Jul 22 – Jun 23	16	4	14.4	Overall episodes of seclusion have reduced in Mental Health Services, but the average duration has persistently increased. Analysis of the data between mid-2021 and November 2023 showed a significant reduction in average duration at the Concord Centre for Mental Health (CCMH). Over the same period, an increase in average duration at Professor Marie Bashir Centre (PMBC) relates to patient acuity being higher at PMBC. The McKay Unit (CCMH) and High Dependency Unit (PMBC) teams will continue to collaborate with the CEC to focus on duration of seclusion.

	Data period	2021 – 2022	Current target	2022 – 2023	Commentary
Mental health frequency of seclusion (%)	Jul 22 – Jun 23	7%	4.1%	6.4%	Seclusion frequency at PMBC has remained consistently below target over the last 48 months. CCMH has remained above target, largely related to the McKay East Intensive Psychiatric Care Unit care for consumers with the highest levels of acuity, and receives out-of-District referrals as part of the statewide Mental Health Intensive Care Unit Network.
Mental health involuntary patients who absconded from an inpatient mental health unit (rate per 1,000 bed days)	Apr 23 – Jun 23	0.89	0.8	0.89	Absent without leave processes were comprehensively reviewed and updated in early 2022. This was reflected in amendments to service policy and unit procedures over the same period. Absconding rates have significantly reduced over the last four years. During the last 12 months, absconding rates have been below target in two of the four quarters.
Electronic discharge summaries sent electronically and accepted by general practitioners (%)	Jul 22 – Jul 23	57%	51%	59%	Target met.
Virtual care access – non-admitted services provided through virtual care (%)	Jul 22 – Jun 23	14.6%	30%	19.5%	MyVirtualCare is promoted across facilities to improve the uptake of virtual care for non-admitted services. Ambulatory Care Business Units are working closely with departments to continue telehealth across outpatient services where clinically appropriate. RPA Hospital Ambulatory Care Business Unit provides support for departments to implement MyVirtualCare. The Canterbury Hospital Ambulatory Care Business Unit Manager is working closely with clinical teams to increase the uptake of telehealth video virtual care.
Mental health acute post-discharge community care follow-up within seven days (%)	Jun 22 – May 23	73.7%	75%	66.6%	The Mental Health Service is currently reviewing seven-day follow up processes after recognising a consistent reduction in performance over the last 12 months. This complex task has involved inpatient services, the Mental Health Line, Acute Care Services, and other community teams. This review will identify opportunities for process improvement.

	Data period	2021 – 2022	Current target	2022 – 2023	Commentary
Unplanned readmissions 28 days after discharge – all inpatients (%)	Jul 22 – Jun 23	4.7%	4.7%	4.8%	<p>The RPA Hospital Clinical Variation Committee monitors unplanned readmissions, monitoring and reviewing trends, and developing action plans where improvement opportunities are identified.</p> <p>Canterbury Hospital's Leading Better Value Care Chronic Heart Failure and Chronic Obstructive Pulmonary Disease Clinics aim to reduce unplanned readmissions. A palliative care staff specialist at Canterbury Hospital works with the Chronic Obstructive Pulmonary Disease Team to help provide care in the community for patients with chronic conditions and to avoid the need for acute admission.</p>
Unplanned readmissions 28 days after separation (discharge) – Aboriginal inpatients (%)	Jul 22 – Jun 23	7.1%	7.1%	6.6%	Target met.
Mental health unplanned readmissions 28 days after discharge (%)	Jun 22 – May 23	15.4%	13%	13%	Target met.
Discharge against medical advice for Aboriginal inpatients (%)	Jul 22 – Jun 23	3.3%	2.3%	3.8%	All facilities monitor discharges against medical advice through the District's Aboriginal Health dashboard, and through case conferencing with hospital Aboriginal Liaison Officers.
Potentially preventable hospital services	May 22 – Apr 23	15.1%	13.6%	14.3%	<p>Potentially preventable hospital services includes the proportion of triage category 4 and 5 emergency department attendances, or admitted patient bed days, for people with conditions where admission to hospital or an emergency department visit is potentially preventable.</p> <p>District facilities promote models of care which aim to reduce potentially preventable hospital services such as Planned Care, Back@Home, Cardiac Chronic Care, Respiratory Chronic Care, Drug Health Services, Virtual Wound Care, and the Virtual Emergency Department.</p>
Hospital in the Home Admitted Activity (%)	Jul 22 – Jun 23	2.6%	Over 5%	3.2%	All District facilities have satellite Hospital in the Home (HiTH) services under management of the Aged Health, Chronic Care, and Rehabilitation (AHCCR) clinical stream, providing an avoidable physical bed that allows the patient to be cared for at home. The service did not meet its aspirational target but showed an increase to 3.2%.

	Data period	2021 – 2022	Current target	2022 – 2023	Commentary
Renal Supportive Care Enrolment: end-stage kidney disease patient (% variation to target)	Jul 22 – Jun 23	731	167	740	To encourage referral to the Renal Supportive Care service, education was provided to staff and general practitioners to better detect symptom burden and psychosocial distress. The referral pathway has been improved for patients opting for supportive non-dialysis care. Patients are referred to the Renal Supportive Care Clinical Nurse Consultant at any level of kidney function to ensure timely referrals, which provides an opportunity for improved relationships, and recognition of supportive non-dialysis pathways. The Renal Supportive Care Clinical Nurse Consultant attends the weekly multidisciplinary Renal Unit Team Meeting to suggest Renal Supportive Care reviews for inpatients and consults for patients who would benefit from this care.
People healthy and well					
Childhood obesity – children with height and weight recorded (%)	Apr 23 – Jun 23	66.7%	70%	64.6%	Child and Family Services achieved 79% height and weight recorded for April to June 2023. Breastfeeding clinics, transition to solids groups, and feeding clinics are available to support families.
Smoking during pregnancy – at any time (%) – non-Aboriginal women	2022	2.4%	2.3%	2%	A District committee has been formed to oversee the implementation of the NSW Health policy <i>Reducing the effects of smoking and vaping on pregnancy and newborn outcomes</i> .
Smoking during pregnancy – at any time (%) – Aboriginal women	2022	54.2%	53.1%	41.8%	Population Health Aboriginal health workers lead activities to reduce smoking and vaping in the Aboriginal community.
Pregnant women quitting smoking – by second half of pregnancy (%)	Jul 22 – Jun 23	54.8%	57%	55.3%	Maternity staff have been trained in carbon monoxide monitoring which is offered to women during their antenatal visits.
Get healthy information and coaching service (volume)	Jul 22 – Jun 23	261	1087	350	A Maternity Digital Project was implemented to increase referrals to the Get Healthy in Pregnancy Service. The project has led to an increase in health professional referrals into the program.
Children fully immunised at one year of age (%)	Jul 22 – Jun 23	94.9%	95%	94.5%	The District continues to actively promote immunisation. In 2022-23, 78% of children enrolled in the Yana Muru Aboriginal Health Home Visit Program were fully immunised.
Hospital drug and alcohol consultation liaison – number of consultations	Jul 22 – Jun 23	4126	4126	5906	Promotion of Drug and Alcohol consultation services was completed at Canterbury, Concord, and RPA Hospitals.

	Data period	2021 – 2022	Current target	2022 – 2023	Commentary
Hepatitis C antiviral treatment initiation –direct acting by District residents variance number	Jul 22 – Jun 23	85	350	105	Hepatitis C virus ‘blitz’ outreach events offer an opportunity for testing and treatment initiation. Outreach is provided to community pharmacies, homelessness services, and community centres with support from private methadone clinics. The District’s Hepatitis C Virus Testing and Treatment Implementation Committee facilitates and supports the implementation of strategies to increase testing and treatment.
Number of Aboriginal paediatric patients undergoing otitis media procedures	Apr 22 – Mar 23	2	6	1	Target met.
Domestic violence routine screens conducted (%)	Jan 22 – Dec 22	78.1%	70%	55.9%	In 2022-23, the Domestic Violence Strategy Unit delivered 18 training sessions for Domestic Violence Routine Screening with 159 attendees. The Unit is partnering with Drug Health Services to build capacity within their service to identify and respond to domestic family violence more broadly. Further improvement strategies include implementing the NSW Health <i>Domestic Violence Routine Screening</i> policy directive, focusing on mandatory domestic violence training for staff, and identifying local champions to support routine screening across services.
NSW Health First 2000 Days Implementation Strategy –delivery of the one-to four-week health check (%)	Jan 23 – Mar 23	69.4%	85%	68.4%	Improvements are occurring with reporting to support efficient access to data and timeliness.
Sustaining NSW Families Programs – families completing the program when the child reached two years of age (%)	Jul 22 – Sep 22	33%	50%	43.3%	Four new staff are currently undertaking Sustaining NSW Families program training, and will support families to complete the program.
Sustaining NSW Families Programs –families enrolled and continuing in the programs (%)	Jul 22 – Sep 22	60%	65%	84.2%	
Mental health peer workforce employment number of full time equivalents	Jul 22 – Jun 23	11.7	15.2	16	Target met.

	Data period	2021 – 2022	Current target	2022 – 2023	Commentary
Breast screening participation rates – women aged 50-69 years	Aug 21 – Jul 23	41.4%	55%	43.3%	BreastScreen achieved 112.4% of their screening target for FY 2022-23 with a total of 22,486 women screened. This is not reflected in the key performance indicator due to the current reporting period. Screening activity has increased by 9.5% in 2022-23 compared to 2020-21.
Breast screening participation rates – women aged 70-74 years	Aug 21 – Jul 23	40.5%	55%	42.5%	BreastScreen continues to coordinate initiatives that increase activity such as hosting a BreastScreen mobile van at the Mardi Gras Fair Day, providing after-hours appointments, local media campaigns, and follow-up phone calls to clients who fail to attend screening appointments.
Our staff are engaged and well supported					
Workplace culture – People Matter Survey culture index	2020 – 2022	46%	47%	64%	The District's Workplace Index for 2022 was 64%, reflecting a 1% increase from the previous year and is 7% higher than the NSW Health average.
Take action – People Matter Survey	2020 – 2022	48%	49%	49%	In the 2022 people matter employee survey, 49% of staff reported they were confident that the organisation will act on the results of the survey. This is a 2% increase compared to the previous year and is 11% higher than the NSW Health average. The District achieved the highest score on this domain compared to other local health districts in NSW.
Staff engagement – People Matter Survey engagement index	Apr 23 – Jun 23	68%	69%	67%	The 2022 data set reflects a 1% decrease compared to the previous year and is 5% higher compared to the NSW Health average. The District achieved the highest employee engagement index compared to other local health districts in NSW.
Staff engagement – People Matter Survey Racism experienced by staff	Apr 23 – Jun 23	4%	5%	7%	In the 2022 survey, 7% of staff experienced racism in their workplace which is equal to the NSW Health average.
Staff performance reviews – within the last 12 months (%)	Apr 22 – Mar 23	42%	100%	60.8%	The District continues to work on improving performance development review compliance through a range of strategies.
Recruitment – average time taken from request to recruit, to decision to hire (business days)	Jul 22 – Jun 23	73 days		71 days	Recruitment processes have been streamlined and delegations reviewed to enable rapid onboarding.
Aboriginal workforce participation – Aboriginal Workforce as a proportion of total workforce at all salary levels (bands) and occupations (%)	Jul 22 – Jun 23	1.4%	3%	1.5%	In 2023-24, a recruitment campaign will be launched to incorporate new and innovative activities to attract Aboriginal candidates and increase the District's Aboriginal workforce.

	Data period	2021 – 2022	Current target	2022 – 2023	Commentary
Employment of Aboriginal Health Practitioners (Number)	Jan 23 – Jun 23	0	3	0	The District is considering key strategies to enable the successful recruitment of Aboriginal health practitioner roles in the workforce. To date, RPA Hospital has advertised two roles in its Emergency Department.
Compensable workplace injury claims (% change)	Jul 22 – Jun 23	0	0	5.7%	The most frequent mechanisms of injury were body stress injuries followed by 'hit by moving objects.' Strategies to prevent injuries and manage claims have included a specific focus on high-risk incidents, improving safety systems, assisting injured workers to return to work, and managing workers compensation claims.
Research and innovation and digital advances inform service delivery					
Research governance application authorisations –site specific within 60 calendar days –involving more than low risk to participants (%)	Apr 23 – Jun 23	91%	75%	100%	The District's Research Governance Offices achieved a highly performing status with all authorisations issued within the 60-day benchmark. The Offices continue to evaluate and improve processes and stakeholder engagement to optimise review times.
Ethics Committee application approvals within 90 calendar days –where the risk to participants is more than low (%)	Apr 23 – Jun 23	100%	75%	100%	The District's Research Ethics Offices continued to achieve highly performing status with all applications approved within the benchmark period of 90 days. The offices continue to update resources for researchers such as protocol templates and have introduced a pre-meeting application check service.



Service agreement KPIs for hospital-acquired complications

This section provides a summary of our 2022-23 performance for hospital-acquired complications (HACs) against indicators outlined our service agreement with the NSW Ministry of Health. Definitions for each complication are provided in the glossary on page 29.

The table below shows the rolling 12-month average HACs for every 10,000 episodes of care. All complications have improved compared to the previous reporting period, and 10 out of 12 HACs have met or exceeded performance targets for 2022-23. Hospital-acquired complications are monitored at the District HAC Committee and at facility committees that report to the District's Board.

Hospital-acquired complications (per 10,000 episodes of care)	2021 – 2022	Current target	2022 – 2023
Pressure injury	2.0	7.0	1.8
Falls resulting in fracture or intracranial injury	8.2	5.7	7.0
Healthcare-associated infection	146.2	142.5	133.5
Respiratory complications	46.4	38.7	36.7
Venous thromboembolism	15.5	11.0	10.8
Renal failure	3.4	3.4	2.7
Gastrointestinal bleeding	9.8	12.5	6.0
Medication complications	8.9	17.1	6.5
Delirium	65.1	55.1	53.4
Incontinence	5.4	5.8	2.2
Endocrine complications	45.7	29.7	34.8
Cardiac complications	51.0	51.0	46.3
Third- or fourth-degree perineal laceration during delivery	386.0	384.1	366.9
Neonatal birth trauma	65.3	98.8	57.7

Key improvements and commentary

- The District has a long-term, ongoing **pressure injury** prevention program with very favourable outcomes. In 2022, the District's Point Prevalence Audit identified significant improvements in care planning documentation. Canterbury Hospital had no identified cases at that time, and RPA Hospital injury rates had improved. Balmain Hospital had the most favourable risk screening and skin inspections.
- In preventing **falls with fracture or intracranial injury**, several long-term District wide falls prevention programs remain ongoing until 2025. This includes a falls prevention strategy which is supported by research from system partners including the University of Sydney and Clinical Excellence Commission. Improvement initiatives include facilitated coaching, optimising use of increased supervision, falls prevention huddles at Concord Hospital, and review of high observation bays. Drug Health Services have also completed a quality improvement project on the Inpatient Withdrawal Management Unit to focus on mobility equipment and the environment, where new equipment was purchased to assist bariatric patients.
- The most frequently occurring **healthcare associated infections** are pneumonia and urinary tract infections. The District's Infection Prevention and Control Working Group is overseeing an improvement program including research and policy review to standardise infection control practices. The working group has developed a peripheral intravenous catheter insertion training program for interns, and a guideline on post-insertion care of central venous access devices which includes patient resources and clinical skill assessments.
- All **respiratory complications** for aspiration pneumonia are reviewed by speech pathology departments at RPA, Concord, Canterbury, and Balmain Hospitals to identify improvement opportunities.
- There is an active pharmacy-led **venous thromboembolism** (VTE) stewardship program which aims to increase appropriate VTE prevention based on risk, including prescribing of anticoagulants supported by the eMR VTE PowerPlan. Monthly audit learning is shared with facility heads of department for local learnings.
- All **renal failure** cases are reviewed at service morbidity and mortality meetings or clinical variation committees.
- For **gastrointestinal bleeding**, the District remains favourable against its target and other peers. RPA Hospital monitors this complication through its Clinical Variation Committee, and a consultant doctor reviews all cases to identify opportunities for improvement at both Concord and Balmain Hospitals.
- Common **medication complications** include bleeding from anticoagulants and side-effects from psychotropic medications. Local Medication Safety and Drug and Therapeutics Committees oversee facility and service education. The Mental Health Service reviews all medication complications to balance the treatment needs of consumers and against potentially expected side effects.
- In October 2022, to improve the identification of patients at risk of **delirium**, the District introduced the 4AT screening tool across all facilities with oversight by the District Delirium Committee.
- **Incontinence** is monitored at the Maternity HACs and Adverse Outcomes Committee, supported by departmental morbidity and mortality meetings. RPA Hospital has developed an online continence referral pathway to ensure all patients are followed up and supported, which is currently being considered for District-wide implementation.
- **Endocrine complications** have improved with the re-design of the eMR Basal Bolus Supplemental PowerPlan in July 2023 to reduce medication related hypoglycaemic episodes at RPA Hospital.
- **Cardiac complications** are reviewed at local morbidity and mortality meetings or clinical variation committees to identify improvement strategies. The most common underlying diagnoses of patients suffering a cardiac complication are coronary artery disease and myocardial infarction.
- All **third- or fourth-degree perineal lacerations** during delivery are reviewed at the maternity service multidisciplinary trigger meetings. This HAC is monitored through the Maternity HAC and Adverse Outcomes Committee meeting and outcomes of the meeting are reported to the appropriate morbidity and mortality meetings. Perineal laceration prevention includes education and training as outlined in the Women's Healthcare Australasia and CEC Perineal Protection Bundle.
- All cases of **neonatal birth trauma** cases are reviewed and monitored at the Maternity HAC and Adverse Outcomes Committee. Learnings and outcomes are shared in facility morbidity and mortality meetings. RPA and Canterbury Hospitals' multidisciplinary teams continue to focus on approaches to minimise instrumental births, including senior midwife availability when monitoring the second stage of labour.

Future priorities

Safety and quality priorities for 2023-24

This section outlines our District's safety and quality priorities for 2023-24 and are determined through the process outlined on page 7. These future priorities are measurable and demonstrate our comprehensive approach to safety and quality improvement. Links between these local safety and quality improvements and District, state or national strategic priorities are described below.

Reduction in hospital-acquired complications

Minimising potentially avoidable harm is a key District priority to provide safe and quality care that meets the needs of our patients. The District will continue our ongoing improvement program to meet the District's target for 10 out of 14 complications by 31 December 2023. To date, our performance remains on track as set out on page 25.

Closing the gap in health outcomes for Aboriginal peoples

To support our goal of becoming the first local health district in NSW to close the gap in health outcomes for Aboriginal peoples, we will continue several priority programs throughout 2023-24. These areas align with our District's strategic focus areas to provide responsive, integrated, culturally-safe and competent multidisciplinary services, and equitable care for our community.

Following the implementation of the Aboriginal Cultural Engagement Self-Assessment Audit Tool (ACESAAT) in 2022, our action plan extends throughout 2023-24 to build on our range of initiatives to improve the health of Aboriginal peoples in our District. Focus areas in this plan include improving communication with community organisations when Aboriginal patients leave our facilities, signposting people to services, and providing a welcoming environment that recognises the importance of cultural practices and beliefs of Aboriginal peoples.

The District will continue our two-year program to reduce smoking during pregnancy in Aboriginal women, aiming that at least 35% of pregnant Aboriginal women who smoke will quit by the second half of pregnancy by 31 December 2023. Our performance to date is outlined on page 21.

The Cancer Institute NSW has developed the Coordination of Care for Aboriginal People in Cancer Services Program with the District and three other local health districts across NSW. This program aims to address and reduce challenges that Aboriginal people experience in accessing and engaging with cancer treatment and services. The District has embedded Aboriginal Care Coordinator roles as part of this program to help patients receive culturally appropriate care, and to increase the use of cancer care services by local Aboriginal communities. This program will remain an ongoing focus for future evaluation.

Building capability in safety and quality improvement

The District will continue to expand our local adaptation of the Clinical Excellence Commissions (CEC's) Safety and Quality Essentials Program. During 2023-24, we look to expand our teaching faculty, use facilitated coaching to support projects, and increase participation in the intermediate and adept programs.

This priority area aligns with our District's strategic goal that staff are supported to deliver the highest quality care, further aligning with the CEC's *Strategic Plan 2021-2024* to enhance system-wide safety improvement capability and succession planning.

Short notice accreditation

From 1 July 2023, mandatory short notice accreditation under the National Safety and Quality Health Service (NSQHS) standards was introduced. This is a significant national change as facilities will complete their assessment under the Australian Commission on Safety and Quality in Health Care's [Short Notice Assessment Program](#) with 24 hours' notice. The District will strengthen its approach to ensuring continual preparedness for short notice accreditation is embedded by 31 December 2023. Work is already underway that outlines how our facilities and services maintain internal assurance that is supported by District policies.

Expanding patient and consumer engagement opportunities

Over the last 12 months, engagement with patients and consumers has increased across the District. Many facilities and services are looking for opportunities to strengthen partnerships with their local communities. Consumer and patient engagement have expanded at a local and District level with increased engagement in research, education, and as speakers at major events such as Innovation Week and the Sarcoma Summit.

The District will work to achieve two deliverables in addition to its extensive program of work in patient and consumer engagement. This includes developing a new consumer and community participation framework, which will set the vision for consumers and community engagement across our facilities and services. This District framework will be supported by a range of strategies and tools to assist staff in partnering with consumers and the community. In addition, a multidisciplinary end-of-life care improvement program has commenced, using experience-based co-design to improve the care of patients who approach end-of-life, and the experiences of their families.



Glossary

ACI is the Agency for Clinical Innovation, who work to design and promote better care across the state by redesigning and evaluating care.

Cardiac complications* includes diagnoses of heart failure and pulmonary oedema, arrhythmias, cardiac arrest and acute coronary syndrome.

CEC is the Clinical Excellence Commission, who set standards for safety and monitor clinical safety and quality processes in healthcare across NSW.

Delirium* refers to a patient who became acutely confused whilst in hospital.

Endocrine complications* include malnutrition and hypoglycaemia.

Falls resulting in fracture or intracranial injury* occur when a patient fall results in an intracranial injury, fractured neck of femur, or other specified fracture.

Gastrointestinal bleed* is when a patient suffers from a bleed in the gastrointestinal tract.

HAC* (hospital-acquired complication) where a patient develops a complication while they receive care. For more information, refer to the [Australian Commission on Safety and Quality in Health Care's specifications](#).

Hepatitis C is a viral infection which can result in a chronically inflamed liver and serious liver damage.

Hospital-acquired infection* refers to an infection that develops while a patient is in hospital or as a result of a healthcare procedure, which may also be found after a person has been discharged.

Hypoglycaemia means a low blood sugar level.

Key performance indicator (KPI) is a defined target, aim or performance measure.

LHD is a Local Health District which provides care to its local population. There are 15 Local Health Districts in NSW, eight in metropolitan Sydney and seven in rural and regional NSW.

Medication complications* include medicine related respiratory complications, bleeding disorders due to anticoagulants, and movement disorders or changes to consciousness due to psychotropics.

Neonatal birth trauma* includes diagnoses involving injuries to the skeleton, spine, spinal cord, facial nerve injury and specified birth trauma. The complication does not include preterm infants younger than 37 completed weeks and with a birth weight less than 2,499g.

Incontinence* is defined as urinary or faecal incontinence that arises during a hospital admission and which is present on discharge, or which persists for seven days or more.

PREMs (patient reported experience measures) describes a patient's experience of their treatment and care.

Pressure injury* is a localised injury to the skin or underlying tissue which is usually over a bony prominence and arises as a result of pressure or friction. This HAC includes the diagnoses of suspected deep tissue injuries, and stage three, stage four, or unstageable ulcers.

PROMs (patient reported outcome measures) describes a patient's evaluation of whether they have benefitted from their treatment and care.

Renal failure*, also known as acute kidney injury, refers to renal failure that requires haemodialysis or continuous haemofiltration.

Respiratory complications* include the diagnoses of respiratory failure and acute respiratory distress syndromes requiring ventilation, plus aspiration pneumonia.

Third- and fourth-degree perineal lacerations* are deep injuries during childbirth.

Venous thromboembolism* includes the diagnoses of pulmonary embolism and deep vein thrombosis.

*An item marked with an asterisk * indicates this is a HAC definition.*

Appendix 1: 2023 Attestation Statement



SF21/354
BR23/5965-1

Sydney Local Health District Attestation Statement 2023

This attestation statement is made by

Hon. John Ajaka

Holding the position/office on the Governing Body

Chair of the Board of Sydney Local Health District

For and on behalf of the governing body titled

The Sydney Local Health District Board

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 visits.

Signed



Name

Hon. John Ajaka

Position

Chair of the Board of Sydney Local Health District

Date

18. 09. 23

Counter signed by the Health Service Organisation's Chief Executive Officer

Signed



Position

Chief Executive, Sydney Local Health District

Name

Dr Teresa Anderson, AM

Date

7-9-23

Schedule of health service organisations covered by this attestation statement:

Name of health service organisation	Address
Balmain Hospital	29 Booth St BALMAIN NSW 2041
Canterbury Hospital	575 Canterbury Road CAMPSIE NSW 2194
Community Health Services, SLHD	Level 1, 300 Bridge Road FOREST LODGE NSW 2037
Concord Repatriation General Hospital	Hospital Road CONCORD NSW 2139
Mental Health Services, SLHD	Concord Centre for Mental Health 109 Hospital Road CONCORD NSW 2039
Oral Health Services, SLHD	Sydney Dental Hospital 2 Chalmers Street SURRY HILLS NSW 2010
Royal Prince Alfred Hospital	50 Missenden Road CAMPERDOWN NSW 2050
RPA Virtual Hospital	KGV Building 83 Missenden Road CAMPERDOWN NSW 2050

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