South Eastern Sydney Local Health District

Safety and Quality Account

2023-24 Report
2024-25 Future Priorities

NSW GOVERNMENT

Acknowledgement of Country

South Eastern Sydney Local Health District acknowledges Aboriginal and Torres Strait Islander peoples of the Dharawal, Gadigal, Wangal, Gweagal and Bidjigal peoples as the Traditional Custodians of the lands we operate on. We pay our respects to Ancestors and Elders, past and present.

SESLHD is committed to honouring Aboriginal and Torres Strait Islander people's unique cultural and spiritual relationships to the land, waters and seas and their rich contribution to society

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Introduction

Statement on Safety and Quality

I am pleased to present the South Eastern Sydney Local Health District (SESLHD) Safety and Quality Account for 2023-2024. This account underscores our commitment to our Strategic Plan: *Exceptional Care, Healthier Lives 2022-2025*. We are proud of our accomplishments but remain vigilant and proactive in addressing the challenges faced by health services.

This year we have focussed on consolidating the foundations laid in previous years, particularly in activating the Clinical Governance Framework. Central to the SESLHD Clinical Governance Framework is the principle of shared governance meaning everyone in the organisation, from frontline clinicians, to managers, to members of the governing body, all have a role in responsibility and accountability for the quality and safety of the services which are provided.

Our strategic focus has been on Aboriginal and Torres Strait Islander health, patient experience, and access to care. *Healthy Mob, Strong Community*: SESLHD's Aboriginal Health Plan 2024-2026 has been launched and its implementation will be key in ensuring that the Aboriginal community and staff feel safe, respected, and empowered, and trust SESLHD as a partner on their journey to healing.

Elective surgery recovery has been an operational focus for the District. We have recognised and leveraged opportunities to reduce waiting times for surgery and ensure that our community has access to safe, high-quality care within a clinically recommended timeframe.

Our organisation has made considerable effort to meet workforce challenges in the past year. We have recruited a record number of new graduate nursing roles, expanded our pathways for Aboriginal workers and actively attracted international clinicians to our workforce.

Our focus for the next year will be to continue to prioritise Aboriginal and Torres Strait Islander health initiatives, fostering multidisciplinary team (MDT) collaboration in care planning for patients with complex healthcare needs, and strengthening governance by integrating risk, quality, and assurance to prepare for short notice accreditation. These priorities align with our strategy as we improve healthcare outcomes and ensure excellence in service delivery.

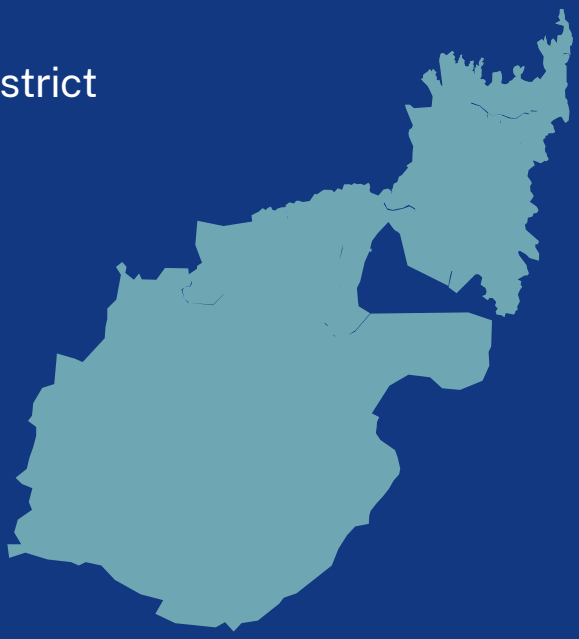
As we look ahead, we are excited by the opportunities to further innovate and improve, ensuring that SESLHD continues to be a leader in delivering safe, high-quality healthcare.

Tobi Wilson

Chief Executive

About SESLHD

South Eastern Sydney Local Health District proudly delivers health care to more than 930,000 residents across the Woollahra, Waverley, Randwick, Bayside, Georges River and Sutherland Shire Local Government Areas, and parts of the Sydney Local Government Area.



Aboriginal and Torres Strait Islander people make up 1.1% of the total SESLHD population. Our facilities are located on lands of the Dharawal, Gadigal, Wangal, Gweagal and Bidjigal peoples, of both the Eora and Dharawal Nations

SESLHD encompasses a complex mix of highly urbanised, industrialised, and low-density suburban areas, across the Woollahra, Waverley, Randwick, Bayside, Georges River, the Sutherland Shire local government areas (LGAs), and parts of the City of Sydney. Several significant infrastructure hubs exist within our boundaries such as Sydney Kingsford Smith Airport and Port Botany

SESLHD offers a wide range of healthcare services including complex tertiary and quaternary services, community and inpatient mental health, and community-based services ranging from pre-birth, child youth and family, drug and alcohol, HIV and sexual health, and palliative care referral services for the District and beyond

SESLHD also provides a key role in assisting residents and visitors of Lord Howe Island with the provision of hospital and health services

Snapshot of achievements over the previous 12 months

Hyperemesis Gravidarum Project

Royal Hospital for Women

The mental and physical tole of Hyperemesis Gravidarum (HG) is well known. Many women experiencing HG think it is a normal condition of pregnancy or are unaware of how or where to get help. Historically the RHW has cared for women experiencing HG but without comprehensive protocols and pathways linking the various services required to appropriately help these women.

The HG service has been running out of the Pregnancy Day Stay Unit (PDSU) at the RHW for the past year. It integrates general practitioners, multiple hospital departments and units, Hospital in The Home (HITH), MotherSafe, Social Work and community supports such as ComPacks.

The existing issues that have been addressed with innovation and originality:

1. Women were not always provided with comprehensive care - a mix of different medications were used in a trial-and-error approach.

2. Women were not experiencing relief from their symptoms.

3. Women were presenting to ED desperate for relief, facing long waiting times and exposure to harmful pathogens, and being discharged without comprehensive care plans.

4. There was no ‘known’ service for GPs and EDs to refer women to.

5. Women experiencing HG did not know where to access care for this debilitating condition. There was no ‘known’ equitable and accessible service so they presented to ED.

6. Mental health factors were missed, and the impact on the woman and her family were not supported.

Women receiving care for Hyperemesis Gravidarum in the PDSU are provided with individual care by midwives, that are experts in pregnancy. They provide empathic and compassionate care. The women receiving care in PDSU supporting each other while receiving their fluids and although some are too unwell to talk, they appreciate the comradery.

The RHW HG service is well-known and established a positive reputation within the community.

Uterine implant Research study program

Royal Hospital for Women

The Uterus Transplant Research Study Program was implemented to address the significant unmet needs of women with Uterine Factor Infertility (UFI). It explores the feasibility, safety, and efficacy of uterine transplant (UTx) as a potential treatment option for UFI. The clinical trial seeks to provide these women with the opportunity to achieve pregnancy and carry their own biological children, thereby enhancing their quality of life and improving reproductive health outcomes.

Achievements:

- The program has successfully performed three uterus transplants, resulting in two successful pregnancies and two live births. It is demonstrating the technical and clinical viability of uterus transplantation.
- Commitment to quality and safety: Rigorous clinical and psychological screening processes and continuous monitoring and evaluation of transplant recipients and donors have ensured the safety and quality of the procedures, aligning with the RHW's objectives of delivering high-quality healthcare services.
- Enhanced reproductive health services: By offering a novel reproductive option for women, with improved patient outcomes through rigorous screening and follow-up procedures.
- Progress in research: The successful outcomes of the program, including 3 successful UTx pregnancies and 2 live births, indicate progress towards the research objectives of exploring the feasibility and efficacy of UTx as a treatment option for UFI.

Capturing patient experience information and feedback has significantly enhanced safety and quality within the UTx program. By addressing concerns and implementing improvements based on patient feedback, the program ensures a higher standard of care for patients undergoing UTx surgeries.

SESLHD Safety and Quality Essentials Pathway

SESLHD Nursing and Midwifery

The Safety and Quality Essentials Pathway (SQEP) is a three-tiered comprehensive capability building pathway that incorporates face to face and e-learning foundational, intermediate and applied programs. The pathway supports the development of knowledge, skills and the application of patient safety and quality improvement methodology into practice to support our vision to deliver exceptional, safe and person-centred care for every patient, consumer and family – every time.

Learning outcomes for pathway programs have been mapped to the Healthcare Safety and Quality Capabilities and compliments the NSW Public Sector Capability Framework. The pathway also aligns to current Australian Commission of Safety and Quality in Health Care Standards, SESLHD Exceptional Care, Healthier Lives Strategic Plan 2022-2025, SESLHD Nursing and Midwifery Strategy Transforming Person Centred Cultures 2024-2029, and localised Safety and Quality Plans.

Since SESLHD wide adoption of the SQEP pathway in 2021, the 2023-2024 highlights includes successful integration and sustainability of the Foundation Level program into corporate orientation processes facilitated by local Safety and Quality leaders. This level of learning promotes a culture of Safety and Quality as everyone's buisness and that we all have an important part to play to promote safe and high quality of care within a culture of learning and continuous improvement.

To date, 3425 staff have completed foundation level modules. Following on from last August when we celebrated our first graduation, 16 Adept Level Safety and Quality leaders showcased their applied learning from this 12 month program journey. We look forward to a second graduation of 19 leaders this August, and welcome in our third intake of successful adept level applicants.

True Colours

Population and Community Health

Funded by NSW Health statewide Specialist Trans and Gender Diverse Health Services, SESLHD established True Colours to provide safe, quality, and inclusive gender-affirming care and treatment to the Trans and Gender Diverse (TGD) population aged 16 to 25 years within the Sydney Metropolitan area. True Colours, from the very beginning facilitated consumer consultation to shape the design, development, and implementation of the service.

Key outcomes of the consultations included naming of the service (True Colours), prioritisation of community-based site, site design to support sensory needs (including lighting and furniture) and ongoing strong partnerships with affiliated Non-Government Organisations (NGO's).

Consumers and NGO partners have been involved through the True Colours Steering Committee established in 2023 and out of session consultation. SESLHD Peer Education and Youth Advisory Committee (PEYAC) have also completed a site review and provided feedback and recommendations.

- **Phase 1: 24/04/2024**

  The True Colours phase one launch is to enable access of True Colours Clients who have had the referrals held or have accessed care within the TGD Service hub.

- **Phase 2: 01/07/2024**

  The True Colours phase two launch is to enable referrals from primary care providers, medical specialists and handover from affiliate services (with primary care referral).

Code Blue Emergency Backpack

Calvary Health Care Kogarah

This initiative was implemented to address:

- Safety Concerns: There were multiple code blue situations resulting from patients or visitors tripping and falling or experiencing syncope episodes in the hospital car park.
- Logistical Challenges: The building blocks were separate from the main complex, leading to delays and difficulties in bringing the emergency trolley from the inpatient units.
- Workplace Health and Safety (WHS) Issues: Staff faced challenges when bringing the trolley to areas like the car park or other locations outside the main hospital building. Addressing these issues was crucial for patient safety and efficient emergency response.

The emergency backpack, located at the hospital reception, gives easy access to emergency equipment and reduces the delay in treatment. The Internal response team and staff now has easy and timely access to emergency equipment when there is a code blue on hospital grounds.

The pack has successfully been used multiple times since implementation. Having ready access to resources to manage an emergency reduces delays in treatment and will improve the patient outcome. This has contributed to improving patient safety and quality by providing earlier treatment during code blue and by reducing the WHS risk to staff as it is easier to access and carry.

This also achieves the facilities' objectives of reducing unplanned variation of treatment to patients experiencing a code blue in reception and hospital grounds.

Key stakeholders have been informed about the backpack and content list. The use of the backpack is also discussed at the code blue debrief sessions and areas of improvement identified.

Achievements in Safety and Quality 2023/24

Summary of safety and quality planning processes and governance structure

The South Eastern Sydney Local Health District (SESLHD) Exceptional Care, Healthier Lives Strategic Plan 2022-2025 looks towards the future of healthcare and how we can best meet the local communities' current and emerging needs. The complexity of recent times has reinforced what is important – promoting healthy communities, delivering evidence-based, person centred care, and supporting and valuing our dedicated teams.

The SESLHD Clinical Governance Framework: Transforming for the future (the Framework) builds on the strategic plan and offers a solution to address the challenges and opportunities we continue to face including COVID-19 recovery, increasing demand and complexity of patients, ageing population and increasing chronic disease, disadvantaged groups, patient voice, workforce pressures, financial constraints, and short notice accreditation assessment.

The Framework defines a common purpose around clinical excellence, sustainability, and patient centred care. There are four transforming principles that drive the Framework and establish the environment and pre-conditions which will allow SESLHD to transform its approach to clinical quality and safety into the future:

1. **Consumer Partnerships:**

   Partnering with patients, carers, families, and consumers is a cornerstone of healthcare delivery and a key contributor to achieving our strategic priority of providing person-centred care.

2. **Empowered Clinical Teams:**

   Highly skilled clinicians take ownership for safety and quality. Their expertise, ingenuity and dedication will drive improvements. Managers are responsible for providing support and guardrails.

3. **World Class Safety Systems:**

   A dynamic clinical governance system which prioritises new methods in patient safety science; moving the focus from ensuring "as few things as possible go wrong" to ensuring "as many things as possible go right".

4. **Learning and Performance Focus:**

   Individuals and teams are responsible for their behaviours, decisions and outcomes in safety and quality. Not only does accountability improve results, but it also builds trust and team morale.

A fundamental component of the SESLHD Clinical Governance Framework is the **Framework for Performance**. The Framework for Performance outlines SESLHD's process for establishing safety and quality expectations and for monitoring the performance of each clinical unit within the organisation. It drives the continuous quality improvement cycle and sustains high performance with the capacity to capture lessons learnt, knowledge, and best practices which can be shared across the organisation.

Where gaps in performance are identified, the Framework for Performance sets out the process to escalate concerns and ensure support is available to remediate performance. It connects the Ward to the Board and supports our common purpose, uniting clinicians and administrators in joint responsibility and decision making for the quality of clinical care delivered by SESLHD. It also improves staff culture and wellbeing across SESLHD by supporting autonomy of clinicians, balanced with accountability.

The Clinical Governance Framework inclusive of the Framework for Performance sets out a renewed approach to quality and safety, including strengthened, cooperative governance structures and a commitment to organisational learning. The Framework also provides the foundation to develop an annual Quality Plan at District, Facility/ Service, and Ward/ Unit level.

The Quality Plan identifies priorities based on past performance and outlines the strategies to be put in place to address these priorities, including evaluation measures. Seven clinical priority areas have been identified to guide improvement initiatives and activities:

1	Strengthen incident management, death review, and morbidity and mortality (M&M) processes in order to drive a culture of safety, learning, and sustained improvement while also providing compassionate support to those affected by safety incidents.
2	Empower clinical teams to take ownership of clinical quality, driven by data, and utilising both reactive and pro-active clinical governance tools, as outlined in the framework.
3	Foster Multi-Disciplinary Team (MDT) collaboration in care planning for patients with complex healthcare needs.
4	Adopt strategies to enhance consumer voice in care design and delivery, especially for Indigenous and other vulnerable patients.
5	Reduce clinical incidents associated with anticoagulant use and other high risk medicines.
6	Improve inter-service collaboration in coordinating care and safety planning for patients at risk of self-harm, suicide, and violence.
7	Strengthen governance by integrating Risk, Quality, and Assurance in preparation for short notice accreditation.

The Framework was endorsed in late-2023 and is in the first year of a 5-year lifespan with a Transition-in Team overseeing implementation into business-as-usual by end of 2024. This timeline coincides with when short notice assessment is likely to occur, offering an excellent opportunity for independent appraisal of The Framework at an early stage of implementation.

Improvements achieved in Safety and Quality

Aboriginal Health

Aboriginal Health Directorate

The Aboriginal Health team are experts in knowing how to work alongside Community to empower and drive self-determination and are fundamental to ensuring that we integrate this within everything that we do. The team, although only working alongside each other since the beginning of the year, have big plans for the future of Aboriginal Health in SESLHD. Once part of the Population and Community Health service structure, Aboriginal Health is now its own standalone directorate highlighting the significance of this work and the expertise of the team.

The Aboriginal Health Directorate (AHD) provides consultation, strategic advice and cultural support to the District to ensure that we have a framework for delivering responsive and culturally appropriate care to Community. To support this, the AHD has a focus on three streams of work:

- **Cultural Capability**
- **Aboriginal Workforce**
- **Aboriginal Health Outcomes**

These streams provide a key link between SESLHD, NGO's, Community and other partner organisations to ensure there is a strong, coordinated approach to providing services to Aboriginal communities across our District.

The AHD also play a key role in supporting our facilities to ensure that Community feel culturally safe and respected when they visit our services.

The AHD have also led work that has seen the installation of acknowledgement to Country signs, 'Sorry' plaques, Aboriginal artwork and flagpoles displaying the Aboriginal and Torres Strait Islander flags across SESLHD, and the establishment of Aboriginal Carer's Lounges at several of our facilities.

The AHD supports service design, employment opportunities to increase Aboriginal people working in SESLHD, cultural requests, development of culturally appropriate resources and much more.

Together, this work ensures that we can continue to create a welcoming environment where Aboriginal people feel safe, comfortable, accepted, and respected when they visit our services.

Bulbuwil - Aboriginal Lifestyle Support Program (PaCH)

The Bulbuwil Aboriginal Healthy Living program celebrated its 10-year anniversary in 2024. This program was established to encourage Aboriginal people into utilising SESLHD health services. The gap in accessing services was due to the lack of culturally appropriate service delivery in convenient locations for people living in the southern parts of the district. This also acknowledges the high prevalence rates of chronic conditions for Aboriginal people.

Bulbuwil is a culturally appropriate healthy lifestyle program for Aboriginal and Torres Strait Islander people and their family. It aims to improve community access to local chronic care services and programs. Bulbuwil provides health information for chronic conditions, self-management choices, access to healthy lifestyle programs, care coordination and referrals to specialised services as required.

This program works by gaining trust and cultural respect, recognising cultural values, using a holistic approach to care and partnering with Aboriginal community groups.

10 years later, it is clear that Bulbuwil is still going strong as an important part of Community. The program started with weekly walking, water and gym-based activity groups. It has since expanded to include healthy cooking classes, eye check clinics (in partnership with the Brien Holden Foundation), smoking cessation and cultural groups. Clients also participate in broader initiatives such as Mob Run This and Deadly Choices. Bulbuwil continues to work with key service partners including Aboriginal Hospital Liaison Officers, equity and prevention service, mental health services, Kurranulla and the Clontarf Foundation. It connects with Community through participating in and providing free health checks at local events, including NAIDOC week, Carers Wellness events, Eora Elders Olympics and the Clontarf Foundation Day. The program grew by over one-third between 2019 and 2022 with over 200 clients participating in the program from its inception. Bulbuwil participants have gained wide-reaching benefits. Clients have learned more about looking after their health and the simple things they can do in their daily life to keep well. Participants also report that the program supports their emotional wellbeing and cultural connection. Over time, this has led to broader outcomes such as clients gaining confidence and re-entering the workforce; re-connecting with family and community; and establishing trust with the health system to access the broader physical and mental health care they require. Clients participating in regular experience surveys report very high levels of satisfaction, often noting: “I wouldn’t be here if it wasn’t for Bulbuwil.”

“I wouldn’t be here if it wasn’t for Bulbuwil.”

The Bulbuwil program is led by an Aboriginal Healthy Lifestyles officer and supported by a part-time dietitian and exercise physiologist. A community Yarn Up was conducted in 2023 and we are now working towards actioning some of the recommendations made by community – including a bush tucker garden and art groups. Bulbuwil is well supported by the Integrated Care Unit and Aboriginal Health Directorate.

Aboriginal Supportive and Community Care Coordinator

The Aboriginal Supportive and Community Care Coordinator role is part of the NSW Health commitment to provide cultural support and culturally safe care for palliative care clients and their families. The Ministry of Health conducted a scoping of palliative care services which found there were no Aboriginal identified roles in palliative care in NSW. This role aims to improve access to palliative care services for Aboriginal people and raise Community knowledge and awareness of palliative care services through creating collaborative partnerships between the district and community. Supportive and community care provides an extra layer of support and care alongside the client's management and treatment plans. It complements medical care, addressing all aspects of health and wellbeing including: managing physical symptoms, psychosocial care, cultural and spiritual needs, health care information and emotional and psychological needs. The care coordinator is the client's link between their medical, nursing, and allied health teams.

Achievements:

- A raised awareness in palliative care staff in delivering culturally appropriate palliative Care for Aboriginal and Torres Strait Islander patients and families.
- A connection and touch point in the Aboriginal Community groups to opportunistically discuss palliative care and end of life care planning.

The service is used widely by our palliative care teams and nurse educators to train and educate staff in palliative care for Aboriginal people and their families.

There are Aboriginal resources such as blankets and artwork available to patients and families.

The Aboriginal Supportive and Community Care Coordinator plays a vital role in education of all staff within the acute facilities.

Partnering with Aboriginal patients, carers and families assists in achieving the strategic priority of providing culturally appropriate person-centred care.

This program is supported with ongoing funding from the Ministry of Health.

SESLHD Aboriginal Health Emergency Department Follow Up

This proactive service is specifically designed to improve health outcomes of Aboriginal and Torres Strait Islander people by providing culturally responsive follow-up care after attending the Emergency Department (ED). This follow up model was developed through a nine week pilot by the Prince of Wales Hospital (POWH) Community Aboriginal Health Team conducted in late 2022/ early 2023, and is now supported by the District Community Management Centre (CMC).

From the recommendations of the initial pilot, the CMC supports linking patients to appropriate pathways to other services, healthcare providers and Aboriginal Community organisations to prevent hospital representations and admissions. Importantly, this allows SESLHD to understand barriers to care and ensure culturally safe environments for our Aboriginal community. The continuation of this service with support from the CMC builds patient safety and quality of care, supporting individuals to remain at home in the community. This program being supported as a district model is SESLHD's acknowledgement and commitment to support and build culturally safe and responsive initiatives that help keep Community at home, utilising virtual care to support local teams.

Over the initial pilot there were 323 Aboriginal patient presentations, with 156 (48%) leaving the Emergency Department before treatment was completed.

Out of this cohort, 92 (59%) were successfully contacted and provided with alternative arrangements including fast tracking back through ED where there was an acute clinical need.

With the support of the CMC, this service can now be scaled SESLHD wide, where on average 100 Aboriginal or Torres Strait Islander people who attend SESLHD ED's meet the criteria piloted at POWH. It is envisioned that aligning a greater number of patients to culturally appropriate services, community services and supporting fast tracking back to ED will be achieved. At a strategic level the CMC can collect data at scale for the SESLHD Aboriginal Health Directorate to look at improvement strategies within SESLHD ED's, to understand why patients are discharging against medical advice and/or leaving before treatment has commenced or completed.

Increasing Aboriginal workforce initiatives - School Based Traineeships and Cadetship program

This initiative was developed to increase the awareness of careers available in health for Aboriginal and Torres Strait Islander young people.

While the aim of the traineeship programs is to support people into careers in health, increasing the Aboriginal workforce across a span of clinical and professional areas can support Aboriginal and Torres Strait Islander people in a culturally appropriate way that supports their healthcare needs. Models of care that include and are led by Aboriginal staff have greater impact on improving Aboriginal patient health outcomes. These workforce initiatives sit across the span of the district, embedding Aboriginal workforce across salary bands and across multiple work groups to improve opportunities for Aboriginal workforce and community.

In 2024, SESLHD has 13 school-based trainees, one administrative trainee and five cadets. In 2025 there are plans to expand availability of traineeships. Plans are in place to recruit a new cohort of trainees, cadets and SBATs for 2025. Stakeholders across Nursing, Allied Health and Corporate services lead recruitment processes in collaboration with the Aboriginal Health Directorate. The goal is to increase these opportunities each year and continue to offer career pathways throughout the carer journey.

Key points:

- National Aboriginal and Torres Strait Islander Health Workforce strategy 2021-2031 has set the new workforce target at 3.43%.
- SESLHD is currently sitting at 1.31%.
- District Workforce commitment 3.43% by 2031.
- Attraction and retention remain low.
- Aboriginal staff are over-represented in lower salary bands.

  Low rates of identified Aboriginal positions across the district.
- Low rates of Aboriginal staff in leadership positions.

2-Deadly: 2-5 year clinics

Narrangy-Booris is a free Aboriginal/Torres Strait Islander Child and Family Health Service located in Menai. The service provides health care and support to Aboriginal and Torres Strait Islander families within SESLHD. Aboriginal Health Workers from the Narrangy-Booris team work closely with the Child and Family Health Nurses to care for families with children from birth to 5 years. The team also includes a speech pathologist, occupational therapist, social worker and access to a developmental paediatrician.

The service offers personal health record (PHR) blue book health checks, breast feeding support, Information on infant feeding and nutrition, hearing/ eye screening, health assessments and therapy, counselling and support for families, parenting and support groups, referral and support to access other services, health initiative events, well women's health support, virtual and phone consults and links families into the Koori Kids playgroup.

The COVID pandemic impacted Aboriginal children's health and well-being. Families faced challenges accessing health services due to personal and community health concerns. Routine developmental checks were missed, and virtual alternatives were used. Many children, not attending preschool or daycare, started school unprepared or developmentally vulnerable.

Children from newborn to one year: the Narrangy Booris team observed a significant increase in the proportion of children attending PHR checks compared to the previous year. This success was evident in the annual Building Strong Foundations (BSF) report. Additionally, over half of the children attending the 2-year clinics continued to engage with the service and attended subsequent PHR checks when due.

The 2- and 4-year clinics and change in practice, which increased the percentage of PHR checks, was evident in the annual BSF report for 2022 and 2023 as a good indication of how well the introduction of the 2 year clinics have gone, with the proportion of children who have completed all age appropriate child health checks in the 2 year age bracket up from 17% in 2021-2022 to 49% in 2022-2023.

As a sustainable action, the Narrangy-Booris 2-Deadly clinic will now be a permanent addition to the service. It is offered as a bi-monthly multidisciplinary clinic and expanded the age group to 2-3 years of age. With the Brighter Beginnings focus on 4-year-old children in preschools, the target area for our service is now focussed on 2- and 3-year-olds for early intervention pathways.

The successful model initially implemented at Nararngy-Booris has now become a permanent care model. It has also been extended to the mainstream Child and Family Health service, providing a cost-effective and efficient approach for delivering early childhood surveillance screening. By seeing children in this manner, both families and the service benefit. Additionally, more individualised appointments are now available for families. These clinics have been successfully operated in the Southern part of the District since mid-2023 and are being introduced in the Northern part of the District this year.

SESLHD Voluntary Assisted Dying (VAD) implementation

The New South Wales Parliament passed the Voluntary Assisted Dying Act 2022 on the 19 May, 2022. This Act has allowed eligible people with the choice to access Voluntary Assisted Dying (VAD) from 28 November 2023. As a result of this change in legislation, each Local Health District (LHD) in NSW was given the opportunity to design a new service to support their patients and families, facilities and staff through the Voluntary Assisted Dying journey. The primary objective of the SESLHD VAD - Liaison Service (VAD-LS) is to provide access to VAD practitioners, coordinate care, provide education and support to people who reside within SESLHD and wish to access this alternate end-of-life choice. The implementation of Voluntary Assisted Dying in SESLHD as an end-of-life option can give terminally ill people a sense of control and autonomy over their illness. This autonomy provides relief during a very difficult time.

This implementation has led to a significant change to clinical practice for all SESLHD staff. The VAD-LS is a consultative service that works across the district in a variety of settings including acute facilities, private entities, Residential Aged Care Facilities (RACFs) and in the community. Stakeholder engagement and building professional relationships in a wide variety of contexts has been imperative to providing a patient centred VAD service. The VAD process is fundamentally patient led, placing the patient's preferences at its core. Our primary goal is to continually enhance the patient experience through the initiatives. An example is promoting greater adoption of Advance Care Directives (ACDs) among our patients. We achieve this by initiating early discussions with patients during their initial engagement with our service, and facilitating the necessary documentation to ensure their preferences are recorded in their medical records, irrespective of their decision to proceed with VAD as an end-of-life option. Staff education and increased awareness about VAD has been key to ensure the delivery of excellent patient care.

Partnering with consumers was conducted at a state level as VAD was implemented across New South Wales at the same time. NSW Health utilised the Consumer Engagement Advisory Group allowing the sharing of information with consumers and communities and an opportunity for targeted consultation on consumer engagement, messaging and information. The Advisory Group included members that represented Aboriginal people, culturally and linguistically diverse (CALD) communities, older and younger people and people who live in rural and remote areas. In SESLHD, we seek continual feedback from the consumers and their families to help inform the future service delivery and ensure the models of care continues to meet the needs of the community we serve.

Hospital in the Home Care Coordinator at The Sutherland Hospital

The Hospital in the Home (HITH) Care Coordinator at The Sutherland Hospital (TSH) is an innovative and original role developed to provide a single and consistent referral pathway for TSH staff to the HITH service. The care coordinator role optimises patient care transitions and enhances overall healthcare accessibility, affordability, and effectiveness.

Through partnerships with TSH Emergency Department, the Care Coordinator has avoided 195 admissions and reduced the length of stay for 84 patients. This equates to 1,409 inpatient bed days saved.

In essence, the Care Coordinator's contributions exemplify the transformative power of innovation in improving patient outcomes and shaping the future of healthcare delivery.

Feedback is essential to improving our service and 100% of our clients have indicated a high level of satisfaction with the HITH. A quote submitted by a HITH patient states, *"It was definitely easier staying in the comfort of my own home, the whole HITH team is truly amazing.I was extremely satisfied with the outcome and ongoing care. I can be close to my family at home, I am also glad to provide a hospital bed to the other patients who require more intensive care."*

The HITH Care Coordinator is the key to both the sustainability and scalability of the HITH model and can be swiftly implemented within any NSW Health local health district. The success of this role hinges on a profound understanding of local supports and project sponsors, ensuring that each local health district is thoroughly engaged before the model's launch. The role can easily be embedded into already existing HITH models at other Hospital sites. Amidst the increasing number of low acuity ED presentations, the HITH Care Coordinator's streamlined approach to patient management becomes increasingly invaluable. TSH provides a prime example, where the Care Coordinator has significantly reduced avoidable admissions by simplifying referral processes and enhancing navigation to alternative care pathways.

Achievements:

- The Care Coordinator and HITH service has provided excellent patient outcomes since commencement.
- The Care Coordinator has assessed 491 patients since implementation of this role in July 2023.
- The Care Coordinator has on boarded 268 patients to HITH and navigated the journey for the other 223 patients to already existing pathways.
- The Care Coordinator role was pivotal in avoiding 195 patients from being admitted to a TSH inpatient bed through partnership with TSH ED Doctors.
- The Care Coordinator was able to shorten the length of inpatient admissions for 84 admitted patients through navigation and on boarding to HITH.
- HITH has saved 1,409 inpatient bed days. The current cost for an inpatient bed at TSH is $2,500 per day. This is a total cost saving of $3,522,500.
- On average 10-12 patients per day are provided clinical care by HITH (14-20 occasions of service, 30 minutes per occasion of service).

Innovation in Adolescent Vaccination to Improve Coverage - Population and Community Health

The NSW Adolescent Vaccination Program offers diphtheria-tetanus-pertussis (dTpa), human papilloma virus (HPV), and meningococcal ACWY vaccine through high schools to optimise protection against these diseases as young people enter high risk periods in their life.

The SESLHD School Vaccination Team visits each of the 92 schools in the District on at least two occasions each year to maximise vaccine uptake. In 2023, our dedicated authorised nurse immunisers administered over 23,000 vaccines to high school students and were one of only two Districts in NSW to improve uptake for all Year 7 and Year 10 cohorts from 2022.

Despite the relatively high coverage achieved in our District, at least 20% of our high school students were not taking up vaccination through the school clinics. We reviewed our interactions with schools and parents, undertook research, and modified our practices to optimise student participation in the program.

The Team has improved efficiency through the development of a new clinic booking system. The new process provides schools with immediate confirmation, allowing for better school planning, reduced cancellations and avoiding scheduling clashes.

An annual evaluation feedback survey is sent to school staff at the end of each year and their feedback is adopted into the program design and service delivery. This includes development of a range of resources to help both schools and parents navigate various aspects of the program, offering webinars to teachers and school administration staff about program changes, development of FAQs (frequently asked questions), orientation day presentations, information handouts for parents to overcome barriers and address misconceptions about school vaccinations, and communication guides.

Most recently, the Team worked with Multicultural Health to develop 10 top tips to aid parents' navigation of the online consent portal that was translated into our top 10 community languages, improving accessibility and user experience.

The utilisation of highly skilled nurse immunisers and the convenience of the clinics in the schools has built trust and reduced barriers to immunisation in diverse communities. This has enhanced student and parent satisfaction, increasing year on year immunisation uptake rates and ultimately improved public health outcomes.

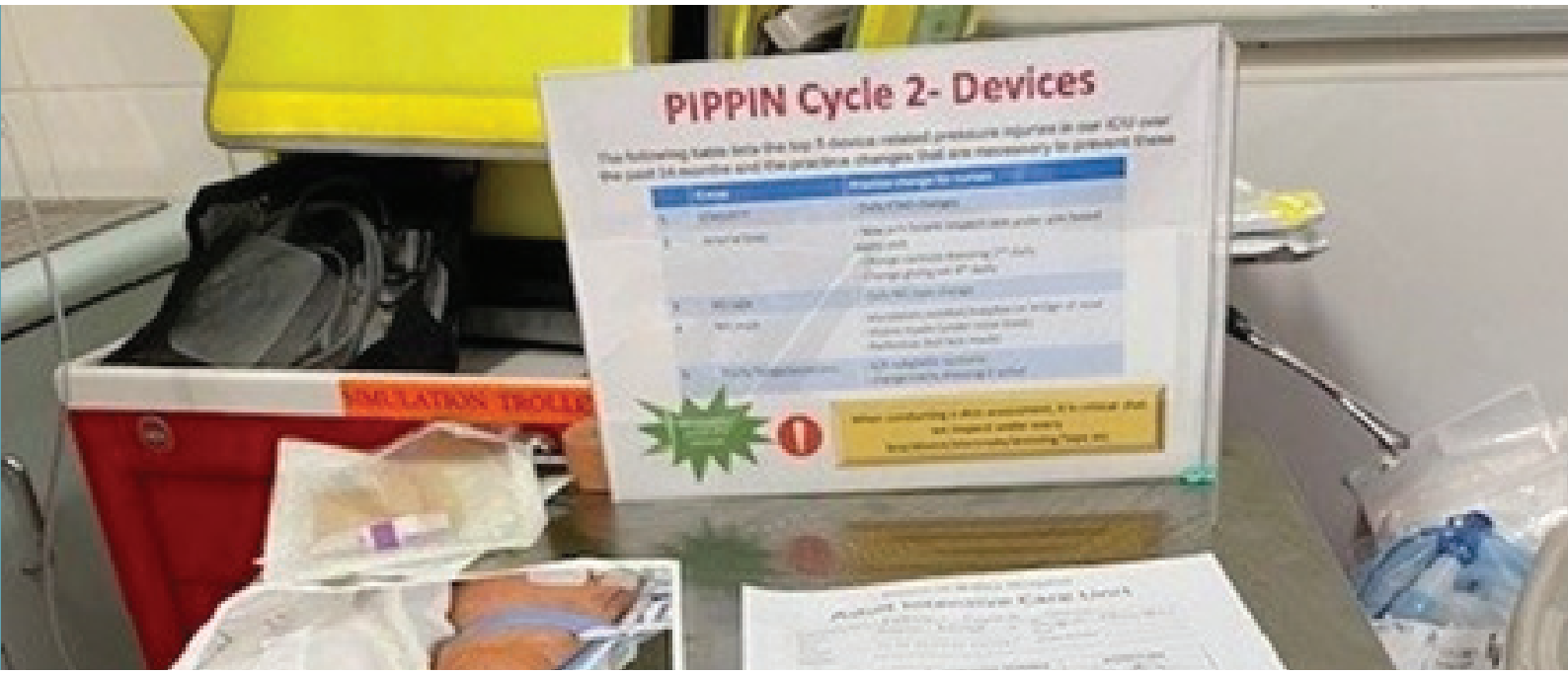
In 2023, we achieved the highest uptake of dTpa vaccine (79%), meningococcal ACWY vaccine (76%) and the second highest uptake of HPV vaccine (79%) across all NSW public health units.

We were one of only two districts to improve uptake of all three vaccines in 2023, increasing by 0.4% for HPV and dTpa and 3.7% for meningococcal ACWY.

The sustainability and scalability of nurse-led, school-based vaccination for adolescents is well-established. The largely casual authorised nurse immuniser workforce is ideally suited to scale up or down according to changing vaccination requirements.

The Team is consistently aiming to reduce their carbon footprint by minimising clinic waste. The Team identified items that can be recycled and sourced recyclers including businesses who use the waste to make parts for renewable energy projects or upcycle into other useable items. Over a year, the Team avoided using approximately 400 large plastic bags, 600 small plastic bags and 1000 non-recyclable tablecloths from school clinics and eliminated over 95% of clinic waste (excluding sharps waste).

PIPPIN (the Pressure Injury Prevention & Practice Improvements in Nursing study) – Prince of Wales Hospital



PIPPIN was developed as a collaborative research project with Professor Jenny Sim as a result of data that showed patients at Prince of Wales Hospital (POWH) were developing pressure injuries within the hospital. The aim of the project was to develop and implement a comprehensive pressure injury prevention program at POWH. Initially 11 wards participated, and this was later expanded to also include ICU (PIPPIN-ICU is still in progress).

The PIPPIN study led to significant improvements in pressure injury rates and nursing practices at POWH. Across 11 participating wards, six Plan-Do-Study-Act (PDSA) cycles were completed. These cycles addressed local contextual needs for pressure injury prevention, including nurse education, consumer education, improved documentation, and specific strategies like using prophylactic dressings and handheld mirrors. The study's success has been shared with other ward settings, and PIPPIN-ICU is now underway with additional PDSA cycles.

The project embedded sustainability into its design and used quality improvement methodology and Plan-Do-Study Act (PDSA) cycles to guide individual ward-based practice changes across each participating ward.

Pressure Injury Prevalence studies have been conducted pre and post the PIPPIN study. Hospital-acquired pressure injury prevalence decreased from 5.5% of patients in participating wards to 3.9% at the completion of the study. There were statistically significant reductions in pressure injury prevalence, hospital-acquired pressure injury prevalence and the total number of hospital-acquired pressure injuries developed following implementation of the PIPPIN project. An increase in compliance with nursing care processes associated with pressure injury prevention activities was also identified. While the assessment on nurses' knowledge and attitudes towards pressure injury prevention using validated instruments and is yet to show improvement, the data from the PIPPIN study have been presented to staff involved in the project, at the POWH Research symposium in 2024 and at International and National conferences.

Consumer feedback has been sought within many of the PDSA cycles and via the Standard 5 Comprehensive Care Committee. All feedback received has been incorporated into the practice changes implemented within the study.

At Risk Airway Alert (ARAA) St George Hospital

Patients with alterations to their airway anatomy are at an increased risk for serious in-hospital clinical incidents, due to a lack of knowledge and inadequate clinical handover. In 1998, following a near miss in St George Hospital theatres, Drs Sharon Tivey and Julia Maclean began investigating better ways to flag these patients.

The 'At-Risk Airway Alert' (ARAA) concept is a simple solution, designed to flag patients, deemed as being at-risk due to altered airway anatomy, to clinicians in a concise and consistent way on the eMR. The ARAA is the first customisable airway flag to guide clinicians in clinical management of these complex patients whenever they come into hospital.

The solution was built utilising the traffic-light colour system, which is well-recognised and understood across many health applications. The ARAA guides clinicians to better understand whether it is safe to access the airway through the nasal, oral/pharyngeal/laryngeal and/or front of neck pathways. Additionally, it flags any other important factors that teams need to know, when managing these patients.

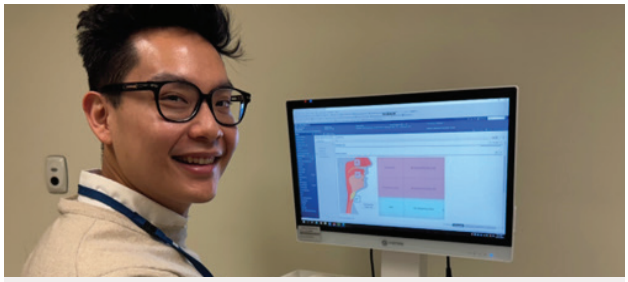
Since implementation of the ARAA improved communication between teams was observed, resulting in enhanced airway safety and translating to improved health outcomes for patients who have been documented as being at high-risk of a critical airway incident.

One of the novel applications of the ARAA, is that the alert remains active on a patient's medical record; therefore, if the patient represents to hospital, or another facility, the ARAA will enable to ensure a continuous communication of patient care. The upscaling of this alert to ensure equal access to all patients will allow efficient and safe planning for the care they require, from diagnosis and throughout the entire care pathway.

Patients who are aware of the ARAA have stated that they are reassured that information is readily available on their records to ensure clear communication of crucial information to all the clinicians that are caring for them. This information can be changed and updated as any changes occur to ensure that the information remains up to date.

With the expert assistance of eHealth, a state-wide group of airway experts was formed to verify the St George Hospital ARAA concept through multiple statewide meetings. With a few minor adaptations and further endorsement by the statewide expert airway group, the ARAA has now been endorsed and is ready to be upscaled across NSW Health. The ARAA will be available to all health districts and facilities and will include outpatients and community facilities in addition to acute hospitals. This will allow a seamless transfer of crucial information from the acute hospital, into the community and across health districts.

Clinicians are no longer required to attend the Emergency Department routinely to assess patients and ensure that the clinical management requirements are clearly documented. Now, when these patients present to hospital, the information is readily available for all staff and ensures that correct personnel are contacted promptly. Additionally, the alert has enabled a single source of the information to be handed over across the hospital allowing seamless transition of crucial information between wards and departments.



Since the introduction of this ARAA there have not been any SAC 1/2 incidents in patients with altered airways at St George or The Sutherland Hospitals.

In a 3-month snapshot of data, 82 patients had an ARAA performed over the 96 day trial with the page been opened 5143 times equating to 54 openings a day. At each opening, crucial information is conveyed to keep patients safe and improve their health outcomes.

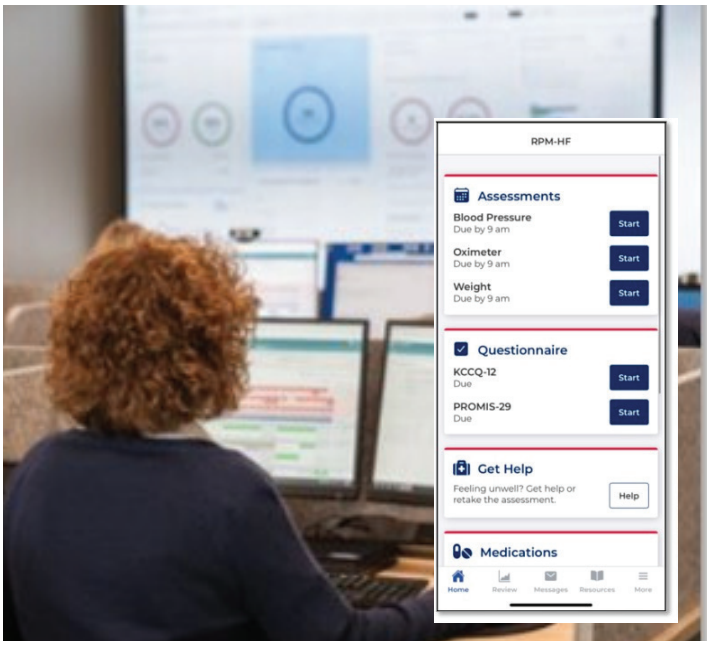
Remote patient monitoring in heart failure (RPM-HF)

Strategy, Innovation & Improvement

RPM-HF (Remote Patient Monitoring, Heart Failure) is the first mobile health (mHealth) application implemented into usual care for Heart Failure (HF) patients in SESLHD. Patients with HF are frequently readmitted to hospital, 63% of HF admissions in NSW are preventable. HF management by community teams, such as the Prince of Wales Hospital Heartlink team, is highly valued by patients but is resource-intensive for staff. The RPM-HF app enables telemonitoring of patients vital signs and symptoms and provides data on the trend of a patient's clinical status in the community. This information and the automated alerts, provide the community HF teams the information they need to recognise a patient's deterioration in clinical status early. This leads to improved patient triage, early intervention and reduces hospital utilisation.

Between March and November 2023, Heartlink piloted RPM-HF with their patients. 33 patients, with an average age of 80.7 (SD 8.4), enrolled in the pilot program. 9 lived alone, 10 reported limited English-speaking skills and 15 had moderate to severe, or severe HF. All were able to use the app effectively, either independently or with support from a family member or carer. Staff reported the information captured by the app provided them with valuable clinical data that enabled them to tailor their service delivery. They captured patients that were trending to be fluid overloaded within a few kilograms instead of at a crisis moment. They referred three patients directly to Hospital in The Home during this pilot, avoiding an Emergency Department presentation and in-hospital care. Additionally, when a patient was admitted for their heart failure, the average length of stay for an RPM-HF patient was 4.8 days compared to 8.7 days for a Heartlink patient not using the RPM-HF app.

The ability for Heartlink to incorporate the mHealth technology into their model of care was due to the partnership they created with the centralised SESLHD Community Management Centre (CMC). This partnership enabled the Heartlink nurse practitioners to undertake their usual clinical care and were alerted only when a relevant clinical concern was raised. This model was effective for Heartlink and they have expanded to more of their patients. In May 2024, 60 patients were enrolled. The partnership with the CMC means the model would also be scalable to other SESLHD HF services.



Patients effectively engaged with the app. Engagement with the app was encouraged at least once every 3 days. Only on 35 occasions over the full 6-month period was this goal not met, an average of once per patient. Patients reported appreciating the education the app provided them. It helped them to gain a better understanding of their condition. Some comments from patient feedback forms include:

> "Very pleased to record observations on a regular basis meant a better understanding of heart condition."
>
> "I think it (the app) is good. I understood everything I had to do at home".

Patients reported a mean rise of 4 points (MCID 1-3) in the summary score of the Kansas City Cardiomyopathy Questionnaire (KCCQ-12), a disease specific quality of life survey. 31% of patients were categorised as having good to excellent health at enrolment, this rose to 45% after 3 months of access to the RPM-HF app. 10% of patients were categorised as having very poor to poor health, this dropped to 5% after 3 months.

Future Ready Emergency Department (FRED)

Sydney Hospital & Sydney Eye Hospital (SSEH)

FRED (Future Ready Emergency Department) Phase-I was established due to declining trends in Emergency Department (ED) Key Performance Indicators (KPIs) and patient experience related to process of patient flow, communication and waiting times. Greater than 70% of all presentations in the SSEH Emergency Department are for Ophthalmology and triage categories 4 and 5. There were extended wait times for these presentations and patient feedback indicated long wait times, small waiting facility and poor communication contributed to poor experience of the service.

Adjustments to medical and nursing shifts were made to meet trends in timing and type of presentations. Modification of the clerical check in desk as a result of feedback from patients about privacy of their personal details improved the patient registration process. Expected waiting times to be seen by a doctor for eye patients and non-eye patients are displayed in the waiting room as the largest volume of patients are those presenting with eye issues. Physical space and treatment areas within the Emergency Department have been reviewed, clutter and decommissioned equipment removed and extra consultation space allocated to improve patient seen times and patient flow through the unit. The first phase of FRED has contributed to improved KPIs, patient flow through the unit, staff engagement in meeting KPIs and patient experience.

Commissioning of Phase-II of the project which will build on the work of Phase-I, and will consist of:

- Increasing sessions with eye staff consultants to 11 sessions over a four-week cycle in the Emergency Department to support clinical decision making of junior medical staff.
- Review of the Acute Ophthalmic Service
- Development of a pathway and criteria for Emergency Patients to expediate transfer of care to the service.
- Ophthalmology criteria and pathway for early transfer to inpatient units to reduce wait time, improve KPIs and improve patient experience.

Improvements achieved so far include:

- Improvement in Emergency Treatment Performance (ETP) from 56.90% in 2022 to 60.2% (Target 50) YTD (as at March ‘24).
- Maintain Transfer of Care (ToC) above 90%, currently 98.6% (YTD as at March ‘24).
- Safety Attitudes Questionnaire (SAQ) improvement in ‘red zones’ from results 2022 to 2023. Significant improvement in Teamwork, safety climate, job satisfaction, perceptions of management on all levels, and working conditions.
- 2023 complaints 8% were for timing and access.
- ED Patient survey- Feedback sample “Very good service despite that there are many people to service”, “Commendable service” and “the waiting time can be signposted better”.

Palliative Care Outcomes and Collaboration (PCOC) Data Project – Operations Directorate

PCOC is a nation-wide program that aims to generate consistent information to plan, deliver and improve the provision of palliative care through routine collection of clinical assessment and response data.

Historically, SESLHD Palliative Care has been slow to embrace electronic-based data capturing & reporting processes. Until recently many of our sites & services relied on manual methods to collect Palliative Care data. Aligning to the future priorities of SESLHD to improve the safety and quality of Palliative Care service provision, an initiative to expand & mandate the routine collection of PCOC data in all SESLHD Palliative Care services was conceived & implemented.

With Ministry of Health funding used to support the recruitment of a palliative care data manager, this initiative to drive routine PCOC data collection across all sites and services has been possible.

The initiative involves developing and refining electronic systems to support clinicians to collect and report PCOC data in all inpatients, outpatient and community Palliative Care services across SESLHD sites. A range of resources were developed to support this initiative which include a step-by-step Power chart-based PCOC data collection and reporting guide, multilingual Symptom Assessment Scale (SAS) assessment guide, scheduled PCOC training sessions and ongoing in-person site visits to support clinicians.

Consistent and accurate collection and reporting of Palliative Care Outcomes Collaboration (PCOC) data will enhance patient and carer outcomes. PCOC data supports research in critical areas for the Palliative Care sector and fosters collaboration between Local Health Districts (LHDs) to improve services across New South Wales and Australia.

To support the routine collection of PCOC data, the palliative care data manager has collaborated with the SESLHD electronic medical record (eMR) and digital health teams to refine the Powerchart PCOC data entry pages and linked data from all SESLHD sites and services into eMR PCOC reports. We are currently working with SESLHD and PCOC exec teams to adjust the current governance and reporting requirements including the frequency of district reports and state-based benchmarking reports to increase visibility of all data collected to all Palliative Care teams. To further support and drive this project, the initiative will be included as a mandatory metric in the SESLHD Palliative Care Data Evaluation Framework and SESLHD Palliative Care newsletter which are both in development. A range of resources have also been developed to further support the consistent and accurate collection of PCOC data across our LHD. Being a very multicultural LHD, a multilingual guide has been developed to overcome language barriers often faced by our patients and Palliative Care teams. Allowing clinicians to accurately gauge patient symptoms, the guide provides a translation of the SAS assessment in 10 different languages.

Equity and Prevention in Women's Health

COVID resulted in a significant decrease in cervical screening rates with pathology reported tests down by 71% in early April 2020. The Program has supported recovery of screening rates post-pandemic. Since 2021 there has been a 280% increase in the number of cervical screening tests (CSTs) provided by 2 part time SESLHD Women's Health Nurses. Of the 157 CSTs provided in 2023, 58% were provided for women who were from culturally and linguistically diverse backgrounds.

The SESLHD Women's Health Program works within a primary health framework offering nurse-led clinical and preventative health services to women and people with a cervix from culturally and linguistically diverse (CALD) backgrounds and other priority populations, including Aboriginal women. The program offered targeted health education through community engagement activities and existing group programs, health screening and early detection, and warm referrals to mainstream or specialist health and social services for ongoing care and support.

The Program engages with women who experience health inequities and barriers accessing health care to meet their health needs, including women from CALD backgrounds who are refugees/humanitarian entrants or temporary visa holders and women who experience social or economic disadvantage.

Furthermore, the team worked collaboratively with internal and external partners to deliver culturally responsive women's health services. The project increased access to evidence-based, in-language and culturally responsive health information by co-designing resources with CALD communities to ensure that they meet the health literacy needs of communities and are disseminated through appropriate channels to community members.

The Program provides training and education to health professionals and community workers, and has built workforce capability to provide culturally responsive preventative health care.

Data indicates services are reaching priority populations including CALD communities and promoting engagement in preventive health screening.

In 2023, of the 205 women accessing the service:

- 80% (164) were from one or more priority populations.
- 55% (112) were from CALD backgrounds, from over 40 different countries, the majority from Mongolia, Lebanon, Nepal, China and Macedonia.

Of the 112 women from CALD backgrounds seen in clinics:

- 61% were referred to other health and social services.
- 15% had no General Practitioner (GP).
- 55% of women who had a cervical screening test (CST) were under screened or never screened (some 20+ years overdue).
- 55% of women with an intermediate or high risk CST result were either under screened or never screened. The service effectively linked these women to further screening and ongoing care.

Systemic changes and sustainability are supported by:

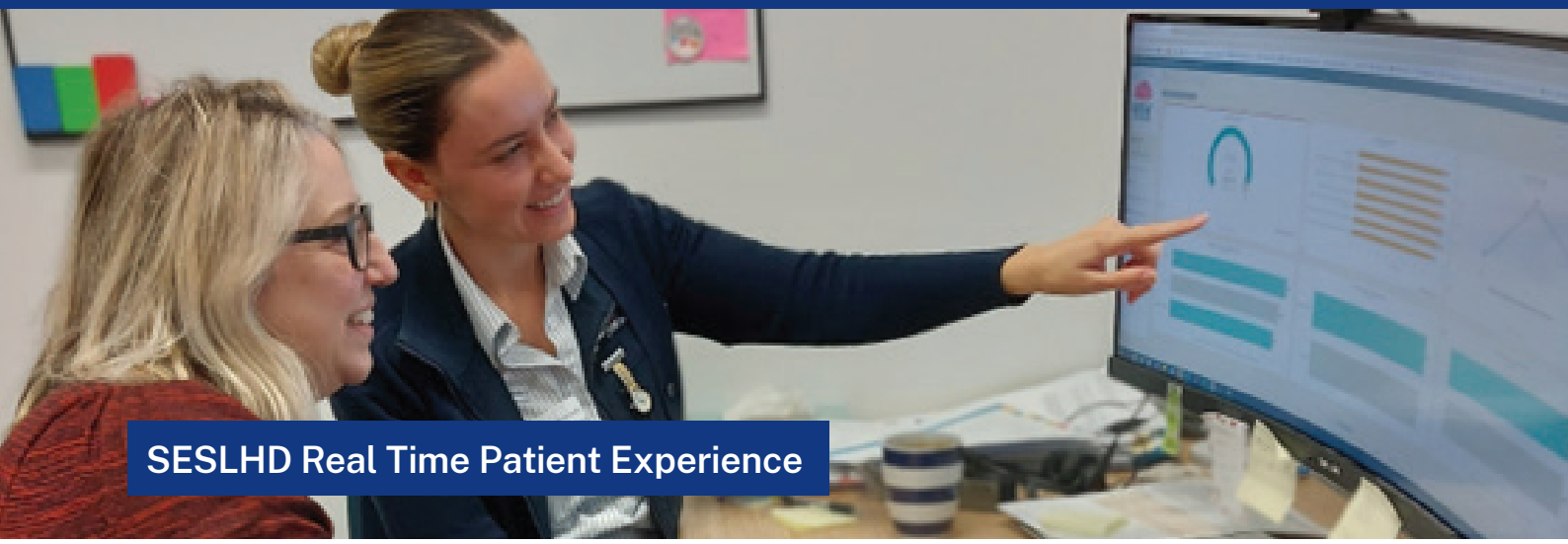
- Co-location of women's health clinics in accessible places alongside trusted services increase access of priority populations. Clinics are offered in seven locations across SESLHD including Wolli Creek, Rockdale, and Maroubra Mental Health Centre.
- Capacity building with partner organisations, multicultural community workers and community members (community champions) to promote preventive health care including cancer screening. A Bangladeshi community champion was the joint winner of the Consumer/Community Representative of the Year Award at the 2022 Multicultural Health Communications Award.
- Models of co-design have been firmly established to produce and share evidence-based, in-language information and resources, built on cultural perspectives ensuring their credibility, acceptability and responsiveness to community need.
- Models of collaboration have been firmly established with cross cultural workers, bilingual health promotion officers and community workers who provide cultural guidance and assistance in engaging with multicultural women/communities.
- Strong networks and partnerships have been established and maintained with internal and external stakeholders, including SESLHD Multicultural Health Service, Mental Health Service, Maternity, Child and Family, the Central and Eastern Sydney Primary Health Network (PHN), Gymea Community Aid, Advance Diversity Services, Cancer Institute NSW Cervical Screening Advisory Committee and Cervical Screening During Pregnancy Working Group, NSW Aboriginal Cervical Screening Network and Statewide Women's Health Network.

Additional projects to recognise

- Allied Health: I-SHARE Project
- Allied Health: Physiotherapy Led Surgical Clinics
- Calvary Health Care: After hours medication access
- MHS: Discharge Planning in Adult Community Mental Health processes at Eastern Suburbs Mental Health Service
- MHS: Seclusion Reduction Action Learning Network. ESMH
- Operations Directorate: Nausea and Vomiting in Pregnancy/Hyperemesis Gravidarum Services in SESLHD
- PaCH: Translational Research Grant Scheme: "First 2000 Days Care Connect" project.
- PaCH: 2232 Project - 2 & 3 year developmental clinics
- POWH: A strategic approach to Reducing Healthcare Associated Infections (HAI)
- RHW: Optimising oral iron treatment in pregnant women with Iiron deficiency anaemia in pregnancy
- SGH: Expanding HiTH to Unique Populations: Implementation of pathway for management of Hyperemesis Gravidarum (HG)
- SII: Medication Management Matters
- SSEH: Elective surgical waitlist recovery plan
- TSH: A Stitch in Time (maternity)

Improving the patient experience

Partnering with consumers and the community in safety and quality



SESLHD Real Time Patient Experience

The SESLHD Real Time Patient Experience Project went live in March 2024. Using the Cemplicity platform to collect and analyse patient feedback to better understand patient experiences and improve services.

Patients are sent a survey invitation by SMS, 48 hours after discharge or their outpatient appointment. The survey uses a short question set that was developed in consultation with consumers and staff across SESLHD. The questions focus on important elements of person-centred care including overall quality, having views and concerns listened to, being treated with kindness and respect, and involvement in decision making, as well as cultural safety for Aboriginal and Torres Strait Islander people. Patients can also provide free text comments and request follow up from their treating ward or service if they have any unresolved issues or concerns related to their care and treatment.

The project was initiated in response to the growing need for a consistent approach to patient experience information collection across the district. What sets this project apart from other existing patient experience information collection methods is the use of a fully automated survey invitation system and advanced data analysis techniques. Survey invitations are sent to patients by the Cemplicity system using an automated daily data upload from the electronic medical record (eMR) system. Patient response data is provided in real time back to the ward/service and facility using customised dashboards. This removes the need for staff to dedicate clinical time to collect and analyse patient experience data.

15 services across SESLHD, including inpatient, outpatient and community locations, are participating in the project. Nurse Unit Managers and Service Managers can access the patient feedback for their individual locations to celebrate staff and teams providing great care, and to identify opportunities to improve patient experiences. The Patient Safety Managers at each hospital have championed the implementation of this project locally and provide leadership and support to the staff around using patient experience feedback for safety and quality.

The success of this project is thanks to our patients who take the time to share their experiences. The project is achieving a 30% response rate from patients which clearly shows that patients are willing to share their feedback with their care teams and this patient experience survey system is an easy way to do it. Using a digital survey is not a barrier for our older patients either, data shows 59% of respondents are over 60 and 15% are over 80.

Overwhelmingly, feedback from patients about their care at SESLHD is very positive. 94% of patients who have responded to the survey rate their overall experience of care as Good (14%) or Very Good (80%) and 98% of patients say they were treated with kindness and respect during their admission or appointment (Always 89% and Mostly 9%).

The project is not just about collecting feedback; SESLHD is using the Cemplicity system to test and learn about information that patients want to share, and how we can collect and use this information in a more effective way to improve patient care.

Gadigal Eye Clinic-virtual eye health initiative

The establishment of the Gadigal Eye Clinic is a significant step towards addressing the healthcare needs of Aboriginal and Torres Strait Islanderpeople. This dedicated clinic aims to create a culturally appropriate space that acknowledges and respects the unique cultural considerations of the Aboriginal community. In addition to serving the local population, the Sydney/Sydney Eye Hospital (SSEH) envisions the establishment of a comprehensive virtual eye care clinic. This initiative is geared towards providing timely access to eye services for regional and outback areas of New South Wales (NSW), ensuring that individuals in these remote locations receive the necessary eye care support. This is a 3-phase project.

Phase 1
is the renaming of the Bicentennial Eye Clinic to the Gadigal Eye Clinic, the name that acknowledges the traditional owners on which SSEH is on.

Phase 2
recognising the importance of culturally sensitive care and welcoming environment, an Aboriginal family/carer room within the Gadigal Eye Clinic and enhancement of the SSEH Grounds with culturally sensitive seating and garden space will be commissioned.

Phase 3
implementing a virtual eye clinic for the Aboriginal population in Western NSW collaborating with local Aboriginal Health Clinics and local eye health professionals to provide timely eye care and reduce long travel for care away from patient supports. The hospital is partnering with the Sydney Eye Hospital Foundation to implement the initiative.

During the Reconciliation week 2024, the Gadigal Eye Clinic concept was announced. Phase 2 is underway and opening of the Aboriginal family/carers room and gardens is scheduled for October 2024. Phase 3 is currently in planning stage and the aim is to have the virtual clinic established by the end of 2024. The initiative is in line with the SSEH Clinical Services plan 2022 priority areas of adopting a hub and spoke, and virtual models for eye services and our commitment to closing the gap for Aboriginal eye health and increasing equity of care through working in partnership with local communities.

The local regional NSW Health Aboriginal health clinics, the local Aboriginal community and local hospital consumers have been involved throughout the planning phases. The Aboriginal liaison officer and the SESLHD Aboriginal Health Directorate have been consulted and supporting local community involvement.

One-fifth of the NSW Aboriginal population lives in Western NSW. In 2016, census data noted that a higher percentage of Aboriginal people over the age of 15 years (38%) reported having low income compared with 34% of non-Aboriginal people. This adds extra stress if they need to travel for healthcare. Aboriginal and Torres Strait Islander eye health is: Over the age of 40 years, Aboriginal and Torres Strait Islander people have six times the rate of blindness of other Australians. 94% of vision loss in indigenous Australians is preventable or treatable. The most common cause of blindness in indigenous adults was cataract (30%), and refractive error, diabetes related eye disease.

Patient experience at Sydney Hospital & Sydney Eye Hospital

Patient feedback plays a significant role in the hospital's improvement strategy. Patient's feedback provides valuable information on what matters to them and how the facility can improve the service to meet their needs. Sydney/ Sydney Eye Hospital captures feedback and patient experience through multiple different methods. The National Standard 2 Real Time Patient Survey QARs audit, Ministry of Health Emergency Department Patient Survey, EYE-SHARE patient survey, Care Opinion, complaints, compliments and most recently the SESLHD Pilot of the Real Time Patient Survey and dashboard (March 2024) come together to provide a picture of patient experience across the service and allows for both major and minor improvements based on feedback.

The feedback from patients has improved productivity and efficiency by reducing administrative burden through digital communication methods. Sending pre-arrival information via SMS streamlines the process of delivering essential service information to patients through its bulk text message function, reducing the resource-heavy method of sending paper-based factsheets prior to appointments. Over 2400 pre-arrival SMS bundles were opened by patients since the I-SHARE project launch, saving on printing, postage costs, and administrative time. This has improved timely communication with patients prior to their arrival for their appointment as well as patients receiving information about their eye condition. Over 1100 patient surveys have been received, with data generated providing new opportunities to focus feedback for the Eye Outpatient team. One key theme identified included clinical communication challenges with patients during their medical consults.

By targeting this issue with feedback to the medical teams and education at the Junior Medical Officer orientation, the proportion of patients who reported that their condition and treatment plan was explained to them has trended upwards from 91.8% in August 2023 to 95.7% in Feb 2024.

93.6% of post visit surveys indicates the service met the patient needs. Over 2400 pre-arrival SMS bundles were opened by patients (46% open rate) and patients were highly satisfied with the information rating its usefulness at an average of 87%.

Additional projects to recognise

- Calvary Health Care: 2- Way Communication Boards - Improving documentation
- Calvary Health Care: Unit Ambassadors for Inpatient Units - Point of Care surveys
- N& M: Patient Experience Officers
- Operations Directorate: Death Café: A partnership approach to ignite community conversations about end-of-life and grief.
- PaCH: Exemplar Hospital Discharge - A model for Collaborative Discharge Planning.
- PaCH: School immunisation program
- PaCH: The Consumer Advisory Committee (CAC) at Sydney Sexual Health Centre was established in 2020
- POWH: RTPES (Real Time Patient Experience Survey)
- RHW: Title: Hospital In the Home (HITH) Newborn care Centre (NCC)
- RHW: Maternity Vision Project
- SGH: Disability Inclusion Committee - St George Hospital
- SGH: Realtime Patient Experience Surveys (RPES) enhancing the Patient Experience at St George Hospital
- Aboriginal Health Directorate: Healthy Mob, Strong Community: SESLHD's Aboriginal Health Plan Development
- SII: SESLHD Consumers & Partners Forum
- SSEH: EYE-SHARE -The EYE-SHARE project go-share platform introduction
- SSEH: Real Time Patient Survey
- TSH: Day Zero discharge after elective hip and knee surgery
- TSH: Antenatal Midwifery in the Home – Jacaranda Midwifery Group Practice TSH

A workplace culture that drives safe, high-quality care

Staff culture and leadership

SESLHD Mental Health Service Quality Improvement Collaboratives

The Australian Commission on Safety and Quality in Health Care National Standards (2nd ed), aim to protect the public from harm and to improve the quality of health service provision. Under National Standard 1: Clinical Governance, Safety and Quality systems and capability building should be integrated within governance processes to enable organisations to actively manage and improve the safety and quality of healthcare for patients. To meet actions 1.08 and 1.09 and in alignment with service level quality and safety plans, and SESLHD's Exceptional Care, Healthier Lives Strategic Plan 2022-2025 strategic priority 'Supporting Teams to Thrive', a Quality Improvement Collaborative (QIC) series was designed and implemented to support safety and quality priority areas in the Mental Health Service (MHS).

The QIC series is a structured MHS 12-month program for teams across the MHS District to learn quality and safety theory and quality improvement methodology that follows the 70-20-10 learning model principles. Over the 12-month period, teams attend a series of workshops to learn the methodology and practically apply it to a project in the workplace, supported by regular intensive coaching sessions provided by the Mental Health Improvement Advisor. A common theme is chosen, and teams work on a prioritised project for their workplace alongside Mental Health teams from other sides and services, learning together and sharing learnings and successes. The applied continuous improvement work utlises the Model for Improvement (MFI) as a mechanism to build a culture of learning and continuous improvement in clinical practice.

The Model for Improvement incorporates four key elements as part of its methodology:

1. Specific and measurable aims.
2. Measures of improvement that are tracked over time.
3. Key changes that result from desired changes.
4. A series of parallel testing, plan-do-study-act (PDSA) cycles.

The Model for Improvement is endorsed by the Clinical Excellence Commission, and by following an evidence-based QI methodology clinical teams aim to:

1. Improve quality and safety of care for all.
2. Enable a culture of continuous learning and improvement within a psychologically safe learning space.
3. Lead multidisciplinary teamwork and change, and
4. Build capacity of staff to create an improvement network across the district.

Since the Quality Improvement Collaborative (QIC) conception in 2020, 110 staff in the SESLHD Mental Health Service have completed the 12-month program. Topics have included physical health, medication safety, partnering with consumers, safety culture and patient flow-discharge planning. Program outcomes evaluation demonstrated increased and sustained knowledge, skills and appreciation for continuous quality improvement grounded within quality systems.

Staff Outcomes: For each QIC, skill development was measured using pre and post self-assessment survey, that covered a range of quality and safety concepts knowledge and application. A marked improvement was evident in each domain for learners in all QICs.

Additional feedback was sought during and after each workshop, and modifications made to support learner needs where required. Feedback relating to participant learning showed that participants gained skills in identifying and using data to lead improvement and collaborating with others:

"There were many takeaways for me including how to gather data effectively and experiencing brainstorming with professionals across different backgrounds."

Feedback from participants about the structure and facilitation of learning highlighted the practicality of the QIC. Coaching was seen as an invaluable resource by participants, in particular smaller group coaching supported their learning and development in a safe and supportive way.

"The balance between the theory and practice of trying things as a team worked well"

"Applying learnings to our team project - practical application"

"Ability to understand how one process can impact the service as a whole"

Clinical Outcomes: Each series of QIC have delivered 3-4 pieces of collaborative improvement work with measurable positive outcomes for consumers, carers and staff, and have successfully applied theory to practice at testing phase to inform future implementation. Lessons learnt and recommendations have been widely shared, anchored in clinical governance structures and processes, and systematically tracked and monitored for reporting, spread and sustainability. The QIC outcomes for all were highly commended officially by the external assessment team in the 2022 MHS Accreditation Assessment.

Addressing Racism Strategy - Equity and Prevention Service and partners
Population and Community Health

The NSW Secretary for Health stated a 'strong commitment to addressing racism' in her all-staff message to mark 2024 International Day for the Elimination of Racial Discrimination and noted that it is everyone's responsibility to call out racism to ensure respect and safety for all patients, visitors, and staff across NSW Health. Leading the response is "Racism Harms: Act On it", an innovative, evidence-based strategy to address racism. It is the first of its kind in NSW Health, sponsored by the Chief Executive SESLHD, and led by the Multicultural Health Team, in collaboration with the Aboriginal Health Directorate, Population and Community Health, and People and Culture. The strategy supports diversity and inclusion by reducing the incidence and impact of racism on staff and patients/consumers, increasing staff awareness of racism and its impact on health, and increasing staff knowledge and confidence to appropriately respond to and report racism. Strategic activities include leadership and staff forums; bystander intervention training for staff to appropriately address racist incidents; a comprehensive intranet site that includes how to report and respond to racist incidents. Evaluation of the training demonstrates a workforce that is more able to identify and respond to racism, contributing to a more inclusive work environment.

SESLHD's "Racism Harms: Act on It" is the first district wide response addressing racism within NSW Health and as such is an innovative and original approach that is targeted towards the health context and underlines the value and importance of diversity and inclusion within SESLHD. Evidence indicates that racism is a serious issue in the health system; 6% of the NSW Health workforce experience racism in the workplace and 43% of people from non-English speaking backgrounds and 53% of people from Aboriginal and Torres Strait Islander backgrounds have experienced racism when seeking health care. Racism and discrimination have a proven negative impact on mental and physical health, and when racism is experienced in the health care system it can have additional negative impacts. The SESLHD strategy includes activities that target staff and patients/visitors and a range of program resources, codesigned with culturally diverse and Aboriginal staff, supports these activities and reinforces the message that racism harms, and that staff have the support of senior executive and managers to act on it.

Understanding and Responding to Racism bystander intervention training has been completed by over 3,500 staff and evaluation of this training has demonstrated that the program is effective in increasing staff ability to identify racism and their confidence and knowledge to appropriately respond to and report racist incidents in both patient and workplace settings. Key to the success of the broader Addressing Racism Strategy has been the additional strategy activities targeting SESLHD leaders, and the accessibility of information for staff and managers on how to report racism on the district intranet page.

Additional projects to recognise

- Allied Health: Fostering Psychological Safety - a Workshop for AH leaders
- Calvary Health Care: REACH Project - Recognise, Engage, Ask, Call Help (Is on the way)
- N&M: SESLHD Interdisciplinary Compassion Lab Workshops
- Operations Directorate: Palliative and Bereavement Care Social Work Internship: An educational incentive to encourage workforce participation.
- PaCH: Sydney Sexual Health Centre's new onboarding process
- POWH: Clinical Leads Program
- POWH: Safety Attitudes Questionnaire (SAQ)
- RHW: Outline a local workplace culture or capability building initiative to support behaviours that foster safe, high-quality care.
- SGH: Creating Cultural Change in the Intensive Care Unit (ICU)
- SII: Improving Access to Project Management Support
- SSEH: Executive Managers Leadership Rounding
- TSH: Burudi (General Medical Unit) Ways Of Working

NSW Health key performance indicators

Measures	Target	SESLHD Result	Reporting Period	Commentary
Patients and carers have positive experiences and outcomes that matter				
Overall Patient Experience Index (number)				
Adult admitted patients	8.7	8.69	Oct – Dec 2023	SESLHD has not met target but performed within tolerance range for this KPI. For continued monitoring.
Emergency department	8.7	8.66	Oct – Dec 2023	SESLHD has not met target but performed within tolerance range for this KPI. For continued monitoring.
Patient Engagement Index (number)				
Adult admitted patients	8.7	8.58	Oct – Dec 2023	SESLHD has not met target but performed within tolerance range for this KPI. For continued monitoring.
Emergency department	8.7	7.96	Oct – Dec 2023	SESLHD is not meeting target for this KPI, however performance has improved on last year. For continued monitoring.
Mental Health Consumer Experience: Mental Health consumers with a score of Very Good or Excellent (%)	80	80	Jan – Mar 2024	SESLHD is meeting target.
Safe care is delivered across all settings				
Harm free admitted care (rate per 10,000 episodes of care)				
Hospital acquired pressure injuries	5.0	5.5	Apr23 – Mar24	SESLHD has not met target but performed within tolerance range for this KPI.
Fall-Related Injuries in Hospital	7.2	6.8	Apr23 – Mar24	SESLHD is meeting and exceeding target.
Healthcare associated infections	109.8	122.1	Apr23 – Mar24	SESLHD is not meeting target for this KPI, however performance has improved on last year. This KPI is monitored closely by the SESLHD Infection Prevention and Control Committee, with active district-wide working groups.
Hospital acquired respiratory complications	27.8	26.4	Apr23 – Mar24	SESLHD is meeting and exceeding target.
Hospital acquired venous thromboembolism (VTE)	7.4	10.1	Apr23 – Mar24	SESLHD is not meeting target for this KPI. In partnership with eHealth NSW, SESLHD has implemented enhancements within the eMR to support optimisation of VTE prevention practices.
Hospital acquired renal failure	0.7	0.9	Apr23 – Mar24	SESLHD has not met target but performed within tolerance range for this KPI, and performance has improved on last year. An eMR alert is in place to encourage referral to renal services.

Measures	Target	SESLHD Result	Reporting Period	Commentary
Hospital acquired gastrointestinal bleeding	9.0	9.2	Apr23 – Mar24	SESLHD has not met target but performed within tolerance range for this KPI.
Hospital acquired medication complications	7.9	6.4	Apr23 – Mar24	SESLHD is meeting and exceeding target.
Hospital acquired delirium	38.3	38.8	Apr23 – Mar24	SESLHD has not met target but performed within tolerance range for this KPI.
Hospital acquired incontinence	2.7	2.8	Apr23 – Mar24	SESLHD has not met target but performed within tolerance range for this KPI.
Hospital acquired endocrine complications	28.7	27.3	Apr23 – Mar24	SESLHD is meeting and exceeding target.
Hospital acquired cardiac complications	30.1	30.1	Apr23 – Mar24	SESLHD is meeting and exceeding target.
3rd or 4th degree perineal lacerations during delivery	342.6	335.3	Apr23 – Mar24	SESLHD is meeting and exceeding target.
Hospital acquired neonatal birth trauma	72.3	74.0	Apr23 – Mar24	SESLHD has not met target but performed within tolerance range for this KPI.
Emergency Treatment Performance (ETP) – Admitted (%) of patients treated in ≤ 4 hours)	50.0%	22.4	May 2024	SESLHD is not meeting target for this KPI, however performance has improved on previous year. There is still high demand and length of time to access inpatient and isolation beds, this impacts patient flow out of the ED. Then workforce shortages also limit the ability to open additional surge beds.
Emergency department extended stays: Mental Health presentations staying in ED > 24 hours (number)	0	2	May 2024	SESLHD has not met target but performed within tolerance range for this KPI and had significant improvement on previous year. Processes are in place to notify and review all extended stay Mental Health records. There is ongoing integrated care planning for complex ED presentations.
Emergency Department Presentations Treated within Benchmark Times (%)				
Triage 1: seen within 2 minutes	100%	100%	May 2024	SESLHD is meeting target.
Triage 2: seen within 10 minutes	80%	67.6%	May 2024	SESLHD is not meeting target for this KPI. Several strategies continue across SESLHD to improve this KPI, including the FRED project highlighted in our improvement works.
Triage 3: seen within 30 minutes	75%	61.8%	May 2024	
Inpatient Discharges from ED Accessible and Rehabilitation Beds by Midday (%)	35.0%	31.5	May 2024	SESLHD has not met target but performed within tolerance range for this KPI. For continued monitoring. Strategies that have implemented have proven to be reducing the burden as performance has improved on previous year. Including daily meetings at sites; increased use of Patient Discharge Lounges; working with families and carers on time and day of discharge of patient; improving collaborative approaches to ensure letters and medications are ready for patients who are being discharged.
Transfer of care – Patients transferred from ambulance to ED ≤ 30 minutes (%)	90.0%	68.7%	May 2024	SESLHD is not meeting target for this KPI. Sites continue to monitor offload timeliness and ED capacity with open dialogue between sites, NSW Ambulance and the LHD to discuss plans for delays and escalations.

Measures	Target	SESLHD Result	Reporting Period	Commentary
Elective Surgery Overdue - Patients (Number)				
Category 1	0	0	May 2024	SESLHD is meeting target.
Category 2	0	111	May 2024	Although SESLHD is not meeting target for this KPI, there has been significant improvements to last year's figures. Backlog of surgery caused by the cancellation of non-urgent surgery during the COVID pandemic was the cause. Additionally increases in leave, particularly unscheduled leave such as Sick and Carers leave had significant impacts on planned surgery.
Category 3	0	137	May 2024	
Elective Surgery Access Performance - Patients treated on time (%)				
Category 1	100%	100%	May 2024	SESLHD is meeting target.
Category 2	97.0%	81.6%	May 2024	Although SESLHD is not meeting target for this KPI, there has been significant improvements to last year's figures. Backlog of surgery caused by the cancellation of non-urgent surgery during the COVID pandemic was the cause. Additionally increases in leave, particularly unscheduled leave such as Sick and Carers leave had significant impacts on planned surgery.
Category 3	97.0%	75.2%	May 2024	
Mental Health: Acute Seclusion				
Occurrence - (Episodes per 1,000 bed days)	5.1	0.5	Jan – Mar 2024	SESLHD is meeting and exceeding target
Duration – (Average Hours)	4.0	7.9	Jan – Mar 2024	SESLHD is not meeting target for this KPI. Seclusion varies across sites; this continues to be monitored as SESLHD is working towards target.
Frequency (%)	4.1%	0.6%	Jan – Mar 2024	SESLHD is meeting and exceeding target.
Mental health: Involuntary patients absconded from an acute inpatient unit – Incident (rate per 1,000 bed days)	1.13	0.80	Jan – Mar 2024	SESLHD has not met target but performed within tolerance range for this KPI. Processes are in place to notify and review all involuntary abscond incidents, to determine risk and mitigation strategies. Anti-climb has been installed at two sites.
Virtual Care: Non-admitted services provided through virtual care (%)	30%	13.9%	April 2024	SESLHD is not meeting target for this KPI. Virtual care activity delivered as audio/video has remained stable. The investment in the SESLHD Virtual Health Hub & Remote Patient Monitoring models, continues to contribute to this improvement.
Mental Health Acute Post-Discharge Community Care - Follow up within seven days (%)	75%	85.6%	Mar 2024	SESLHD is meeting and exceeding target.
Unplanned Hospital Readmissions: all unplanned admissions within 28 days of separation (%)				
All persons	5.8%	5.7%	Apr 2024	SESLHD is meeting and exceeding target.
Aboriginal persons	9%	8%	Apr 2024	SESLHD is meeting and exceeding target.
Mental Health: Acute readmission -Within 28 days (%)	13%	11.3%	Mar 2024	SESLHD is meeting and exceeding target.

Measures	Target	SESLHD Result	Reporting Period	Commentary
Discharge against medical advice for Aboriginal in-patients (%)	1.3%	3.2%	Jan – Mar 2024	SESLHD is not meeting target. Improving Aboriginal and Torres Strait Islander health remains a priority for SESLHD in 2024/25. The SESLHD Aboriginal Health ED Follow Up staff implementation, as highlighted in the text, is specifically designed to improve health outcomes of Aboriginal and Torres Strait Islander people by providing culturally responsive follow-up care after attending the Emergency Department (ED). This follow up model is now available across the district.
Potentially preventable hospital services (%)	16.2%	18.3%	Feb 2024	SESLHD has not met target but performed within tolerance range for this KPI. For continued monitoring.
Hospital in the Home – overnight separations (%)	5%	2.6%	May 2024	SESLHD is not meeting target for this KPI, however performance has improved on previous year and continue to monitor and work at maintaining this positive trajectory.
People are healthy and well				
Childhood Obesity – Children with height and weight recorded (%)	70%	64.5%	Jan – Mar 2024	SESLHD is not meeting target for this KPI. For continued monitoring.
Smoking During Pregnancy - At any time (%)				
Aboriginal women	28.2%	30.6%	2022	SESLHD is not meeting target. Improving Aboriginal and Torres Strait Islander health remains a priority for SESLHD in 2024/25. The Director of Aboriginal Health position has been filled with Aboriginal Health now also their own directorate.
Non-Aboriginal women	2.2%	1.9%	2022	SESLHD is meeting and exceeding target.
Pregnant Women Quitting Smoking - by second half of pregnancy (%)	34.5%	41.6%	Apr22 – Mar23	SESLHD is meeting and exceeding target.
Get Healthy Information and Coaching Service - Get Healthy in Pregnancy Referrals	1,034	906	FYTD Mar 24	SESLHD is not meeting target for this KPI. For continued monitoring.
Non-Aboriginal children fully immunised at one year of age (%)	95%	93%	FYTD 2024	SESLHD has not met target but performed within tolerance range for this KPI. For continued monitoring.
Aboriginal children fully immunised at one year of age (%)	95%	91%	FYTD 2024	SESLHD has not met target but performed within tolerance range for this KPI. For continued monitoring.
Hospital Drug and Alcohol Consultation Liaison - number of consultations	6,198	6,767	FYTD Dec 23	SESLHD is meeting and exceeding target.

Measures	Target	SESLHD Result	Reporting Period	Commentary
Hepatitis C Antiviral Treatment Initiation – Direct acting by District residents (Variance from target %)	205	55	FYTD Dec 23	An annual Hepatitis C work plan prioritises activities across the district and has initiatives in all priority settings intended to increase testing and treatment initiation, including: • Viral Hepatitis CNC position established in Drug and Alcohol Services building capacity of services to embed testing and treatment. • Funding provided for hepatitis C, CNC positions at POWH Infectious Diseases and Kirketon Road Centre (KRC). • Inpatient hepatitis pathology notifications follow up project for inpatients via POWH and SG covering all tertiary settings. • Point of Care Testing to all Community Corrections services in SESLHD with incentivised treatment to be offered in this setting. • Point-of-care testing now occurring in all community mental health services and drug and alcohol services. • Partnerships with NSW Users and AIDS Association (NUAA) and Hepatitis NSW to run peer-led models of care across SESLHD. • Public Health Unit notification project. • District-wide HCV testing scale-up group formed to coordinate testing in priority settings. • District governance and advisory committee continues to oversee response and monthly reports provided routinely to PaCH Director for CE performance meetings.
Aboriginal paediatric patients undergoing Otitis Media procedures (number)	5	5	Jan23 – Dec23	SESLHD is meeting and exceeding target.
Domestic Violence Routine Screening – Routine Screens conducted (%)	70%	71.7%	Oct – Dec 23	SESLHD is meeting and exceeding target.
NSW Health First 2000 Days Implementation Strategy - Delivery of the 1-4 week health check (%)	85%	88.2%	Oct – Dec 23	SESLHD is meeting and exceeding target.
Sustaining NSW Families Programs				
Families completing the program (%)	n/a	58.3%	Oct – Dec 23	SESLHD is meeting and exceeding target.
Families enrolled and continuing in the program (%)	n/a	77.3%	Oct – Dec 23	SESLHD is meeting and exceeding target.
Mental Health Peer Workforce Employment – Full time equivalents (FTEs) (number)	29.2	24.4	Jan – Mar 24	SESLHD is not meeting target for this KPI .
Breast Screen participation rates (%)				
Women aged 50-74 years	50%	52.8%	Jan 22 – May24	SESLHD is meeting and exceeding target.

Measures	Target	SESLHD Result	Reporting Period	Commentary
Our staff are engaged and well supported				
Workplace Culture: People Matter Survey Culture Index – Variation from previous year	-1%	3%	2022 / 2023	SESLHD is meeting and exceeding target.
Take Action: People MatterSurvey – Take action as a result of the survey – Variation from previous year	-1%	3.3%	2022 / 2023	SESLHD is meeting and exceeding target.
Staff Engagement - People Matter Survey Engagement Index – Variation from the previous year	-1%	0%	2022 / 2023	SESLHD is meeting and exceeding target.
Staff Engagement and Experience – People Matter Survey – Racism experienced by staff – Variation from previous survey	0%	0%	2022 / 2023	SESLHD is meeting and exceeding target.
Staff Performance Reviews – Within the last 12 months (%)	100%	42.7%	Apr22 – Mar23	SESLHD is not meeting target for this KPI. However, continuing the transition over to the new Performance and Talent (PAT) system. People and Culture (P&C) have developed intranet resources to support SESLHD staff. However, P&C have not received additional resources to achieve this performance review target, which limits the scope of strategies that may be implemented to support the desired improvements.
Recruitment: Improvement on baseline average time taken from request to recruit to decision to approve / decline / defer recruitment (days)	10	4.35	FYTD May 24	SESLHD is meeting and exceeding target.
Aboriginal Workforce Participation – Aboriginal Workforce as a proportion of total workforce	3%	1.3%	2022 / 2023	SESLHD is meeting and exceeding target.
Employment of Aboriginal Health Practitioners (number)	3	0	July23 – Dec23	There are currently no Aboriginal Health Practitioner positions within SESLHD.
Compensable Workplace Injury – Claims (% of change over rolling 12-month period)	0%	-9.8%	Jun23 – May24	SESLHD is meeting and exceeding target.
Research and innovation, and digital advances inform service delivery				
Research Governance Application Authorisations – Site specific within 60 calendar days	75%	68.4%	Jul – Sep 23	SESLHD has not met target but performed within tolerance range for this KPI. For continued monitoring.
Ethics Application Approvals - By the Human Research Ethics Committee within 90 calendar days	75%	70%	Jul – Sep 23	SESLHD has not met target but performed within tolerance range for this KPI. For continued monitoring.

Future priorities

SESLHD have identified the following safety and quality priorities for 2024/25:

1. Aboriginal and Torres Strait Islander health

SESLHD remains committed to health equity and Closing the Gap, as identified in the SESLHD Exceptional Care, Healthier Lives Strategic Plan 2022-2025.

Healthy Mob, Strong Community: SESLHD's Aboriginal Health Plan 2024-2026, scheduled for released in August 2024, establishes the strategic direction of Aboriginal Health initiatives for SESLHD going forward.

Co-designed with Aboriginal community members through community consultation and the SESLHD Aboriginal Health Directorate, the plan recognises the history that continues to have an impact on health outcomes for Aboriginal people.

The plan outlines SESLHD's commitment to six strategic priorities:

- Community Informed Decision making
- Equity and access
- Working in Partnership
- Aboriginal Workforce
- Cultural Safety
- Data Sovereignty and Governance

Healthy Mob, Strong Community supports the vision of SESLHD of being a safe and trusted partner, where Aboriginal community and staff feel safe, respected, and empowered.

2. Foster Multidisciplinary team (MDT) collaboration.

Fostering Multidisciplinary Team (MDT) collaboration in care planning for patients with complex healthcare needs is essential for better patient outcomes. SESLHD are fostering MDT collaboration by:

- The Comprehensive Care Working Party meets regularly and has agreed upon an Implementation Plan to meet National Standard 5.
- Scoping of requirements to meet relevant Clinical Care Standards
- The working party will continue to address compliance requirements based on advisory guidance from the Australian Commission on Safety and Quality in Health Care.
- Development and implementation of an Action Plan to address increasing risk associated with recognising and responding to deteriorating patients (ERMS Enterprise Risk Management System) risk no. 5005).

3. Strengthen governance by integrating Risk, Quality, and Assurance in preparation for short notice accreditation.

At the end of the last accreditation cycle, an independent review of SESLHD systems and processes took place in preparation for short notice accreditation. This diligent effort has led to the development of the 'SESLHD Clinical Governance Framework 2024-2029.' Through extensive consultation, the SESLHD Clinical Governance Unit crafted a framework that places a strong emphasis on quality, safety, and cooperative governance structures. It is specifically tailored to meet the demands of short notice accreditation. This is the inaugural year of its 5-year lifespan, with a dedicated Transition-in Team overseeing implementation. Implementation is expected to be complete by the end of 2024, to support the organisation's approach to short notice accreditation. Rather than viewing accreditation as a pass or fail exercise, SESLHD is committed to using any findings as motivation for continuous improvement.

Appendix

Attestation Statement

Health
South Eastern Sydney
Local Health District

T24/39952
Related: T24/39950
and: T24/39951

This attestation statement is made by	**Dr Debra Graves**
	Name of office holder/member of Governing Body
Holding the position/office on the Governing Body	**Board Chair**
	Title of officeholder/member of Governing Body
For and on behalf of the governing body titled	**South Eastern Sydney Local Health District Board**
	Governing body's title (the Governing Body)
	South Eastern Sydney Local Health District
	Health service organisation name (the Organisation)

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.

T24/39952
Related: T24/39950
and: T24/39951

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 *(delete if there is only one member/director of the governing body)*.

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 

Position **SESLHD Board Chair**

Date 31-07-2024

Counter signed by the Health Service Organisation's Chief Executive Officer (however titled)

Signed 

Position **SESLHD Chief Executive**

Name **Tobi Wilson**

Date 17.7.24

T24/39952
Related: T24/39950
and: T24/39951

Schedule of health service organisations covered by this attestation statement

Name of health service organisation	Address
SESLHD Mental Health Service	Level 2, 11 South St KOGARAH 2217
The Sutherland Hospital	The Kingsway CARINGBAH 2229
St George Hospital	Gray St KOGARAH 2217
Royal Hospital for Women	Barker St RANDWICK 2031
SESLHD Northern Sector	
Prince of Wales Hospital	Barker St RANDWICK 2031
Sydney/Sydney Eye Hospital	8 Macquarie Street, SYDNEY 2000
Population and Community Health	8 Macquarie Street, SYDNEY 2000

South Eastern Sydney Local Health District

NSW GOVERNMENT

T24/35137