

Northern Sydney Local Health District

# NSLHD Strategic Plan 2022 – 2027 Report


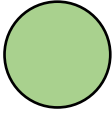
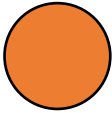
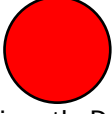
July 2023 – December 2023


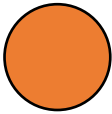
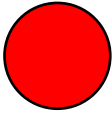
Prepared for NSLHD Board



Northern Sydney  
Local Health District

# Legend

Tracking Status	Progress Tracking Description
 Achieved	During the reporting period, NSLHD delivered significant progress and achieved this action.
 On Track	During the reporting period, NSLHD is on track to deliver significant progress against this action.
 Delayed	During the reporting period, NSLHD partially progressed this action.
 Significantly Delayed	During the reporting period, no progress was made against this action.

Metric Status	Metric Status Description
 Highly Performing	Performance at, or better than, target.
 Underperforming	Performance within a tolerance range.
 Not Performing	Performance outside the tolerance range.

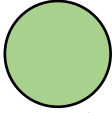

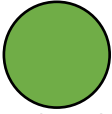
Abbreviation	Definition
NSLHD	Northern Sydney Local Health District
RNSH	Royal North Shore Hospital
HKH	Hornsby Ku-Ring-Gai Hospital
Ryde	Ryde Hospital
MVH	Mona Vale Hospital
MQH	Macquarie Hospital
NBH	Northern Beaches Hospital
MHDA	Mental Health Drug and Alcohol
PACH	Primary and Community Health
CHC	Community Health Centre
AYAH	Adolescent and Young Adult Hospice
PARVAN	Protection and Response to Violence, Abuse and Neglect

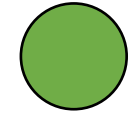


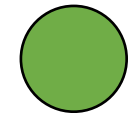
# Strategic Outcome 1: Patients and carers are partners in their healthcare

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

## 1.1 Involve patients and carers as active partners in their healthcare

Actions	Reporting Director/s	Progress Commentary	Tracking	Future (next 6 months) plans
1.1.1 Ensure all patients and carers, including people living with a disability, people with cognitive impairment and communication difficulties including limited English language skills or those experiencing vulnerability, are able to access information regarding their treatment options and are encouraged to be involved with their own care and self-management.	Executive Director Operations  Director Primary and Community Health  Executive Director Allied Health	<ul style="list-style-type: none"> <li>Advice on disability adjustments and easy read options were shared with the below groups:               <ul style="list-style-type: none"> <li>HKH Senior Executive</li> <li>NSLHD Nursing and Midwifery Executive</li> <li>Intellectual Disability Community of Practice</li> <li>NDIS MHDA Provider Forum</li> <li>NSLHD Disability Inclusion Action Plan (DIAP) Committee</li> </ul> </li> <li>Advice on disability adjustments for improving accessibility was updated on the NSLHD intranet page for staff.</li> <li>Digital Health Services have delivered the HOPE platform within the eMR and are in the process of delivering the PRMs platform within MOSAIQ and ARIA. These platforms involve consumers in feeding back the evolution of their experience of their condition, in advance of meeting with NSLHD staff to facilitate higher levels of care and support.</li> <li>PACH have completed a rollout of resources in multiple languages to promote the use of interpreter services in our hospitals and facilities.</li> </ul>	 On Track	<ul style="list-style-type: none"> <li>Approval of the Guideline: Disability Adjustments for Perioperative Pathway (for people with physical/sensory impairments and for people with cognitive/communication impairments including those who don't have a carer to represent their needs).</li> <li>Transition of existing Disability, DIAP and NDIS information to the new intranet. This includes guidance on how to write clinical documents for NDIS; guidance on disability adjustments for people with cognitive, communication, physical, and/or sensory impairments and/or with behaviour support needs; and recommendations for NSLHD from the Disability Royal Commission Final Report and NDIS Review.</li> <li>The PRMs platform go-live is anticipated for May 2024.</li> <li>PACH will establish a plan to rollout Teachback to improve communication with patients.</li> </ul>
1.1.2 Partner with the Health Care Interpreting Service and the Multicultural Health Service to improve access to interpreting services.	Executive Director Operations  Director Primary and Community Health	<ul style="list-style-type: none"> <li>The use of video interpreters has increased in PACH services over the last 6-months from 1409 to 1517.</li> <li>HKH have introduced virtual interpreter service in Operating Theatres.</li> <li>NSLHD released a practical implementation guide for working with virtual interpreters released and won an Australian Council on Healthcare Standards Award.</li> </ul>	 Achieved (BAU Ongoing)	<ul style="list-style-type: none"> <li>PACH plans to provide improved data on utilisation to all facilities so interpreter usage can be better monitored.</li> <li>Staff and patient surveys to be completed at HKH to measure satisfaction planned.</li> </ul>
1.1.3 Develop care plans with patients and carers incorporating their individual goals,	Executive Director Operations  Executive Director Clinical Governance	<ul style="list-style-type: none"> <li>The EIDO Healthcare patient information brochures are treatment-specific information documents that outline the risks and benefits for a patient's proposed medical/surgical procedure. These documents are</li> </ul>	 Achieved (BAU Ongoing)	<ul style="list-style-type: none"> <li>NSLHD Consumer and Patient Experience (CAPE) Team continue to reinforce to staff the need to access the EIDO patient information</li> </ul>

preferences, values and needs.	and Patient Experience	<ul style="list-style-type: none"> <li>available to all clinicians on the intranet with site-specific logins available.</li> <li>NSLHD have successfully developed and trialled the Goals of Care component of the Comprehensive Care eMR solution, supported by Nursing and Midwifery and Digital Health Services (formerly known as ICT).</li> <li>Full implementation of the eMR Comprehensive Care Plan build was completed in September 2023. Implementation of the Comprehensive Care Plan view which facilitates a platform for interdisciplinary collaboration on Care Planning and Goal Setting was also completed in this period.</li> <li>NSLHD have provided our workforce with orientation, education, and training on the Comprehensive Care planning processes</li> <li>The Comprehensive Care Plan project now encourages all staff to work with consumers on developing their goals of care and working towards these during their admission.</li> <li>Digital Health Services continues to promote and support the uptake of this initiative with all NSLHD staff.</li> </ul>		<ul style="list-style-type: none"> <li>brochures via the intranet to ensure use of the most current resources.</li> <li>Evaluation of the eMR Comprehensive Care will be undertaken in the first quarter of 2024.</li> <li>NSLHD will implement enhancements to the solution following feedback from clinical staff.</li> <li>An evaluation report on the product will also be completed.</li> </ul>
1.1.4 Ensure open and transparent communication between patients, carers, their families and treating teams regarding their care.	Executive Director Operations  Executive Director Clinical Governance and Patient Experience	<ul style="list-style-type: none"> <li>An awareness campaign of the EIDO information brochures across the District has seen a significant increase in the number of information sheets utilised by clinicians.</li> <li>RNSH have implemented the Patient Delivered Handover with significant improvement in patient's involvement in the handover process.</li> <li>RNSH have also implemented the RNSH Comprehensive Safety Pilot.</li> <li>Components of the Ryde Hospital Carer at the Bedside program have occurred including a review of available equipment and the development of a process for documenting carers staying in hospital overnight.</li> </ul>	 Achieved (BAU Ongoing)	<ul style="list-style-type: none"> <li>NSLHD CAPE Team are to ensure the EIDO links remain visible to NSLHD staff following the District's transition to the new intranet site.</li> <li>The NSLHD CAPE Team will continue to provide clinical network managers with quarterly updates from EIDO for dissemination.</li> </ul>

1.2 Ensure positive experiences of care				
Actions	Reporting Director/s	Progress Commentary	Tracking	Future (next 6 months) plans
1.2.1 Work in partnership with patients, carers and families to better understand their experience of care.	Executive Director Clinical Governance and Patient Experience	<ul style="list-style-type: none"> <li>Resources under development by the NSLHD CAPE Team to support the development of NSLHD staff education package include:               <ul style="list-style-type: none"> <li>Development of a Consumer Engagement Video (codesigned with consumers)</li> <li>My Health Learning Patient Story module</li> <li>Revision of Consumer Advisor Toolkit 2021-2023</li> </ul> </li> <li>The NSLHD Patient Reported Measures (PRM) team supported the RNSH Virtual Care Long Covid Service to use PRMs via HOPE.</li> <li>NSLHD have developed an overarching action plan in response to the statewide program evaluation commissioned by the Agency for Clinical Innovation (ACI).</li> <li>To assist NSLHD in auditing compliance against the use of the Australian Charter of Healthcare Rights, two audit tools (inclusive of documentation audits, and consumer</li> </ul>	 Achieved (BAU Ongoing)	<ul style="list-style-type: none"> <li>The NSLHD CAPE Team are developing a staff education package to empower staff to better partner with consumers on quality improvement projects. Baseline will be obtained to establish measures for improvement.</li> <li>Development of a NSLHD Patient Reported Measures Policy/Guideline to articulate roles and responsibilities, service expectations, data governance, and evaluation. Consumer advisors will continue to be consulted throughout the development of the document.</li> <li>Ongoing evaluation to learn from patient and</li> </ul>

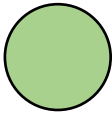
interviews), have been developed lead by the NSLHD Cape Team for use by NSLHD staff. (Note: use of these tools is optional and does not replace existing audits or local facility systems in place that demonstrate compliance with action 2.03 of the National Standards).

- PARVAN have submitted a research ethics application in partnership with the University of Sydney to better understand women's domestic violence journeys and evaluate their experience with PARVAN and other agencies.
- PARVAN have also employed a consultant to develop an evaluation and outcome measurement tool for use with all clients across Child Protection Counselling Services (CPCS).
- MVH have engaged with the Consumer Committee regarding available information for Mona Vale Hospital (and the Northern Beaches Health Service).

staff experience (patient stories).

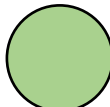
- The NSLHD CAPE Team aim will ensure processes relating to REACH are captured from all sites and support sites with identifying opportunities for improvement.
- PARVAN will commence the research project, pending ethics approval.
- The NSLHD PARVAN service will also implement a CPCS evaluation outcome measurement tool.

1.2.2 Ensure service provision is flexible and responsive to the diverse preferences, values and needs of our patients, carers and community.	Executive Director Operations	<ul style="list-style-type: none"> <li>• The NSLHD CAPE Team are leading the development and implementation of the Consumer remuneration process in collaboration with our consumer advisors across our hospitals and services.</li> <li>• The NSLHD PARVAN service has commenced the development of a daytime bookable clinic for victims of domestic violence to access psychosocial medical and forensic response and support.</li> <li>• PARVAN have also completed an evaluation of the CPCS service.</li> </ul>	 Achieved (BAU Ongoing)	<ul style="list-style-type: none"> <li>• NSLHD CAPE Team to implement the Consumer remuneration process.</li> <li>• NSLHD CAPE Team to update the NSLHD Partnering with our Community Procedure to include the remuneration process.</li> <li>• NSLHD CAPE Team to develop a Recruitment, Onboarding and Orientation document for Consumer Advisors.</li> <li>• HKH, RNSH &amp; Ryde to commence day-only surgery models for orthopaedics and ENT.</li> <li>• PARVAN to document a clinic model for the daytime bookable clinic.</li> <li>• PARVAN to finalise the evaluation tool for CPCS and implement this across our services.</li> </ul>
1.2.3 Provide holistic and trauma-informed healthcare, linking together physical and psychological health.	Executive Director Operations  Director Mental Health Drug and Alcohol	<ul style="list-style-type: none"> <li>• MHDA is committed to the implementation of the ACI Trauma-informed care in Mental Health Services Across NSW Framework. This is led and coordinated by the Recovery Oriented Practice Committee (ROPC).</li> <li>• Following the pilot of the Service Self-Assessment Tool, the ROPC made a recommendation to the MHDA Clinical Council for the rollout of the tool across MHDA which was endorsed.</li> <li>• The ROPC has developed a Service Self-Assessment Tool guide and a presentation for key sector/service leaders.</li> <li>• The Physical Health Care Clinical Redesign Project has been convened to identify opportunities for improvement and implement a plan to address these.</li> <li>• MHDA has made "Beyond Self Care: Vicarious Trauma and Resilience Strategies" training available to all MHDA staff through 22/23FY. Principles of trauma-informed care are incorporated.</li> <li>• Macquarie Hospital Wellbeing Unit staffing has been temporarily</li> </ul>	 On Track	<ul style="list-style-type: none"> <li>• Deliver the Service Self-Assessment Tool presentation to identified key leadership groups across MHDA. The aim will be to provide every sector and team with the context, information about the Framework and the Self-Assessment Tool. It will also provide an opportunity for discussion and input to inform ongoing support and monitoring structures to enable teams to engage in a meaningful and effective way to support localised change.</li> <li>• ROPC to finalise the guide and support structures/processes as informed by the presentation meetings.</li> <li>• Commence rollout of Service Self-</li> </ul>

		<ul style="list-style-type: none"> <li>enhanced to increase physical health screening</li> <li>Mental Health Pathways in Practice (MHPiP) has been rolled out across NSLHD. This includes a module on trauma informed care.</li> <li>Brief Intervention Clinics provide early intervention and better support for adults with emerging personality disorders and their families.</li> <li>The North Shore Ryde Acute Care Teams Physical Health Clinic aims to improve the health of consumers on a long-acting injectable antipsychotic medication by conducting physical health screening and assessment.</li> <li>Trauma Sensitive Family Practice workshops for MHDA clinicians are routinely held 2-3 times each year</li> <li>The "Healthy hearts healthy minds" exercise group commenced in the Lower North Shore community targeting 18-30-year-old consumers.</li> <li>The Healing Garden at MQH was completed in 2023.</li> <li>PARVAN have commenced an integrated ICARE clinic in partnership with Community Paediatrics, PARVAN Staff Specialists and PARVAN psychosocial staff to provide integrated and wholistic care to children who experienced sexual assault and is not within forensic timeframes.</li> </ul>		<ul style="list-style-type: none"> <li>Assessment Tool and action.</li> <li>Drug and Alcohol - Ongoing provision of supervision to trained staff in DBT for next 6 months.</li> <li>Endorse the AMHDA Model of Care.</li> <li>HASI/CLI re-engagement work.</li> <li>PARVAN to develop ICARE brochures and streamline documentation and record-keeping processes.</li> </ul>
<p>1.2.4 Partner with Aboriginal and Torres Strait Islander Health to fully engage staff in the Aboriginal Workforce and the NSW Health Respecting the Difference initiative to improve cultural awareness and ensure the provision of respectful, responsive and culturally sensitive health services to Aboriginal and Torres Strait Islander people.</p>	<p>Director Aboriginal and Torres Strait Islander Health</p> <p>Executive Director People and Culture</p>	<ul style="list-style-type: none"> <li>Planning in collaboration with Murrumbidgee LHD on hold for an Aboriginal and Torres Strait Islander Grad Start Program. Further discussion in future to clarify logistics and placements.</li> <li>Completion of the NSW Health Aboriginal Cultural Engagement Self-Assessment Audit Tool (ACESAAT), NSLHD, overall has completed a district-level audit with 84% compliance in comparison to 2022 results with a compliance rate of 77%. Of the total 100 audits completed (LHD -1, Facilities - 9 and Ward - 90), the average compliance rate of NSLHD is 89%.</li> <li>Staff completion rates of Respecting the Difference (RTD) face to face compliance is on track. Completion rates have increased from 58.44% as at 30 June 2023 to 62.98% as at 31 Dec 2023. 986 NSLHD employees complete the face-to-face RTD module between 1<sup>st</sup> July 2023 - 31<sup>st</sup> December 2023.</li> <li>Compliance strategies to increase uptake have been implemented through additional focused sessions for Junior Medical Officers (JMO), Visiting Medical Officers (VMO) and Doctors with current working VISA's Further additional sessions are established to be presented to senior leadership teams and directors. E.g., RTD face to face session held at Royal Rehabilitation Centre Ryde, to the Board of Directors.</li> <li>Encouragement of eLearning completion has occurred through the distribution of reminder NSLHD memos to staff on behalf of the Executive Director, Aboriginal &amp; Torres Strait</li> </ul>	 <p>On Track</p>	<ul style="list-style-type: none"> <li>Annually continue with NSW Health Aboriginal Cultural Engagement Self-Assessment Audit Tool across the district to analyse compliance and highlight areas of concern.</li> <li>Extend aim to increase face to face RTD compliance to 65% by 1<sup>st</sup> July 2024.</li> <li>Continually encourage eLearning and face to face training for RTD through district communications i.e. NSLHD Bulletin.</li> <li>Continue to hold and support Aboriginal and Torres Strait Islander-led events across the District to improve cultural awareness.</li> <li>The NSLHD PARVAN Service to hold a 'Day on Country' for all staff to attend.</li> <li>The PARVAN Service to have the PARVAN Aboriginal and Torres Strait Islander Plan endorsed by the Aboriginal and Torres Strait Islander Health Service.</li> </ul>

Islander Health & Workforce for eLearning RTD completion. RTD eLearning has also been advertised through corporate communications in the weekly NSLHD bulletin.

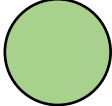


- The NSLHD Executive Unit attended a workshop led by the NSLHD Aboriginal and Torres Strait Islander Health Service. The workshop included a tour of Berry Island Reserve, as well as a conversation about the impacts of colonisation.
- Regular Cultural supervision has commenced for all PARVAN Service staff.
- PARVAN have commenced a review of the Sexual Assault Services (SAS) Aboriginal and Torres Strait Islander Action Plan with an agreement to expand this to a whole of PARVAN Service plan.

<p>1.2.5 Reduce health disparities for diverse community groups including Aboriginal and Torres Strait Islander people, people from a CALD background, people who identify as LGBTIQ+, people with a disability and people living with mental illness.</p>	<p>Executive Director Clinical Governance and Patient Experience</p> <p>Director Aboriginal and Torres Strait Islander Health</p> <p>Director Mental Health Drug and Alcohol</p> <p>Director Primary and Community Health</p> <p>Executive Director Allied Health</p>	<ul style="list-style-type: none"> <li>• NSLHD DIAP Committee reviews data on the number of staff who completed training about disability and adjustments on My Health Learning.</li> <li>• The NSLHD CAPE team collaboratively developed a social media tile in partnership with consumer advisors from culturally and linguistically diverse backgrounds, youth representatives and our Aboriginal and Torres Strait Islander Health Service. Within a month of the launch in October 2023, the NSLHD CAPE Team received fifteen enquires to join NSLHD as a consumer advisor.</li> <li>• Eight new consumers have joined NSLHD, of which two identify as from CALD background and one consumer identifies as having a disability.</li> <li>• HKH have completed a concept design for the provision of a Yarning Circle as a dedicated, culturally safe space for our Aboriginal and Torres Strait Islander consumers and staff.</li> <li>• Co-designed Facebook tile in development. 'Hey You Mob Help Us Improve Your Health Service' pamphlet providing foundations for the creation of tile.</li> <li>• Culturally safe internal and external environments are on track. Family rooms have been established at RNS, HKH and Ryde, with additional rooms at those facilities to be allocated.</li> <li>• Increase of the AHW and AHP workforce is on track. An additional Aboriginal Liaison Officer (ALO) has been recruited to, and an additional 3 AHP is being budgeted for within the next financial budget.</li> </ul>	 <p>On Track</p>	<ul style="list-style-type: none"> <li>• NSLHD CAPE Team leading the initiative for NSLHD Respecting the Difference training to become mandatory for NSLHD Consumer Advisors</li> <li>• NSLHD CAPE Team will continue to lead the recruitment strategy using social media to increase CALD, YOUTH, Disability and Aboriginal and Torres Strait Islander consumer advisors to join NSLHD.</li> <li>• Identify strategies in collaboration with the NSLHD LGBTIQ+ Project Officer to increase LGBTIQ+ consumer advisors.</li> <li>• PACH are developing a plan for Child Youth and Family Services to partner with Tibetan families in NSLHD.</li> <li>• LGBTIQ+ Leadership education services will commence at HKH in February 2024</li> <li>• HKH to commence construction of the Yarning Circle.</li> <li>• HKH to develop a staff education video on Disability Access.</li> <li>• HKH to commence the "Staying In, Stayin Deadly" project in the Emergency Department to reduce 'discharge against medical advice' and 'did not wait' performance in Aboriginal and Torres Strait Islander consumers.</li> <li>• PARVAN to finalise the NSLHD PARVAN LGBTIQ+ Action Plan, and ensure service staff will have all completed appropriate training.</li> </ul>
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- Establishment of committees and planning groups for Aboriginal & Torres Strait Islander cultural groups i.e. Aboriginal & Torres Strait Islander Women's Health & Wellness Day.

### 1.3 Increase health literacy to support informed decisions about healthcare

Actions	Reporting Director/s	Progress Commentary	Tracking	Future (next 6 months) plans
1.3.1 Embed health literacy including digital health literacy into our education and communication.	Chief Digital Health Officer  Executive Director Clinical Governance and Patient Experience	<ul style="list-style-type: none"> <li>• The NSLHD Health Literacy Consumer Resource Group was re-convened in 2023.</li> <li>• NSLHD CAPE Team have improved the Consumer and Community participation page on the NSLHD website to ensure it is easy to find and navigate.</li> <li>• The NSLHD Digital Health Service (DHS) is driving digital health literacy through promoting Cyber awareness across the District via mailouts, handouts and presentations at committee meetings.</li> <li>• Cyber Fundamental training modules have been made mandatory by the Chief Executive for NSLHD staff.</li> <li>• The Nursing and Midwifery Digital Health Framework is being embedded into leadership courses facilitated by Nursing and Midwifery NSLHD.</li> </ul>	 On Track	<ul style="list-style-type: none"> <li>• NSW Health Statewide Health Literacy Hub will be announced in early 2024.</li> <li>• Further initiatives are planned to raise Cyber awareness of digital health systems including:               <ol style="list-style-type: none"> <li>1. Email campaigns to all staff including resource documents from eHealth Security team.</li> <li>2. Regular Committee meeting presentations</li> <li>3. Regular On-Site information stalls at major sites</li> <li>4. Regular table top exercises</li> <li>5. Promotion of Cyber Training modules in MHL</li> <li>6. Cyber sessions at NSLHD Orientation Days</li> <li>7. Participation in various working groups</li> <li>8. Promotion of regular national awareness activities (i.e. October Cyber Security Awareness Month; Scams Awareness week in November annually)</li> </ol> </li> </ul>
1.3.2 Work with our Consumer and CALD Advisory Groups to ensure that education material and health related information is readily available, up to date, easy to understand, and is written in accessible languages and formats.	Executive Director Clinical Governance and Patient Experience  Director Primary and Community Health	<ul style="list-style-type: none"> <li>• The NSLHD CAPE Team made a submission to HETI to request an online Health Literacy Education package to be developed.</li> <li>• Digital Health Services have implemented an iPharmacy Multilingual Medilist, which transcribes medication profile information for CALD consumers into their own language.</li> <li>• 10 consumer reports have been completed to update resources for CALD consumers accessing PACH services.</li> <li>• HKH have improved communications with our CALD patients, including a translated patient food menu for our CALD community.</li> <li>• Ryde Hospital are continuing to provide bereavement information booklets translated into five top CALD languages.</li> </ul>	 Achieved (BAU Ongoing)	<ul style="list-style-type: none"> <li>• HETI decision pending regarding NSLHD's request for an online Health Literacy Education package to be developed.</li> <li>• PACH to develop a staff resource on tips to writing health-related information from a CALD perspective.</li> <li>• HKH to review real time patient feedback following the development of translated patient menus by June 2024.</li> <li>• PARVAN to develop a Service Brochure and Pregnancy Family Conferencing (PFC) resources for consumers.</li> </ul>
1.3.3 Use clear and easily understood language and communication tools when communicating with	Executive Director Clinical Governance and Patient Experience	<ul style="list-style-type: none"> <li>• NSLHD CAPE Team have re-established the NSLHD Health Literacy Resource Group.</li> <li>• Since re-establishing the group, they have been involved in               <ul style="list-style-type: none"> <li>○ Reviewing PPG documentation</li> </ul> </li> </ul>	 Achieved	<ul style="list-style-type: none"> <li>• NSLHD CAPE Team to continue to raise the profile of staff using the consumer tick process and the Hemingway app</li> </ul>





patients, carers and their families.


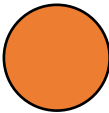
- Co-design of patient facing documents (BAU Ongoing)
- Updating consumer advisor position description
- Ryde Hospital commenced a trial of patient food menus translated into five CALD languages in November 2023.


for developing resources for consumers.

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

Actions	Reporting Director/s	Progress Commentary	Tracking	Future (next 6 months) plans
1.4.1 Ensure that patient and carer experience and feedback is used to improve services and models of care	Executive Director Clinical Governance and Patient Experience	<ul style="list-style-type: none"> <li>● Real Time Patient Experience (RTPES) survey dashboard enhancements occurred in August 2023.</li> <li>● The NSLHD PRM Team completed a review of the program in July-August 2023. This included meeting with service managers and staff and reviewing HOPE data for patient reported measures. The findings of the review have informed the priorities below:               <ul style="list-style-type: none"> <li>○ Prioritise implementation based on clinical value and feasibility.</li> <li>○ Develop NSLHD Patient Reported Measures Policy/Guideline</li> <li>○ Work closely with service teams to ensure there is understanding of the purpose and goals of implementation, prevention of unnecessary survey burden.</li> </ul> </li> <li>● NSLHD CAPE Team changed the reporting format of the NSLHD Thematic Analysis 2022-2023 to include feedback from patients captured through RTPES, PRM, ims+ compliments and complaints.</li> </ul>	 Achieved (BAU Ongoing)	<ul style="list-style-type: none"> <li>● NSLHD PRM Team to lead the development NSLHD Patient Reported Measures Policy/Guideline to articulate roles and responsibilities, service expectations, data governance, and evaluation.</li> <li>● NSLHD CAPE Team to Introduce Patient/Consumer stories into NSLHD committee agendas.</li> <li>● NSLHD CAPE Team to collaborate with NSLHD sites and facilities on recommendations highlighted in the NSLHD Thematic Analysis 2022-2023 to identify key improvement projects related in the area of clinical care, treatment, and safety in particular the sub themes of co-ordination of patient care and examination and treatment.</li> </ul>
1.4.2 Involve patients, carers, consumers and the community in the planning, design, implementation and evaluation of services, processes and models of care.	Executive Director Clinical Governance and Patient Experience	<ul style="list-style-type: none"> <li>● The NSLHD CAPE Team have streamlined processes for NSLHD Consumer Advisors to engage in co-design activities.</li> <li>● The NSLHD CAPE Team lead and facilitated the NSLHD Consumer Advisor Evaluation and Feedback Survey in November 2023. The survey questions are designed to establish the feedback from NSLHD consumers on their experiences and satisfaction of engagement with NSLHD.</li> <li>● The NSW Health All of Us Framework has been added to policies and the NSLHD Intranet for staff to refer to when planning consumer advisor activities.</li> <li>● Delivery of safety and quality learning and capability programs for staff (Safety and Quality Essentials Pathway) that promote the importance and value of partnering with consumers in improvement activities.</li> <li>● During the implementation of Comprehensive Care Plan, a consumer pamphlet was created with the Health Literacy committee and in conjunction with consumers in empowering patients on information on their goals of care during a hospital stay.</li> <li>● Graythwaite Rehabilitation Centre is currently undergoing a quality improvement project to improve communication with patients and</li> </ul>	 Achieved (BAU Ongoing)	<ul style="list-style-type: none"> <li>● NSLHD CAPE Team will report on the outcome of the Consumer Advisor Evaluation and Feedback Survey November 2023 to the appropriate committees (e.g., NSLHD Board Consumer Committee, NSLHD CAPE Committee)</li> <li>● Will be evaluated along with the Comprehensive Care Plan solution</li> </ul>

families around maintenance care including consumer advisory on project group.

<p>1.4.3 Extend patient, carer and community engagement to areas including patient safety, quality improvement, education, ethics and research.</p>	<p>Executive Director Clinical Governance and Patient Experience</p>	<ul style="list-style-type: none"> <li>The inaugural NSLHD Safety and Quality Consumer and Staff Forum in October 2023 brought together healthcare professionals, staff members, and consumers for a day of presentations, panel discussion and networking opportunities.</li> <li>The NSLHD CAPE team continues to focus on priorities from the Consumer Forum held in 2022 i.e., NSLHD Consumer Advisor Recruitment Strategy (see strategic objective 1.2.5) and NSLHD Education Package (see strategic objective 1.2.1).</li> </ul>	 <p>Achieved (BAU Ongoing)</p>	<ul style="list-style-type: none"> <li>NSLHD CAPE Team are collecting additional insights from both our consumers and staff to ascertain the potential format of future forums. This process will also involve determining when, or whether, any upcoming forums should be scheduled, with a potential time frame of two to three years from now.</li> </ul>
<p>1.4.4 Seek genuine engagement to co-design culturally safe services and care that reflects and addresses the needs of a diverse community.</p>	<p>Executive Director Clinical Governance and Patient Experience</p>	<ul style="list-style-type: none"> <li>NSLHD CAPE Team to continue to seek opportunities to partner with CALD, Disability, Aboriginal and Torres Strait Islander community and Youth representatives.</li> </ul>	 <p>Delayed</p>	<ul style="list-style-type: none"> <li>Aim to Establish a consumer advisor hub (i.e., pool of consumers from diverse backgrounds). This step may assist to develop and strengthen partnerships with consumers from diverse and disability backgrounds who may not have the availability to be a member of a committee and/or working group.</li> </ul>

Strategic Outcome 1 Essential Metrics					
Measure	Target	Actual	Tracking	Progress Comment	
<u>Overall Patient Experience Index (Number)</u>	≥ 8.7	8.45	 Underperforming	<p>The adult admitted patients overall patient experience index has been performing above the set benchmark consistently since Apr-Jun-2022 however it has fallen slightly this last quarter (Apr-Jun 2023) leaving NSLHD in the underperforming range. ED meeting target.</p>	
Adult admitted patients	≥ 8.6	8.68			

<u>Patient Engagement Index (Number)</u> Adult admitted patients Emergency department	≥ 8.7* ≥ 8.5	8.38 7.73	 Underperforming	<p>The adult admitted patient engagement index has fluctuated between performing and underperforming for the last 5 reporting periods. The last quarter Apr-Jun 2023 has seen NSLHD underperforming. The biggest drop in engagement was patients not feeling well enough for discharge however the largest increase in responses was people thinking they were given enough information to manage care at home.</p> <p>The emergency department patient engagement index KPI is rated as not performing. This reporting period Apr-Jun 2023 has seen the lowest score for the previous twelve months. The themes of communication and discharge planning are evident in the patient comments, which correlate with themes identified in NSLHD Thematic Analysis June 2022 to May 2023.</p>
Mental Health Consumer Experience: Mental Health consumers with a score of Very Good or Excellent (%)	≥ 80%	73.15%	 Underperforming	<p>When incorporating the 'Good' response, the rating for MHDA increases to 94% for the same period.</p> <p>This data represents the period July to December 2023.</p>
Patient-reported Experience Measure surveys with a score of Very Good (%)	≥ 70%	94.4%	 Performing	<p>This data is for the 160 Outpatient PREM surveys that were completed during the period 1 July 2023 to 31 December 2023.</p>
Aboriginal and Torres Strait Islander identification in Emergency Department reporting (%)	≥ 90%	-	 Underperforming	<p>A review is underway to improve performance for this metric.</p>
Aboriginal Culture: Respecting the Difference all-staff training completion (%)	≥ 60%	62.98% face to face  73.86% eLearning	 Performing	

\*Target amended to reflect the 2023/24 Service Agreement between the Secretary, NSW Health and Northern Sydney Local Health District.



# Strategic Outcome 2: Safe, high quality connected care

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

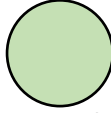
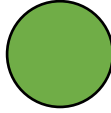

## 2.1 Make safety and quality fundamental to everything we do

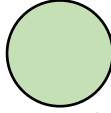
Actions	Reporting Director/s	Progress Commentary	Tracking	Future (next 6 months) plans
2.1.1 Embed a safety and quality culture across NSLHD to reinforce that 'safety and quality is everyone's responsibility'.	Executive Director Clinical Governance and Patient Experience	<ul style="list-style-type: none"> <li>Delivery of safety and quality learning and capability programs for staff (Safety and Quality Essentials Pathway) that promote the importance and value of partnering with consumers in improvement activities.</li> <li>Patient Safety Culture Survey (PSCS) 2023 results indicate that overall, 73% of staff rate patient safety as 'very good' or 'excellent' and 89% would recommend friends or relatives to be treated by our health service. All factors of safety culture have improved since 2021.</li> <li>All facilities/services have received their results PSCS results for review and the development of action plans as required.</li> </ul>	<p>Achieved (BAU Ongoing)</p>	<ul style="list-style-type: none"> <li>Commence Cohort 2 (23 staff) 2024 Applied Safety and Quality Program in Feb 2024 (refer to strategic objective 2.1.3 for further detail).</li> </ul>
2.1.2 Prioritise the Speaking Up For Safety program to encourage all staff to feel empowered to speak up to prevent unintended patient harm.	Executive Director People and Culture	<ul style="list-style-type: none"> <li>Speaking up for Safety training continues to be implemented across the district with 6600 staff trained as at Jan 2024.</li> <li>Speaking up for Safety Training has been implemented across the whole LHD.</li> <li>The Safe Behaviours Together program has been rolled out to two hospitals with two more identified for 2024.</li> <li>A renewed communication plan is in place to ensure all staff are informed about the intent of the program and the usage of the portal.</li> </ul>	<p>On Track</p>	<ul style="list-style-type: none"> <li>Continue Speaking up for Safety training across the District.</li> <li>Safe Behaviours Together at MVH and MHDA to be launched by the end of 2024.</li> </ul>
2.1.3 Support the delivery of safe, high quality care by empowering and educating staff, and promoting greater engagement in quality improvement initiatives.	Executive Director Clinical Governance and Patient Experience	<ul style="list-style-type: none"> <li>Safety and Quality Essentials Pathway – Cohort 1 (13 graduates) completed the 12-month NSLHD Applied Safety and Quality Program (adept-level capability). Throughout Jul-Dec 2023, 4x Improvement Science workshops (intermediate level) were delivered with 47 participants trained.</li> <li>A survey to identify training requirements for medical staff has been completed. An action plan is being developed.</li> <li>Awards and recognition in safety and quality:               <ul style="list-style-type: none"> <li>1 winner and 3 other finalist NSLHD teams were recognised at the 2023 NSW Health Awards</li> <li>1 finalist NSLHD team was recognised at Premier's Health Awards</li> </ul> </li> </ul>	<p>Achieved (BAU Ongoing)</p>	<ul style="list-style-type: none"> <li>Cohort 2 (23 staff) 2024 Applied Safety and Quality Program to commence in February 2024.</li> <li>Introduce a new intermediate training (Readiness to Lead for Safety and Quality) to complement Improvement Science workshops.</li> <li>Continue to increase participation rates in Foundational offerings.</li> <li>Partner with Directors of Medical Services to design a medical staff specific curriculum.</li> <li>Delivery of the 2024 NSLHD Quality and</li> </ul>

- Two winning and one highly commended NSLHD team were celebrated at the Australian Council on Healthcare Standards
- 1 NSLHD winner at the 2023 NSW Multicultural Health Communication Awards.

Improvement Awards – planned for June 2024.

## 2.2 Provide high quality care that delivers good clinical outcomes

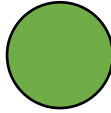
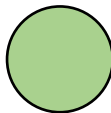
Actions	Reporting Director/s	Progress Commentary	Tracking	Future (next 6 months) plans
2.2.1 Ensure decision making is underpinned by research and evidence.	Executive Director Operations	<ul style="list-style-type: none"> <li>• HKH have undertaken Clinical Analytics-led initiatives that have improved Operating Theatre efficiency, length of stay performance and management of maintenance patients.</li> <li>• Ryde Hospital have introduced blanket dietetics referrals for all patients admitted post-fall based on latest research support link with malnutrition and falls.</li> </ul>	 On Track	<ul style="list-style-type: none"> <li>• HKH to undertake an analysis of performance against benchmarks to ensure sustainability.</li> <li>• The updated NSLHD Clinical Service Plan (CSP) 2023 - 2028 will be released and informed by research and evidence. The CSP will guide service development, inform decision making and inform local plans over the next five years.</li> <li>• PACH will complete the rollout of the NSW Health Sustained Health Home Visiting program for vulnerable families using an evidenced based program.</li> <li>• RNSH to implement a plan for the new Clinical Trials Centre following recruitment of a Project Lead.</li> </ul>
2.2.2 Enhance systems to monitor and evaluate quality of care and outcomes.	Executive Director Clinical Governance and Patient Experience	<ul style="list-style-type: none"> <li>• Successful local transition to EDWARD, a cloud based and provides centrally calculated KPIs and a baseline of standard data and tools for NSW Health LHDs.</li> <li>• Power form for colonoscopies that enables data to be completed directly on EMR and be pulled into the new dashboard for reporting against the clinical care standard has been sourced from WSLHD. This is currently under production and is due to go live in February 2024.</li> <li>• To ensure accuracy of HACs data the Clinical Governance Unit has been working with the Coders to improve data collection.</li> </ul>	 Achieved (BAU Ongoing)	<ul style="list-style-type: none"> <li>• NSLHD submitted a brief to WSLHD CE requesting access to information to duplicate WSLHD's colonoscopy dashboard which supports reporting against the Colonoscopy Clinical Standard. WSLHD have agreed to share the information. Consultation will commence in February 2024 to progress the build.</li> <li>• Review of the Demand and Capacity Modelling to establish required district response to ensure the clinical care standard is met, as indicated in the draft NSLHD Clinical Services Plan 2023-2028.</li> </ul>
2.2.3 Develop evidence-based care pathways across services, providers and settings.	Executive Director Operations	<ul style="list-style-type: none"> <li>• Digital Health Services continues to develop eMR digital PowerPlans and Careplans to encourage evidence-based care of patients, linked directly to local policies, procedures and guidelines. This translation of policy supports our workforce in providing high level healthcare consistently.</li> </ul>	 Achieved (BAU Ongoing)	<ul style="list-style-type: none"> <li>• Continued collaboration between the Clinical Governance Unit and Directors of Nursing and Midwifery, Medicine, Allied Health and Pharmacy to ensure continued adherence to local policies and procedures.</li> </ul>

		<ul style="list-style-type: none"> <li>• HKH, RNSH and MVH have improved the Geriatric Outreach service with additional hours of operation. ED avoidance strategies include: <ul style="list-style-type: none"> <li>○ HKH-direct referrals from NSW Ambulance, GP Practices, and residential aged care facilities.</li> <li>○ HKH provides an acute care service within the persons residence (including diagnostics).</li> </ul> </li> <li>• HKH have developed a successful business case and governance structures for the operations of a simulation centre.</li> <li>• PARVAN have completed an expansion of the integrated Referral Management Early Response team to streamline the provision of integrated trauma informed care pathways into services.</li> <li>• The NSLHD Virtual Care Service and the NSLHD Hospital in the Home service have developed and implemented a cardiothoracic pathway for post-operative management.</li> </ul>		<ul style="list-style-type: none"> <li>• HKH, RNSH and MVH to consolidate enhanced Geriatric Outreach services across NSLHD by increasing service hours to Monday – Friday 8am – 8pm. Strengthening key stakeholder relationships with community partners to increase avoidance of admissions.</li> <li>• Simulation Centre at HKH to be operational before 30 June 2024.</li> <li>• NSLHD Virtual Care Service is expanding to other surgical conditions as part of hospital substitution strategy.</li> </ul>
2.2.4 Ensure clinical care and services are both effective and delivered efficiently with a focus on eliminating unwarranted clinical variation and low-value care.	<p>Executive Director Clinical Governance and Patient Experience</p> <p>Executive Director Operations</p>	<ul style="list-style-type: none"> <li>• A Sepsis Clinical Care Standard gap analysis has been completed and a NSLHD guideline has been developed.</li> <li>• A NSLHD guideline has been developed for the Anaphylaxis Clinical Care Standard, with an implementation plan in progress.</li> <li>• Tools to facilitate implementation of the Anaphylaxis Care Standard such as Standing Orders have been developed.</li> <li>• HKH have undertaken a Clinical Redesign Project sprint reviewing maternity HACs.</li> <li>• The BRUSH Project reviewing and reducing Respiratory HACs at HKH.</li> <li>• A Falls Collaborative project has commenced at HKH. Early results indicate a reduction in Falls HACs.</li> <li>• The Safe Wards program commenced in Ward 4C at HKH in July 2023.</li> <li>• HKH has been successful in increasing the hospital's role delineation from level 4 to 5.</li> <li>• NSLHD have completed the transition to a new private medical imaging providing that has increased timeliness and completeness of imaging reports.</li> <li>• Ryde Hospital have implemented fortnightly MDT falls meetings. Early results indicate a reduction in falls and HACs at the site.</li> <li>• RNSH have completed clinical variation and cost analysis.</li> </ul>	 <p>On Track</p>	<ul style="list-style-type: none"> <li>• Implementation of the local sepsis guideline.</li> <li>• Implementation of the Anaphylaxis Care Standard and NSLHD guideline</li> <li>• HKH to complete an analysis of performance against benchmarks to ensure sustainability of improvement projects.</li> <li>• HKH to implement the Safe Wards program to other general medicine wards.</li> <li>• HKH to initiate The Productive Operating Theatre program.</li> <li>• RNSH to implement a Palliative Care Admitted Service at the site.</li> <li>• PACH to complete rollout of Emergency Community Navigators to reduce readmissions.</li> </ul>
2.2.5 Deliver care to patients that is holistic and considers their home, social situation, and other conditions to support their recovery	Executive Director Operations	<ul style="list-style-type: none"> <li>• Day Chemotherapy Services commenced at HKH in August 2023.</li> <li>• Ryde Hospital have continued increased Allied Health weekend cover (post evaluation of winter strategy).</li> </ul>	 <p>On Track</p>	<ul style="list-style-type: none"> <li>• HKH to commence 3rd Dialysis shift (PM) in February 2024.</li> <li>• NSLHD to commence HealthPathways for social prescribing in Northern Sydney.</li> </ul>

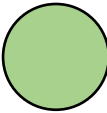
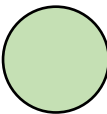
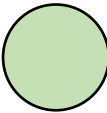
and reduce risk of readmission.


- NSLHD have commenced a partnership with the Sydney North Health Network (Primary Health Network) for social prescribing.
- RNSH have completed a comprehensive safety project to proactively support patients at risk of long stay and care delivery issues.
- Home Dialysis delivered by RNSH provides treatment to patients unable to attend the clinic.
- RNSH ImpACT Redesign project: Transforming the Perioperative Journey to commence.
- RNSH to implement a Palliative Care Admitted Service.

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



Actions	Reporting Director/s	Progress Commentary	Tracking	Future (next 6 months) plans
<p>2.3.1 Develop alternative models of care including rapid assessment and early review clinics.</p>	<p>Executive Director Operations</p>	<ul style="list-style-type: none"> <li>• The realignment of the NSLHD Virtual Care Service and NSLHD Hospital in the Home Services was successfully completed in July 2023, leading to significant improvements in patient outcomes. This includes an increase in the number of patients treated, a reduction in the average length of stay, and a decrease in the readmission rate.</li> <li>• The NSLHD Virtual Long COVID Service was established in May 2023, offering virtual consultations to patients in the comfort and convenience of their own homes.</li> <li>• In partnership with Community Paediatrics, PARVAN have implemented the I-CARE clinic – a planned bookable clinic for children who were victims of sexual assault and not eligible for the 24/7 response at RNSH.</li> <li>• Critical Care Overbed Network cameras are being discussed with Digital Health Services with existing systems to be used as a backup.</li> <li>• Digital Health Services are currently preparing 73 “ECAT” emergency care protocols and HIRAID assessments, co-designed by the ACI to deliver faster assessment and treatment of patients in ED by accredited nursing staff.</li> </ul>	 <p>Achieved</p>	<ul style="list-style-type: none"> <li>• NSLHD Virtual Care Service and Hospital in the Home service to develop a centralised intake model to streamline patient access and improve service coordination.</li> <li>• NSLHD Virtual Care Service and Hospital in the Home service to enhance the assessment processes and clinic reviews for patients at HKH, aiming to elevate patient care quality and efficiency.</li> <li>• PARVAN to document the ICARE model and resolve data collection and documentation issues.</li> <li>• RNSH ImpACT Redesign project- Transforming the Perioperative Journey to commence.</li> <li>• Digital Health Services to implement the Emergency Car Protocols and HIRAID assessments.</li> </ul>
<p>2.3.2 Ensure hospital avoidance and early discharge is supported by community teams and home-based care as well as the use of virtual care.</p>	<p>Executive Director Operations</p>	<ul style="list-style-type: none"> <li>• In August 2023, HKH commenced a Rehabilitation in the Home model of care.</li> <li>• The NSLHD Virtual Care Service has introduced referral pathways, including a dedicated pathway for cardiothoracic patients. The Virtual Physiotherapy Service has been launched, further expanding our comprehensive care offerings. The Service is now managing over 90 new referrals each month, contributing to early hospital discharge initiatives and promoting efficient patient recovery.</li> <li>• The AvoidED Ambulance Referral Pathway was launched in December 2023, which is currently receiving an average of 25</li> </ul>	 <p>On Track</p>	<ul style="list-style-type: none"> <li>• Analysis of patient feedback and outcomes to ensure sustainability of the Rehabilitation in the Home model of care.</li> <li>• Enhance the existing models of care through the NSLHD Virtual Care and Hospital in the Home Services, ensuring a more effective and integrated approach to patient treatment.</li> <li>• Boost awareness and referral numbers from the NSW Ambulance Service as a key component of the hospital avoidance strategy, aiming to streamline emergency care and reduce</li> </ul>



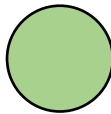
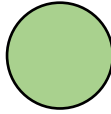
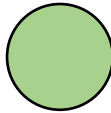
		<ul style="list-style-type: none"> <li>referrals per month with an avoidance rate of 65.3%.</li> <li>The direction of the NSLHD Virtual Care Service has evolved from Day Only Laparoscopic Cholecystectomy and Hernia Repair surgeries to prioritising hospital avoidance and hospital substitution strategies. The Surgical Clinical Network remains committed to further enhancing the provision of Day Only Surgeries.</li> </ul>		<ul style="list-style-type: none"> <li>unnecessary hospital admissions.</li> <li>Implement the Palliative Care Virtual Navigator Service.</li> </ul>
2.3.3 Develop remote monitoring and digital applications to support recovery and rehabilitation at home.	<p>Executive Director Operations</p> <p>Chief Digital Health Officer</p>	<ul style="list-style-type: none"> <li>Digital Health Services continues to prepare the Engage Outpatients solution, which integrates referrals from primary health providers directly to our electronic medical record to increase timely access to specialist care for our consumers. Digital Health Services are progressing with an electronic prescribing vendor to support virtual care services in the provision of medications to patients through their regular community pharmacies. Aiming for delivery of this solution in early 2024.</li> <li>NSLHD have developed and implemented the Remote Patient Monitoring model of care for Heart Failure (RNS MACARF Team).</li> <li>NSLHD Operations is continuing to support the eHealth NSW-led Remote Patient Monitoring Design Working Group.</li> </ul>	 On Track	<ul style="list-style-type: none"> <li>Implement remote patient monitoring for the selected cohort of patients with chronic disease.</li> <li>Migration to new Remote Patient Monitoring platform: Virtual Health Platform.</li> <li>NSLHD Operations to explore new cohorts for RPM, including Aged Care, Hospital in the Home and Virtual Care Services.</li> </ul>
2.3.4 Support staff, patients and carers in accessing and using Telehealth and digital technologies, acknowledging the significant change for patients and clinicians.	<p>Executive Director Operations</p> <p>Chief Digital Health Officer</p>	<ul style="list-style-type: none"> <li>A number of SharePoint pages have been launched for staff to support Virtual Care adoption including the NSLHD Virtual Care Service, Telehealth, Remote Patient Monitoring, and eReferrals.</li> <li>NSLHD hosted a series of webinars during the 2023 Virtual Care Awareness Week.</li> <li>PARVAN have incorporated telehealth as one of the mediums for service delivery offered to clients where it has been assessed as safe to do so.</li> <li>Telehealth has been made BAU in PACH and currently 15% of patients seen in Telehealth.</li> </ul>	 On Track	<ul style="list-style-type: none"> <li>Ongoing development of support resources and quick reference guides for Virtual Care technologies – including Whispir and Remote Patient Monitoring.</li> </ul>
2.3.5 Adopt clinical guidelines to ensure appropriate patient selection for virtual care.	Executive Director Operations	<ul style="list-style-type: none"> <li>The NSLHD Virtual Care Service and the Long COVID Service have designed and implemented models of care that identify patient groups and establish robust clinical governance frameworks to ensure the quality and safety of care provided.</li> <li>Data analysis covering the past three years for Laparoscopic Cholecystectomy and Hernia Repair has been finalised and a preliminary guideline has been formulated.</li> </ul>	 On Track	<ul style="list-style-type: none"> <li>Develop and scale up contemporary NSLHD Virtual Care and Hospital in the Home Model of Care.</li> <li>The Surgical Network will persist in enhancing and scaling up the provision of same-day surgeries through collaborative efforts with NSLHD services.</li> </ul>

2.3.6 Ensure patient and carer experience and outcomes, together with clinician experience, are monitored to identify areas for improvements.	Executive Director Clinical Governance and Patient Experience	<ul style="list-style-type: none"> <li>Resources under development by NSLHD CAPE Team to support the development of NSLHD staff education package include: <ul style="list-style-type: none"> <li>Development of a Consumer Engagement Video (codesigned with consumers) (completed).</li> <li>MHL Patient Story module (in progress).</li> <li>Revision of Consumer Advisor Toolkit 2021-2023 (in progress).</li> </ul> </li> <li>NSLHD have established a process to obtain training data from Health Consumers NSW.</li> <li>NSLHD Operations continues to review virtual care Patient Reported Experience Measures on a monthly basis.</li> <li>NSLHD Virtual Care Patient Reported Experience Measures data shared with the NSW Ministry of Health for a state-wide analysis.</li> </ul>	 <p>Achieved (BAU Ongoing)</p>	<ul style="list-style-type: none"> <li>The NSLHD CAPE Team to develop a staff education package to empower staff to better partner with consumers on quality improvement projects (co-designed with consumers).</li> <li>The NSLHD CAPE Team will obtain baseline data from staff to establish an evaluation and improvement measure for the staff education package.</li> <li>Redesign to be undertaken of the Aged Care Rapid Response Teams Patient Reported Experience Measures survey to include clinician and carer experience.</li> <li>Review of 2023 MyVirtualCare Patient Reported Experience Measures.</li> </ul>
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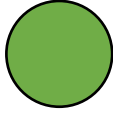
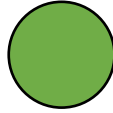
## 2.4 Patient care is seamless across providers, services and settings


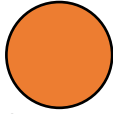

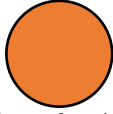
Actions	Reporting Director/s	Progress Commentary	Tracking	Future (next 6 months) plans
2.4.1 Support digital integration across all care providers including primary care and non-healthcare providers to ensure relevant patient information is accessible to support safe and consistent care.	Executive Director Operations  Chief Digital Health Officer	<ul style="list-style-type: none"> <li>Digital Health Services continues to prepare the Engage Outpatients solution, which integrates referrals from primary health providers directly to our electronic medical record to increase timely access to specialist care for our consumers.</li> <li>HKH commenced its Digital Health Committee.</li> <li>eReferrals was expanded by another 120 services in August 2023.</li> <li>eReferrals has been rolled out across appropriate services in PACH.</li> </ul>	 <p>Achieved (BAU Ongoing)</p>	<ul style="list-style-type: none"> <li>Digital Health Services is currently preparing an HL7 MFA project, which will create integration with all GP software across NSW, rather than only those that are manually requested. This will improve the delivery rates of our discharge summaries, where currently ¼ fail to be received by a GP.</li> <li>NSLHD to convene the NSLHD AI Council 2024.</li> <li>eReferrals to continue to expend to additional services in March 2024.</li> </ul>
2.4.2 Ensure discharge planning prepares the patient and their carer and enables a smooth transition across providers, in particular general practice and other community or home-based care providers.	Executive Director Operations	<ul style="list-style-type: none"> <li>RNSH have implemented the Patient Delivered Handover with significant improvement in patient's involvement in the handover process.</li> <li>RNSH have implemented the RNSH Comprehensive Safety Pilot.</li> <li>Selected units at RNSH have implemented the Discharge Information Integration project to improve the discharge process.</li> </ul>	 <p>Achieved (BAU Ongoing)</p>	<ul style="list-style-type: none"> <li>Patient centred handover is to be included in mandatory training commencing this year. This embeds practice into ongoing education and ward routines.</li> <li>To ensure continuity of practice, the patient surveys will be repeated in six months, and ongoing periods of random observation. This is to ensure shift-to-shift handover continues to comply with the minimum standards of handover.</li> <li>The Clinical Handover Nursing Bedside shift - to-shift QARS audit will be completed in May and September 2024 to ensure compliance is</li> </ul>

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

Actions	Reporting Director/s	Progress Commentary	Tracking	Future (next 6 months) plans
2.5.1 Develop and maintain a comprehensive service directory of available services across NSLHD that can be accessed by patients and the community.	Executive Director Media and Communications Chief Digital Health Officer	<ul style="list-style-type: none"> <li>In collaboration with ICT, a service directory has been developed as part of the new NSLHD website. More than 205 services have entries in the directory which contains information on each service, contacts and helpful information such as what to bring, referrals and directions.</li> <li>MHDA have recently started adding their services to the directory.</li> </ul>	 On Track	<ul style="list-style-type: none"> <li>The service directory will continue to be maintained and updated.</li> <li>MHDA have 33 services which are being added to the service directory.</li> </ul>
2.5.2 Improve the patient and carer experience offering electronic booking of appointments and smart scheduling to align multiple appointments, options for telehealth, and the inclusion of their primary care provider or other care providers in the appointment.	Executive Director Operations Chief Digital Health Officer	<ul style="list-style-type: none"> <li>Digital Health Services continues to prepare the Engage Outpatients solution, which integrates referrals from primary health providers directly to our electronic medical record to increase timely access to specialist care for our consumers.</li> </ul>	 On Track	<ul style="list-style-type: none"> <li>Digital Health Services is also exploring other applications (e.g., MedConsult) which could further improve the transitions of care between primary healthcare providers and our LHD services.</li> </ul>
2.5.3 Improve accessibility for people where physical attendance is difficult.	Executive Director Operations	<ul style="list-style-type: none"> <li>The Ryde Hospital Redevelopment design has encased adherence to all code requirements ensuring facility is full accessible.</li> <li>Work continues to implement the GSA report at Ryde Hospital. Further consultation is required to develop recommendations applicable to all NSLHD facilities.</li> </ul>	 On Track	<ul style="list-style-type: none"> <li>The Ryde Diversity, Inclusion and Belonging Committee will review the recommendations and prioritise them for implementation, as well as identifying which will be delivered with the redevelopment.</li> <li>Recommendations that are applicable to all NSLHD facilities will be reviewed by the NSLHD Disability Employee Network.</li> </ul>

## Strategic Outcome 2 Essential Metrics

Measure	Target	Actual	Tracking	Progress Comment
<b>Harm-free admitted care: (Rate per 10,000 episodes of care)</b>				The system performance is meeting the updated 2023-2024 Ministry of Health targets for the listed HACs.
Hospital acquired pressure injuries	≤ 6.7*	4.2	 Performing	
Healthcare associated infections	≤ 155.0*	128.7		
Hospital acquired venous thromboembolism	≤ 12.0*	9.8		
Hospital acquired delirium	≤ 60	52.5		
<b>Emergency Department Presentations treated within benchmark times (%)</b>				
Triage 1: seen within 2 minutes	100%	100%	 Performing	
Triage 2: seen within 10 minutes	≥ 80%*	82%		
Triage 3: seen within 30 minutes	≥ 75%*	75%		

<p>Transfer of Care (ToC) – Patients transferred from ambulance to the Emergency Department ≤ 30 minutes (%)      ≤ 90%</p>	<p>87%</p> <p> Underperforming</p>	<p>Across NSLHD, the following strategies are in place to improve performance:</p> <p>HKH have implemented ambulance offload to waiting room protocol, utilisation of short stay models with ED Short Stay Unit (EDSSU). HKH are also exploring ED utilisation of Transit Unit with reverse flow strategy to assist ED offload capacity.</p> <p>RNSH have enhanced links with NSLHD Virtual Care and Hospital in the Home Services to increase hospital avoidance and maximise hospital substitution initiatives. RNSH are also currently undertaking a review of ToC bed processes and developing a ToC improvement plan. A review of 18 months of ToC data at RNSH will identify any themes and challenges for improvements.</p> <p>RNSH hold twice-daily escalation meetings to review and support flow as well as weekly huddles with the Division of Medicine Operations Manager, Ambulance Liaison Officer and ED NUM to improve awareness of ToC as a priority, reduce &lt;10min ToC breaches, facilitate plan to manage current and avoid potential ToC breaches.</p>									
<p><b>Elective Surgery Overdue – Patients (Number)</b></p> <table border="0"> <tr> <td>Category 1</td> <td>0</td> <td>0</td> </tr> <tr> <td>Category 2</td> <td>0</td> <td>12</td> </tr> <tr> <td>Category 3</td> <td>0</td> <td>38</td> </tr> </table>	Category 1	0	0	Category 2	0	12	Category 3	0	38	<p> Underperforming</p>	<p>As at December 2023. This is a 92% reduction from December 2022.</p> <p>Regular surgical meetings to discuss challenges and strategies to achieve outcomes remain ongoing. All remaining 2023 surgical lists have been finalised.</p> <p>Collaboration with private operators for clinically appropriate patients remains ongoing.</p> <p>Internal LHD transfers from A1 facility to non-tertiary facilities where possible and clinically appropriate. Internal reallocations of theatre resources continue.</p> <p>Additional resources have been provided to the waitlist team to assist with increased workload and demand.</p>
Category 1	0	0									
Category 2	0	12									
Category 3	0	38									
<p><b>Unplanned Hospital Readmissions: all unplanned admissions within 28 days of separation (%)</b></p> <table border="0"> <tr> <td>All persons</td> <td>Reduction on previous year</td> <td>0.1%</td> </tr> <tr> <td>Aboriginal persons</td> <td>Reduction on previous year</td> <td>-1.2%</td> </tr> </table>	All persons	Reduction on previous year	0.1%	Aboriginal persons	Reduction on previous year	-1.2%	<p> Performing</p>	<p>Data July – November 2023 compared with Jul – Nov 2022.</p>			
All persons	Reduction on previous year	0.1%									
Aboriginal persons	Reduction on previous year	-1.2%									
<p><b>Unplanned and Emergency Re-Presentations</b></p> <table border="0"> <tr> <td>All persons</td> <td>Reduction on previous year</td> <td>0%</td> </tr> <tr> <td>Aboriginal and Torres Strait Islander patients</td> <td>Reduction on previous year</td> <td>0.7%</td> </tr> </table>	All persons	Reduction on previous year	0%	Aboriginal and Torres Strait Islander patients	Reduction on previous year	0.7%	<p> Underperforming</p>	<p>Continued focus on Aboriginal and Torres Strait Islander patients with the “Stayin Stayin Deadly” project with the commencement of an after-hours Aboriginal Liaison Officer to support and guide patients and clinical teams in discussions to support decision making.</p>			
All persons	Reduction on previous year	0%									
Aboriginal and Torres Strait Islander patients	Reduction on previous year	0.7%									

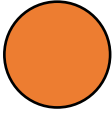
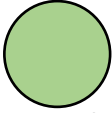
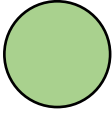
\*Target amended to reflect the 2023/24 Service Agreement between the Secretary, NSW Health and Northern Sydney Local Health District.



# Strategic Outcome 3: Keeping people healthy and well

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

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

Actions	Reporting Director/s	Progress Commentary	Tracking	Future (next 6 months) plans
3.1.1 Enable a renewed focus on primary prevention activities to keep people healthy and prevent hospitalisation.	Director Planetary and Population Health	<ul style="list-style-type: none"> <li>Evaluation of the 'Health Promotion Decider' checklist which guides cost-effective population health action has been delayed as tool use will be maximised in FY25 planning, which occurs in the next reporting period.</li> </ul>	 Delayed	<ul style="list-style-type: none"> <li>Evaluate use of tool and report on outcomes.</li> </ul>
3.1.2 Invest in early detection and intervention to reduce the development and impact of chronic disease to enable people to remain well in the community.	Executive Director Operations  Director Planetary and Population Health	<ul style="list-style-type: none"> <li>Ongoing delivery of additional falls prevention (Stepping On) and healthy lifestyle classes for older people as per Sydney North Network funding grant agreement.</li> <li>Influences on Physical Activity Needs Assessment: Patterns &amp; Preferences in 'Midlife' (50-65 years) completed.</li> <li>The Planned Care for Better Health (Chronic and Complex Care Coordinators in Northern Sydney Home Nursing Service) program continues to identify patients at risk of hospitalisation early delivery care coordination and care navigation in the community.</li> </ul>	 On Track	<ul style="list-style-type: none"> <li>Deliver remaining additional Stepping On falls prevention, and Healthy Lifestyle Tone and Balance classes for older people as per Sydney North Network funding grant agreement.</li> <li>Provide additional Stepping On classes to CALD and Social Housing residents in NSLHD.</li> <li>PACH to commence rollout of the Enhanced Supportive Care Program to keep chronic care patients at home for longer.</li> <li>Roll out of outcomes dashboard for coordinators of the Planned Care for Better Health Program.</li> </ul>
3.1.3 Maintain high rates of immunisation and vaccination, particularly for children and high risk groups such as the elderly and people with chronic disease.	Director Public Health  Director Planetary and Population Health	<ul style="list-style-type: none"> <li>Overdue children from new nominated low coverage SA3 being followed up.</li> <li>Consultation on the impact of the implementation of the electronic consent process commenced with a sample of High Schools.</li> <li>Initial consultation with Residential Aged Care Facilities about maximising COVID-19 boosters commenced.</li> </ul>	 On Track	<ul style="list-style-type: none"> <li>Review Australian Immunisation Register data quality issues and their impact on the reporting on local vaccination rates.</li> <li>Provide additional resources to schools to maximise electronic consent uptake in the school based program.</li> <li>Support local Residential Aged Care Facilities to deliver flu and COVID-19 boosters prior to winter.</li> </ul>

- Digital Health Services have successfully integrated all immunisations administered across our inpatient hospital services with the Australian Immunisation Registry (AIR). This integration provides greater transparency of information between healthcare settings.

3.1.4 Plan and prepare to protect our population from communicable diseases, pandemics and other environmental threats to health.

Director Public Health

- The COVID-19 team has been integrated into an expanded Communicable Disease Team.
- NSLHD obligations for the follow-up of communicable diseases notified under the Public Health Act has been achieved.
- Large number of Residential Aged Care Facility respiratory outbreaks (COVID, Influenza & RSV) effectively managed.
- Environmental Health Regulatory responsibilities discharged under the Public Health Act. Multiple Health Risk Assessments conducted on hazards with potential health implications conducted
- Business Continuity Management Systems implementation continues into the strategies and procedures phase.
- Business Continuity Procedures have been completed for a number of engineering, fire, security services and provision of service for critical care areas.
- Re-validating the Business Impact Assessments and now transitioning the continuity plans for acute and sub-acute inpatient services provisions of service.



- Explore information technology strategies to increase efficiency of notifiable disease follow up e.g. HealthLink messaging, automated outbreak follow-up surveillance.
- Continue to provide input into the review of communicable disease follow up guidelines to ensure Public Health Unit resources are efficient and effectively used.
- Ensure systems are in place to provide an appropriate local response to Public Health emergencies as required by updated NSW Health policy directives.
- Advocate for appropriate statewide regulatory changes informed by the output of the Legionnaires working group led by NSLHD.
- Completion of continuity plans for inpatient services with the progression of Business Continuity Plans for critical infrastructure and support services.

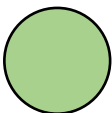
3.1.5 Strengthen communication and partnerships internally and with primary and community providers such as the Sydney North Health Network to increase

Executive Director Operations

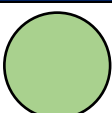
- HKH conducted a local GP awareness session for the provision of Medical Imaging Services at



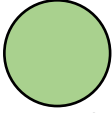

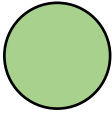
- HKH to repeat local GP engagement sessions.
- Targeted engagement of high referring (to ED and non-admitted services)


awareness of available services, reduce duplication and address gaps in services.		<p>the hospital. 60 local GPs attended the event.</p> <ul style="list-style-type: none"> <li>The Ryde Hospital Redevelopment has connected with community providing information and updates via letter drops and door knock, provided information via email, Redevelopment team attendance at community groups including rotary meeting active redevelopment consumer group and Ryde Hospital Consumer participation group.</li> </ul>		<p>through joint NSLHD and PHN programs such as Collaborative Commissioning and quality improvement initiatives</p> <ul style="list-style-type: none"> <li>Focus on increasing quality and frequency of communication to GPs for patients receiving specialist medical care in Outpatient clinics.</li> <li>Expanding the GP newsletter to all NSLHD with highlights on key services and collaboration opportunities.</li> </ul>
3.1.6 Increase utilisation of evidence-based metrics to measure success of our population health programs.	Director Planetary and Population Health	<ul style="list-style-type: none"> <li>Local Australian Early Development Census data will now be considered within the development of a broader Population Health Promotion equity framework which is now underway.</li> </ul>	 On Track	<ul style="list-style-type: none"> <li>Commence development of Population Health Promotion Equity Framework to strengthen equity considerations across all program areas.</li> <li>Publish our Alcohol-related Harms Costing Model, developed in partnership with Deakin &amp; USYD, to support agencies to use economic evidence in their submissions in response to new liquor licence applications and other policies that impact their local community.</li> </ul>

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

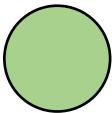
Actions	Reporting Director/s	Progress Commentary	Tracking	Future (next 6 months) plans
3.2.1 Facilitate healthy eating and active living among our community as well as minimising tobacco use and alcohol intake.	Director Planetary and Population Health	<ul style="list-style-type: none"> <li>“Drink Less. Live More.” bus back and social media campaign, targeting women aged 35-59 years within NSLHD, reached approx. 1,077,034 people and 776 link clicks to the campaign website.</li> <li>NSLHD Vaping Information Hub (webpage) is now live. It collates evidence and resources to support young people, families, and schools.</li> <li>Contributed to state-wide consultations relating to revamped Get Healthy Service. Updated promotional resources available from December.</li> <li>Statewide programs continued to be delivered in primary schools, early childhood centres, school canteens and NSLHD families via the Live Life Well @</li> </ul>	 On Track	<ul style="list-style-type: none"> <li>Launch ‘Drink Less. Live More.’ Campaign for men aged 35-54 within NSLHD.</li> <li>Increase number of primary schools engaging with LLW@S (baseline 30%).</li> <li>Analyse data obtained from the 2023 NSLHD Vaping Survey, report on findings and use data to inform future strategic direction.</li> <li>Get Healthy in Pregnancy in-service to Hornsby Hospital midwives and program information/resources disseminated across NSLHD.</li> </ul>



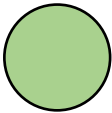
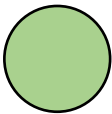
		<p>School, Go4Fun and Munch &amp; Move programs.</p> <ul style="list-style-type: none"> <li>3 additional NSLHD primary schools now meet the NSW Healthy School Canteen Strategy (total 52%). Crunch &amp; Sip program implemented in 76% of primary schools (+1.2% from previous reporting period).</li> </ul>		
3.2.2 Partner with local government and non-government organisations to improve connectedness across communities and reduce the impact of social isolation.	<p>Executive Director Operations</p> <p>Executive Director Office of the Chief Executive</p>	<ul style="list-style-type: none"> <li>Enhanced monitoring and reporting of Ministerially Approved Grant agreements with non-government organisations via the online PORTT system has been implemented in NSLHD.</li> <li>A partnership review and heat map have been completed to identify opportunities for further partnerships with local government and non-government organisations that provide health and community services within the NSLHD catchment.</li> </ul>	 <p>On Track</p>	<ul style="list-style-type: none"> <li>Review Ministerially Approved Grant agreements due to expire in the current financial year and complete performance assessments.</li> <li>Updated agreements to be drafted pending advice from the Minister for Health.</li> </ul>
3.2.3 Provide programs in the settings where people live, learn, work, and come together.	<p>Director Planetary and Population Health</p>	<ul style="list-style-type: none"> <li>2,502 older adults participated in physical activity/falls prevention programs: Healthy Lifestyle, Healthy and Active for Life Online, or Stepping On.</li> <li>6 local sporting clubs partnered with NSLHD in 2023 to address domestic and family violence (DFV) and contributing factors via the Grand Stand Program. Results: DFV education delivered to 77 club players and representatives; 5/6 clubs achieved Gold standard accreditation with Good Sports which supports stronger club management and support with AOD and mental health; 471 community members participated in game-day awareness raising activities.</li> </ul>	 <p>On Track</p>	<ul style="list-style-type: none"> <li>Engage at least one new sporting club into the primary prevention initiative, 'Grand Stand against Domestic Abuse Program' for the 2024 season.</li> <li>Collaborate with the NSLHD Child and Youth Family Health Service to run Lunch &amp; Learn webinars for Educators working in Early Childhood Educations and Care services.</li> </ul>
3.2.4 Increase use of virtual care programs that people can access at their convenience.	<p>Executive Director Operations</p>	<ul style="list-style-type: none"> <li>Draft NSLHD Virtual Care Framework in final consultations to be endorsed by March 2024.</li> </ul>	 <p>On Track</p>	<ul style="list-style-type: none"> <li>Implement the NSLHD Virtual Framework, focusing on funding and delivery of highest value opportunities across the District.</li> <li>Progress towards the NSLHD Service Level Agreement 2023/24 target</li> </ul>

<p>3.2.5 Promote health literacy and provide access to information in a variety of formats and languages that encourages healthy behaviours and increases community awareness of risk factors for disease.</p>	<p>Executive Director Operations</p>	<ul style="list-style-type: none"> <li>Plan developed for translation of healthy eating and active living video resources for early childhood and primary school in consultation with consumers.</li> </ul>	 On Track	<ul style="list-style-type: none"> <li>Commence consultation with Chinese community to inform translation/cultural appropriateness of healthy eating and active living video resources for early childhood and primary school.</li> </ul>
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### 3.3 Improve health outcomes for vulnerable and priority populations

Actions	Reporting Director/s	Progress Commentary	Tracking	Future (next 6 months) plans
<p>3.3.1 Promote the best start to life from pregnancy through to five years, through:                      Implementation of the NSW Government Brighter Beginnings - the first 2000 days of life initiative and the NSW Health The First 2000 Days Framework                      Roll-out of state-wide Health Promotion programs including Munch &amp; Move for all early childhood services                      Increased access to support services for children, young people and adults who are victims of violence, abuse or neglect through the Prevention and Response to Violence Abuse and Neglect (PARVAN) program.</p>	<p>Executive Director Operations                       Director Planetary and Population Health</p>	<ul style="list-style-type: none"> <li>65 antenatal education and support classes delivered to 1451 expectant parents with 100% participant satisfaction maintained.</li> <li>Evaluation Framework developed with ethics approval for 'Small Bites for Big Steps (SBBS)': a suite of eLearning modules and videos empowering Educators in the First 2000 Days.</li> <li>428 (+5 from FY23 baseline) Early Childhood Education and Care Services (approx. 14,000 children) supported through the Munch and Move Program.</li> <li>Development of post-natal breastfeeding survey for participants of evening Breastfeeding education sessions is experiencing a delay due to the prioritisation of addressing a drop in class enrolments.</li> <li>As part of the Brighter Beginnings the Pregnancy Family Conferencing (PFC) Program has been expanded across the district, including funding to employ a PFC Coordinator.</li> <li>PARVAN has increased its capacity to provide response to children who have experienced a recent sexual assault locally (in business hours and some out of hour's coverage). Reduction in need for children to be sent to the Children's Hospital Randwick.</li> </ul>	 On Track	<ul style="list-style-type: none"> <li>Maintain delivery of 12 varied programs for expectant RNSH parents, including piloting of new Birthing &amp; Parenting Intensive Program.</li> <li>Develop an online breastfeeding educational session for parents returning to work.</li> <li>Commence evaluation of 'Small Bites for Big Steps' initiative.</li> <li>Increase number of Early Childhood Education and Care Services embedding Munch &amp; Move (Baseline: 58%).</li> <li>HKH to implement a patient safety education program in maternity unit.</li> <li>PFC facilitator model will be defined and operationalised by PARVAN.</li> <li>Increased PARVAN service response available out of hours to children who have experienced a recent sexual assault.</li> <li>PARVAN to implement the new statewide Adult Survivor Program across the district.</li> <li>PARVAN to provide a 24/7 integrated medical and psychosocial response to adult victims of domestic violence and children who are suspected to have experienced physical abuse or neglect.</li> <li>PACH to continue steering committee meetings, planning and consultation for the Brighter Beginnings Preschool Developmental Checks program.</li> <li>PACH to finalise planning and consultation for delivery of the Sustaining NSW Families Program.</li> <li>PACH to host the inaugural First 2000 Days Forum in partnership with the Sydney North Health Network.</li> </ul>

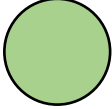
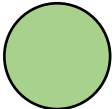
- The I-CARE clinic (in partnership with community paediatrics) is now in place for children who have experienced a sexual assault and not eligible for access to the 24/7 response provided through RNSH.
- PARVAN implemented the Safe Wayz Program for children under ten with problematic sexualised behaviours.
- PACH have commenced the Brighter Beginnings Developmental Checks program the will use an equity and multi-disciplinary model of care approach with a single point of entry targeting preschools with higher levels of vulnerability.
- RNSH maintained delivery of 12 varied programs for expectant RNSH parents throughout the reporting period.
- A review of Child Protection Counselling Services (CPCS) service delivery was conducted against NSW Health policy and resulted in a quality improvement project to achieve no wait list for CPCS moving forward.

3.3.2 Work in partnership with our Aboriginal and Torres Strait Islander community to reduce inequities and Close the Gap.	Director Aboriginal and Torres Strait Islander Health	<ul style="list-style-type: none"> <li>• The health needs of the Aboriginal and Torres Strait Islander community have been considered and the employment of an additional ALO operating from Wednesday – Sunday inclusive to advocate for Aboriginal and Torres Strait Islander patients and clients and to ensure social, emotional and cultural support and safety is being provided.</li> </ul>	 On Track	<ul style="list-style-type: none"> <li>• Uptake PREMS and PROMS within NSLHD Aboriginal &amp; Torres Strait Islander Health Service to strengthen partnerships with community and allow the service to strengthen our services where additional support is required.</li> <li>• Employ an Aboriginal Health Practitioner for the district to better meet the health needs of the community and met Ministry of Health KPI's.</li> <li>• Implementing the 'Stayin in, Staying Deadly within MOC at HKH and RNSH to reduce DAMA.</li> </ul>
3.3.3 Work with the community, peer workers, and mental health services to promote mental health and wellbeing through: Implementation of the NSW Health Towards Zero Suicide initiatives Prevention and early intervention, with a focus on children and young people	Executive Director Operations  Director Mental Health Drug and Alcohol	<ul style="list-style-type: none"> <li>• NSW Health have provided funding to enhance the PACER program for the Northern Beaches area to meet community demand and to refine the</li> </ul>	 On Track	<ul style="list-style-type: none"> <li>• Service enhancements for youth to be delivered by December 2024 including: Safe Haven at Brookvale, the Consultation Liaison Service for NSLHD facilities, and the expansion of Northern Beaches Police</li> </ul>

<p>Greater focus on community-based care Improved integration between mental health and other providers.</p>	<p>Director Planetary and Population Health</p>	<p>model of care to better target &amp; cover for drug &amp; alcohol along with mental health issues including care for youth in the region.</p> <ul style="list-style-type: none"> <li>• The PACER model centres on a dedicated joint police and mental health response (the latter as secondary response activated by police), targeted to times of greatest demand and offering on site and telephone mental health assistance.</li> <li>• The Alcohol and Other Drugs Consultation, Assessment, Care &amp; Intervention for Adolescents Team commenced operations in 2023.</li> <li>• Safe Haven opened in October 2023 at Macquarie Hospital. This provides a non-clinical space where young people experiencing suicidal thoughts can be supported by peer workers and mental health professionals. This service was completed as part of the Towards Zero Suicide Initiative.</li> <li>• In December 2023 an Expression of Interest for Integrated Youth Services between Child and Youth Mental Health Service and Headspace has been submitted to NSW Health to improve access to Mental Health Services for vulnerable populations within NSLHD.</li> <li>• Implementation of the Parent Child Mental Health Program has commenced and will enhance the Perinatal Infant Mental Health Service provision by addressing service needs gaps for parent or care givers with significant mental health needs who are pregnant or looking after infants and young children.</li> <li>• Youth gambling exposure research, Not Kids Business conducted with two NSLHD high schools, engaging 365 Year 10</li> </ul>	<p>Ambulance Clinical Early Response (PACER) service.</p> <ul style="list-style-type: none"> <li>• Implement the “Not Kids Business” initiative exploring minors' exposure to gambling in 3 NSLHD high schools.</li> <li>• 80 % of positions in the Alcohol and Other Drugs Consultation, Assessment, Care &amp; Intervention for Adolescents Team have been recruited to.</li> <li>• Program development for Aftercare and de-escalation package for Aboriginal and Torres Strait Islander youth.</li> <li>• Not Kids Business' data analysed and findings report produced.</li> <li>• Contribute to local government-led Northern Sydney Region Youth Strategic Planning, via representation on the working group.</li> </ul>
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students, with 205 participating as citizen scientists. Student photo submissions (Phase 1) collated and analysed.

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

Actions	Reporting Director/s	Progress Commentary	Tracking	Future (next 6 months) plans
<p>3.4.1 Enhance strategic engagement with key external partners, including local government, the Sydney North Health Network, and other organisations.</p>	<p>Executive Director Operations</p>	<ul style="list-style-type: none"> <li>The Frailty in Older people: Rehabilitation, Treatment, Research Examining Separate Settings (FORTRESS) in liaison with the Sydney North Health Network has been completed at HKH.</li> <li>NSLHD conducted joint disaster training sessions Major Incident Medical Management Systems and participated in multidisciplinary exercises to enhance the deployment capability coordinated by the Sydney North Health Network.</li> <li>PARVAN have established a District Police Health Interagency Collaborative Meeting to address Domestic violence and sexual assault issues.</li> <li>PARVAN have also established regular meetings between NSLHD and the Department of Communities and Justice NSW to address joint issues and improve collaborative relationship.</li> <li>Post exercise after action review informed the development the joint district and Sydney North Health Network tasking orders for evacuation centres. These protocols will proceed into the endorsement phase with the Department of Communities and Justice NSW.</li> </ul>	 <p>On Track</p>	<ul style="list-style-type: none"> <li>FORTRESS+ has been partially funded through a grant from the NORTH Foundation. The initiative extends on study intervention and provides participants with Exercise Physiologist interventions in the community and aims to measure the effect of the ongoing provision of support when patients are discharged.</li> <li>PARVAN to formalise escalation pathways between the Department of Communities and Justice NSW and NSLHD.</li> <li>PARVAN to invite key Department of Communities and Justice NSW representatives to present at relevant NSLHD meetings.</li> </ul>
<p>3.4.2 Leverage our existing network of internal partners to provide a coordinated response to emerging population health challenges.</p>	<p>Executive Director Operations  Director Planetary and Population Health</p>	<ul style="list-style-type: none"> <li>Population Health Network endorsed Population &amp; Planetary Health position on the use of e-cigarettes for cessation.</li> <li>HKH - Contributed to the local council master plan including</li> </ul>	 <p>On Track</p>	<ul style="list-style-type: none"> <li>Population Health Network has agreed to explore Equity Framework, vaping, First 2000 Days</li> <li>HKH - Scope the impact of the Hornsby council masterplan to the provision of hospital-based services i.e. paediatric, maternity, dialysis and cancer.</li> </ul>

engagement and feedback session.

3.4.3 Work with partners to create inclusive public spaces which will facilitate physical activity, social wellbeing and environmental health.

Director Planetary and Population Health



- Data collection stage completed for the Highs and Lows citizen science research project on healthy higher density living.
- Collaborative partnerships have been formed with the 9 local councils in Northern Sydney, Macquarie University and The University of Sydney.
- 2023 Healthy Food and Drink Framework audits indicate that 68% of NSLHD outlets audited were meeting 100% of the practices.



- Analyse The Highs and Lows data and produce findings report.
- Commence a project to incorporate First Nations cultural routines/stories in to our NatureFix Wellness Zones/Trails.
- Complete the 2024 Healthy Food and Drink Framework audits.
- Finalise the LGA Liveability Summary Reports for our partner councils.

### Strategic Outcome 3 Essential Metrics

Measure	Target	Actual	Tracking	Progress Comment
School-aged children within a healthy weight range – maintain (%)	≥ 83%	83.6%	Performing	Source: MoH 4-year rolling data (2018-2021).
Smoking rates – further reduce (%)	<6.5%	5.2%	Performing	Latest published data available is 2022.
Wellbeing – increase proportion of people (16 years and over) who rate their health as either excellent, very good or good (%)	<90%	88.6%		No published NSW Health data available since 2020 baseline of 88.6% (NSLHD). Awaiting response from MoH regarding the availability of new data.
Healthy ageing – increase participation in physical activity and risk reduction programs by (%)	≥10%	24%	Performing	
Get Healthy Information and Coaching Service – Get Healthy in Pregnancy Referrals (%)	100% (Annual volume target 1041*)	70%	Underperforming	Continued reduction in Maternity bookings across NSLHD impacted midwifery referrals. Revamp of Get Healthy service and transfer to new provider delayed opportunities for promotional activities.
Breastfeeding – increase rates of full breastfeeding for first months (%)	>84%	79%	Underperforming	Latest state level data available is 2021, indicating underperformance.
Children fully immunised at one year of age (%)	≥95%	94.7%	Underperforming	Most recent data from MoH: July 23 – Sept 23. There are known issues with the completeness of notifications to the Australian Immunisation Register, so it is apparent that NSLHD are in fact meeting target for this metric.

Domestic Violence Routine Screening – routine screens conducted (%)	≥70%	65%	 Underperforming	Data is for April – June 2023 (most recent available).  Maternity, Mental Health and Drug & Alcohol all achieved above the 70% KPI.  Child and Family Health have approved a simulation program be implemented with Child and Family Nurses to enhance nursing staff's capacity to increase confidence in screening and responding to indicators or disclosures of DV. This is through employment of an actor working in partnership with the PARVAN Educator. Four sessions are planned for the child and family nurses in the first half of this year.
NSW Health First 2000 Days Implementation Strategy – Delivery of the 1 – 4 week health check (%)	≥85%	81.9%	 Underperforming	Data is for July – September 2023.  Child, Youth and Family are working with MOH and eHealth to improve reporting as it still not identifying all children who have had their checks.

\*Target amended to reflect the 2023/24 Service Agreement between the Secretary, NSW Health and Northern Sydney Local Health District.



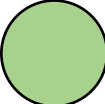




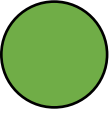
# Strategic Outcome 4: Our staff are engaged and well supported

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




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


Actions	Reporting Director/s	Progress Commentary	Tracking	Future (next 6 months) plans
4.1.1 Support the physical and psychological wellbeing of all staff, including volunteers, students, trainees and graduates, through a safe and supportive work environment, safe work practices, workload and leave management and access to wellness support programs.	Executive Director People and Culture	<ul style="list-style-type: none"> <li>Psychological Health and Safety Framework Project Manager to commence in January 2024.</li> <li>Review of enterprise risk register to establish distinct risk for psychosocial injury.</li> <li>Wellbeing plan delayed but progressing, funding from NSW Health was confirmed in December 2023 for position until June 2024.</li> <li>The HKH ED Wellbeing pilot is on track for completion in March 2024.</li> <li>The NSLHD Health Safety and Wellbeing Committee has been established.</li> <li>A review of the C-ART policy is underway.</li> </ul>	 Delayed	<ul style="list-style-type: none"> <li>Wellbeing plan published.</li> <li>Psychological Health and Safety Framework project to be launched.</li> <li>Sexual Harassment Action Plan to be initiated.</li> <li>C-ART policy review to be completed.</li> <li>RNSH ED Behaviours of Concern pilot to commence.</li> <li>Refresh of Violence Prevention and Management Training completed and new model implemented.</li> <li>HKH ED Wellbeing project to be evaluated.</li> <li>Review of the Employee Assistance Program to be completed.</li> </ul>
4.1.2 Demonstrate our CORE values and continue to build a culture that promotes collegiality and collaboration across internal and external stakeholders to provide cohesive and connected patient care.	Executive Director People and Culture  Executive Director Operations	<ul style="list-style-type: none"> <li>In partnership with the NSLHD Practice Development Team, HKH have completed a “concerns, complaints and issues process” in Operating Theatres.</li> <li>PARVAN is continuing focussed work to develop a positive and safe workplace culture underpinned by integration between medical and psychosocial staff and integration across and between the teams and services to provide cohesive connected care.</li> <li>The NSW Health CORE values and the NSW Health Code of Conduct continue to be embedded throughout recruitment, onboarding, orientation and leadership development.</li> <li>Proactive management of workplace grievances, and performance and behavioural issues continues.</li> </ul>	 Achieved (BAU Ongoing)	<ul style="list-style-type: none"> <li>HKH “concerns, complaints and issues process” to be repeated with an updated action plan.</li> <li>A Zero-Tolerance statement to be released by the Chief Executive NSLHD and Board Chair NSLHD in February 2024 including the District’s focus on its positive duty to prevent sexual harassment.</li> </ul>
4.1.3 Support staff to achieve a work life balance through mutually agreed flexible arrangements that are beneficial to all relevant stakeholders and suited to the context of delivering healthcare services.	Executive Director People and Culture	<ul style="list-style-type: none"> <li>Ryde Hospital have developed a Compressed work week for Nurse Manager and Nurse Unit Managers to support greater afterhours support and flexibility for staff.</li> <li>NSW Health guidelines on flexible working have been published and communicated to NSLHD staff.</li> <li>NSLHD P&amp;C team commenced build on flexible working</li> </ul>	 On Track	<ul style="list-style-type: none"> <li>Following the launch of the flexible working database tool, stage two of project will focus on supporting managers and staff to consider additional flexible working options where appropriate and increase uptake during 2024.</li> </ul>

database tool to provide oversight and data gathering on the uptake of the variety of flexible working options available at NSLHD – this will include the large number of temporary flexible employment arrangements already in place e.g., part-time working following parental leave.


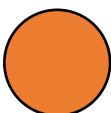
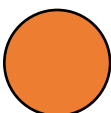

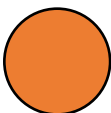
4.1.4 Cultivate a work culture where staff are kept informed, have access to information and are encouraged to be involved in developing solutions to improve services and processes.	Executive Director People and Culture	<ul style="list-style-type: none"> <li>• People &amp; Culture Intranet pages have been launched and continue to be enhanced.</li> <li>• PMES 2023 feedback and results have been provided to all hospital/service executive teams to evaluate and create action plans to improve communication, particularly between senior managers and frontline staff.</li> </ul>	 <p>Achieved (BAU Ongoing)</p>	<ul style="list-style-type: none"> <li>• Enhancement of the People and Culture Intranet site to improve access to information and resources for staff.</li> </ul>
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## 4.2 Ensure our workforce reflects the diversity in our community and our culture leverages diversity of thinking


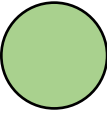

Actions	Reporting Director/s	Progress Commentary	Tracking	Future (next 6 months) plans
4.2.1 Promote diversity inclusion and belonging in the workplace to attract talented people from diverse backgrounds.	Executive Director People and Culture	<ul style="list-style-type: none"> <li>• The NSLHD Diversity Equity Inclusion and Belonging (DEIB) Council continues to steer and support activities to promote diversity inclusion in the workplace.</li> <li>• Continued implementation of the 2023-2027 Diversity Equity Inclusion and Belonging action plan.</li> <li>• Implementation of NSLHD's Aboriginal and Torres Strait Islander New Staff Welcome Orientation Checklist and linking with a mentor.</li> <li>• In 2023, the Chief Executive launched the NSLHD Youth Advisory Board to facilitate consultation and direct communication between youth staff representatives and the NSLHD Senior Leadership Team.</li> </ul>	 <p>Achieved (BAU Ongoing)</p>	<ul style="list-style-type: none"> <li>• The NSLHD DEIB Council governs implementation of the NSLHD DEIB Strategy which remains on track.</li> <li>• NSLHD will commence 3 apprenticeships funded via the NSW Public Sector 1000 Apprenticeships Program.</li> <li>• 5 intranet pages to be built for DEIB staff networks.</li> <li>• The Employee Value Proposition project continues with Allied Health focus for 2024.</li> </ul>
4.2.2 Ensure diverse representation in our leadership and decision making roles to inform policy development, service design and continuous improvement.	Executive Director People and Culture	<ul style="list-style-type: none"> <li>• Annual reporting of representation data for women in senior medical workforce.</li> <li>• The Barriers and Enabler project has commenced for the Advancing Women in Medical Leadership initiative.</li> <li>• The Youth Advisory Board have been involved in key committees including the NSLHD Planetary Health Committee and the NSLHD AI Council.</li> </ul>	 <p>Achieved (BAU Ongoing)</p>	<ul style="list-style-type: none"> <li>• 2023 Advancing Women in Medical Leadership Year in Review document to be released.</li> </ul>
4.2.3 Provide equitable opportunities to all under-represented groups in the workforce.	Executive Director People and Culture	<ul style="list-style-type: none"> <li>• All leadership development programs encourage applications from underrepresented groups from the workforce.</li> <li>• Job advertisements encourage application from underrepresented groups in the workforce.</li> <li>• Workplace adjustments procedure has been launched.</li> </ul>	 <p>Achieved (BAU Ongoing)</p>	<ul style="list-style-type: none"> <li>• Road show to promote application of the workplace adjustment procedure.</li> <li>• CALD mentoring network to be launched.</li> <li>• CALD scholarships to be launched.</li> </ul>

4.2.4 Provide access to culturally appropriate employee assistance and support programs.	Executive Director People and Culture	<ul style="list-style-type: none"> <li>Current Employee Assistance Program (EAP) enables staff to choose referral to specialist services that are culturally appropriate, including Aboriginal and Torres Strait Islander services and LGBTQI+ services.</li> <li>NSLHD are members of a range external diversity membership organisations such as: Pride in Diversity and the Australian Network on Disability, which enables staff to access a range of resources and education.</li> </ul>	 Achieved (BAU Ongoing)	<ul style="list-style-type: none"> <li>Expansion of EAP services has not progressed as broader EAP review needs to be undertaken in 2024.</li> </ul>
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### 4.3 Develop our talent and leadership capability across our workforce

Actions	Reporting Director/s	Progress Commentary	Tracking	Future (next 6 months) plans
4.3.1 Engage and empower our leaders and staff to role model our values with a focus on continually improving a person-centred and respectful culture of high performance.	Executive Director People and Culture	<ul style="list-style-type: none"> <li>Leadership development programs have been implemented including the Leadership Development Program for mid-tier managers (8 cohorts as of March 2024), and the Senior Leadership Development Program (SLDP) for senior managers.</li> </ul>	 Achieved (BAU Ongoing)	<ul style="list-style-type: none"> <li>These programs will continue to be rolled out and evaluated to ensure they remain key initiatives to develop an appropriate pipeline of leaders for NSLHD.</li> <li>Hospital and service leader rounding and initiatives are undertaken in support of PMES feedback from staff.</li> </ul>
4.3.2 Ensure leadership development strategies are aligned, valued, accessible and deliver measurable outcomes for our workforce and our organisation.	Executive Director People and Culture	<ul style="list-style-type: none"> <li>The NSLHD Leadership Advisory Board Terms of Reference were reviewed in June 2023.</li> <li>A new NSLHD Leadership Strategy is in development.</li> </ul>	 Delayed	<ul style="list-style-type: none"> <li>Finalise second NSLHD Leadership Strategy.</li> <li>Learning Needs Assessment and Analysis commences.</li> <li>Delivery of Inaugural Leadership Grand Round.</li> </ul>
4.3.3 Develop a pipeline of future clinical and non-clinical leaders to support promotion from within our organisation.	Executive Director People and Culture	<ul style="list-style-type: none"> <li>Leadership development programs have been implemented including the THRIVE Leadership Development Program for mid-tier managers, and the Senior Leadership Development Program (SLDP) for senior managers.</li> <li>District wide leadership development programs include emphasis on values, person-centricity and high performance</li> </ul>	 Delayed	<ul style="list-style-type: none"> <li>Succession management to be re-invigorated at NSLHD prioritising areas where roles are difficult to fill and women in medical leadership positions.</li> </ul>
4.3.4 Equip leaders with the necessary skills and capabilities for their roles.	Executive Director People and Culture	<ul style="list-style-type: none"> <li>People Manager Learning Pathway continues to be implemented.</li> </ul>	 Achieved (BAU Ongoing)	<ul style="list-style-type: none"> <li>People Manager Learning Pathway will be reviewed during 2024 redesign informed by LNA.</li> </ul>
4.3.5 Support leaders to guide our workforce to meet current and future demands of the health system through robust performance and development management processes.	Executive Director People and Culture	<ul style="list-style-type: none"> <li>Performance Development and Review (PDR) completion rates continue to be monitored and reported through the People and Culture Strategic Steering Committee.</li> </ul>	 Delayed	<ul style="list-style-type: none"> <li>PDR completion in Stafflink continues to be implemented.</li> <li>PDRs for new starters and timing for first PDR is under discussion.</li> <li>A PDR project is in development to incorporate PAT roll out for Reporting Entity, building manager capability and "PRIDE Online" for frontline teams.</li> </ul>



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

Actions	Reporting Director/s	Progress Commentary	Tracking	Future (next 6 months) plans
4.4.1 Provide continuous professional development opportunities essential for the delivery of safe, reliable, quality patient care.	Executive Director People and Culture	<ul style="list-style-type: none"> <li>Prepare for the opening of HKH SIM Centre first half of 2024.</li> <li>Compliance with mandatory and targeted training target consistently exceeded. NSLHD sits at 86% (target is 80%) as of January 2024.</li> <li>People and Culture delivered a range of educational programs to NSLHD clinical staff that promote the delivery of safe and reliable patient care e.g., basic life support training, clinical professional development days and skills training.</li> </ul>	 Achieved (BAU Ongoing)	<ul style="list-style-type: none"> <li>Establish a Learning Community of Practice.</li> <li>Maintain and exceed mandatory training obligations across the district for clinical staff.</li> <li>Continue to deliver a range of education programs for NSLHD clinical staff.</li> <li>Strengthen alignment with ODaC and SIM centre educational strategies.</li> <li>Open HKH SIM Centre.</li> </ul>
4.4.2 Support staff to be digitally capable through access to relevant information, communication and technology resources as well as training and ongoing support to maximise impact on patient and carer experience and outcomes, and improve staff work experience.	Chief Digital Health Officer	<ul style="list-style-type: none"> <li>Comments have been received on the draft Clinical Engagement Strategy and Plan is under development. This initiative focuses on engagement of staff and optimisation of our digital health workflows and collaboration tools.</li> </ul>	 On Track	<ul style="list-style-type: none"> <li>Endorsement and implementation of the Clinical Engagement Plan will provide an opportunity for staff to improve their digital health literacy.</li> </ul>
4.4.3 Encourage staff to achieve their full potential and be fulfilled at work through providing professional development and other opportunities for growth such as coaching, mentoring, career pathways, clinical supervision, secondments, acting arrangements and rotations.	Executive Director People and Culture  Executive Director Medical Services  Executive Director Nursing and Midwifery  Executive Director Allied Health	<ul style="list-style-type: none"> <li>Appointment of the Conjoint Professor Allied Health University of Sydney and Research Officer in partnership with the University of Sydney.</li> <li>56 Nurses and Midwives received coaching through the Nursing &amp; Midwifery Academy and NSLHD Nursing and Midwifery referrals.</li> <li>The NSLHD Executive Medical Director continues to be a key member of the Advancing Women in Medical Leadership programme and has provided members of this group the opportunity to present at the NSLHD Director Medical Services Meeting and facilitate the collection of anonymised data from the NSLHD Medical and Dental Appointments Advisory Committee.</li> <li>NSLHD Medical Services have worked closely with the site Directors of Medical Services to help facilitate leave entitlements for medical officers including access to maternity leave.</li> <li>NSLHD Medical Services will continue to provide support to the JMO units and Directors of Medical Services to help with recruitment and retention of Medical Officers within the District.</li> </ul>	 Achieved (BAU Ongoing)	<ul style="list-style-type: none"> <li>Continue implementation of PDR systems to support career development planning.</li> <li>Clinical supervision is an ongoing activity which will continue to take place across the District.</li> <li>The NSLHD Medical Administration team will continue to build on the work that has been done in the Advancing Women in Medical Leadership and NSLHD Board JMO Wellbeing Committee meetings. This will involve organising follow up meetings, acting on any actions allocated to the Medical Administration team and continuing our regular site visits / meetings with the Directors Medical Services and JMO representatives within NSLHD.</li> <li>In 2024, three JMO Forum meetings will be held which will provide JMOs an opportunity to meet with the Chief Executive and NSLHD Board to discuss matters relating to JMO Wellbeing.</li> <li>HETI Allied Health Reflective Supervision resources and workshops: Two information sessions completed with Allied Health Leadership Group in December 2023. Reflective Supervision Champions will be appointed by each discipline at each site, with Champions to attend Train</li> </ul>

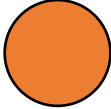
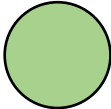
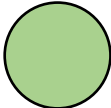
the Trainer sessions – options scheduled for February. Champions will then train supervisors within each department in the 2 HETI modules, ‘Laying the Foundations’ and ‘Overcoming Challenges’.

- Progress the launch of the Nursing and Midwifery Academy to embed the 6 pillars to increase access to the initiatives (leadership, mentoring, clinical supervision, preceptorship, coaching and facilitation).
- Engage the Nursing & Midwifery Person-Centred Care Showcase.
- Identify the 3 top nursing-sensitive HACs trending upwards and develop an action plan.

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


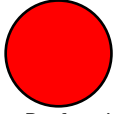
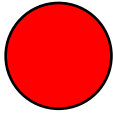
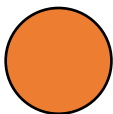
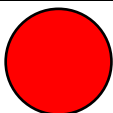
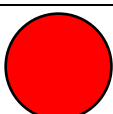
Actions	Reporting Director/s	Progress Commentary	Tracking	Future (next 6 months) plans
4.5.1 Enable and lead change, support and engage staff, and provide opportunities to take an active role in developing and implementing changes.	Executive Director People and Culture	<ul style="list-style-type: none"> <li>• NSLHD provides opportunities for our people to take an active role both at a team level and organisational level, via projects, research, development programs, committees and working groups, secondments, service development initiatives, consultation exercises and changes to models of care.</li> </ul>	 Achieved (BAU Ongoing)	<ul style="list-style-type: none"> <li>• Continue described actions and consider additional opportunities as they arise.</li> </ul>
4.5.2 Encourage innovations and improvements which positively impact patient experience and outcomes, organisational performance and workforce satisfaction.	Executive Director People and Culture  Executive Director Operations	<ul style="list-style-type: none"> <li>• The Exceptional People Awards will take place in March 2024 to celebrate individual and team-based achievements related to the 6 strategic priorities, through dedicated award categories.</li> <li>• Leadership development program participants are allocated improvement projects in groups, which aim to positively impact the organisation’s performance and employee satisfaction, whilst supporting the learning objectives of participants.</li> <li>• Safety and Quality awards recognises innovations and improvements that positively impact patient experience and outcomes.</li> <li>• Action planning and implementation following the patient safety culture survey promotes improvements.</li> <li>• The HKH Nursing and Midwifery Psychosocial Action Plan has been developed.</li> <li>• HKH have implemented a the team development program in the Medical Assessment Unit Ward titled: “THRIVE Together”.</li> <li>• A workload allocation tool has been developed clinical PARVAN staff.</li> <li>• RNSH have implemented the Patient Delivered Handover initiative with significant improvement in patient’s involvement in the handover process.</li> <li>• RNSH implemented the RNSH Comprehensive Safety Pilot.</li> </ul>	 Achieved (BAU Ongoing)	<ul style="list-style-type: none"> <li>• People and Culture will continue to support existing work in this area.</li> <li>• HKH will make updates to the Nursing and Midwifery Psychosocial Action Plan.</li> <li>• “Thrive Together” development program to be implemented in other wards at HKH.</li> </ul>

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

Actions	Reporting Director/s	Progress Commentary	Tracking	Future (next 6 months) plans
4.6.1 Embed workforce planning disciplines to build the future workforce profile and capability mix in clinical and non-clinical roles to meet the projected changes in patient demand and acuity.	Executive Director People and Culture	<ul style="list-style-type: none"> <li>Learning needs analysis exercise to commence.</li> <li>Additional resourcing to be identified before workforce planning process can be developed.</li> </ul>	 Delayed	<ul style="list-style-type: none"> <li>Policy Planning and IR Director appointment will support commencement of work to develop strategic workforce planning.</li> </ul>
4.6.2 Leverage technology to enable our workforce to meet the projected demands on the health system with a focus on the delivery of safe, reliable, quality patient care.	Chief Digital Health Officer	<ul style="list-style-type: none"> <li>Digital Health Services have worked in collaboration with eHealth NSW to successfully migrate NSLHD applications and servers to the NSW Government cloud service.</li> <li>Implementation of high priority recommendations from a holistic enterprise-wide network review conducted last year.</li> <li>Progression of the Digital Workspace Project which aims to build a responsive and adaptive organisation by enhancing the digital experience, improving access to information and providing the capability to effectively collaborate and communication within and across LHD departments and teams. Components include upgrading current digital platforms to Microsoft 365 (M365) including: - NSLHD Intranet Upgrade, SharePoint Team Sites, Video Conferencing Infrastructure, Collaboration, and communication platforms.</li> <li>The NSLHD Pilot Intranet was officially launched in July 2023.</li> <li>Digital Health Services successfully deployed Microsoft Teams across the organisation, including migration of users, devices (UC carts and meeting rooms), and accounts from Skype for Business to Microsoft Teams.</li> </ul>	 On Track	<ul style="list-style-type: none"> <li>NSLHD will work with the state-wide HGEN program for the planned and ongoing refresh of ICT infrastructure to ensure that the foundational ICT infrastructure across NSLHD remains robust, resilient, and future-ready for hospitals to provide the best possible healthcare. The next 6 months will see the Discovery, Design, Procurement and Readiness phases of the project allowing the installation of the upgrade network to begin in late 2024 and completed in 2025.</li> <li>Establish a sustainable 'Organisational Teams Adoption' process, including share drive content review and migration.</li> <li>Modern Intranet Transition –</li> <li>Five releases of transitioned sites were completed in the reporting period. Two sites will continue to be transitioned each month, with the project due to conclude by the end of June 2024.</li> <li>Overall, approximately 64% of endpoints (corporate and clinical workstations and laptops) have been upgraded as of 11 December 2023. Activity for the next reporting period will focus on developing and implementing an approach to Kiosk devices.</li> </ul>
4.6.3 Implement talent acquisition and employee experience strategies to support recruitment and retention of a high performing workforce as a recognised employer of choice in the health sector.	Executive Director People and Culture	<ul style="list-style-type: none"> <li>A Talent Acquisition Strategy Manager appointed and identified as the Employee Value Proposition lead.</li> <li>An Employee Value Proposition for Nursing and Midwifery has been developed and approved by NSLHD stakeholders.</li> <li>The Employee Value Proposition project for Allied Health has commenced.</li> </ul>	 On Track	<ul style="list-style-type: none"> <li>Development of overseas recruitment campaigns</li> <li>Continue to develop the Employee Value Proposition and embed in external recruitment campaigns and internal staff communications.</li> <li>Establish Talent Acquisition &amp; Employee Value Proposition Manager resource permanently.</li> </ul>



## Strategic Outcome 4 Essential Metrics

Measure	Target	Actual	Tracking	Progress Comment
Staff Engagement – People Matter Survey Engagement Index – Variation from previous survey (%)	≥ -1%	65%	 Achieved	Same as previous year, NSLHD remains in top 3 LHDs for NSW Health. NSW Health overall engagement rate is 63%.
Staff Performance Reviews – Within the last 12 months (%)	≥ 90%	54%	 Not Performing	Modest improvement on last reporting period.
Aboriginal Workforce Participation – Aboriginal Workforce as a proportion of total workforce at all salary levels (bands) and occupations (%)	≥ 3.43%*	0.52%	 Not Performing	Modest improvement on last reporting period
Compensable Workplace Injuries Claims (% of change over rolling 12-month period)	≥ 5 decrease or maintain 0	<5 cases (2.2%)	 Underperforming	Trending towards target.
Leave Liability (number of employees with annual leave balances greater than 30 days)	0	3084	 Not Performing	Reduction from 3385 (same period previous year).
Average annual staff turnover rate against baseline (%)	15% (+/- 1)	YTD 8.6%	 Not Performing	Recovering well from last 2 years of abnormally high turnover. On track to comparable turnover rate to 2018/19 (pre COVID FY) of 18%. Target 15% is stretch target to be achieved over the life of the People Plan, on track.

\*Target amended to reflect the 2023/24 Service Agreement between the Secretary, NSW Health and Northern Sydney Local Health District.



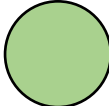
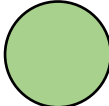
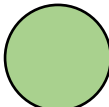
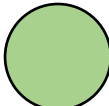



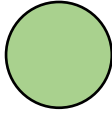
## Strategic Outcome 5:


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

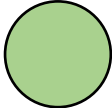
The care we deliver is digitally enabled and informed by research and data.





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

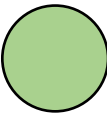
Actions	Reporting Director/s	Progress Commentary	Tracking	Future (next 6 months) plans
5.1.1 Commit to building our research, and strengthening the translation of research into evidence-based policy and clinical practice.	Executive Director Medical Services	<ul style="list-style-type: none"> <li>Refocus of the future NSLHD Research Strategy towards enabling clinical trials capacity and featuring this as a core component of the Research Strategy.</li> <li>Significant progress has been made towards the delivery of clinical trials capacity through securing a significant philanthropic donation of \$20M towards a cancer clinical trials centre.</li> </ul>	 <p>On Track</p>	<ul style="list-style-type: none"> <li>Delivery of governance and business models for the Van Norton Poche Clinical Trials Centre.</li> <li>Inclusion of this Centre in the drafting of the new NSLHD Research Strategy.</li> <li>Review of clinical trials related governance and infrastructure at NSLHD, in consideration of the new clinical trials centre.</li> </ul>
5.1.2 Continue to develop the St Leonards Health, Research and Education Precinct defining our strengths and our vision to further develop public health services integrated with education and research sectors.	Chief Executive	<ul style="list-style-type: none"> <li>The RNSH Campus Master Plan 2023 was finalised and endorsed by the NSLHD Board on 31 October 2023. The Master Plan will be used to inform strategic decisions around the future use of the RNSH Campus and expand clinical services to meet service demand over the next 40 years.</li> <li>An update name for the RNSH Precinct is under development with the working title: Sydney North HealthCARE Precinct.</li> <li>Precinct governance structures have been reviewed and updated to align to the current Chief Executive's priority areas: Clinical Trials, MHDA and musculoskeletal.</li> </ul>	 <p>On Track</p>	<ul style="list-style-type: none"> <li>Continue to refine the Sydney North HealthCARE Precinct through enhancements to its leadership and governance.</li> <li>Continue to provide input and participate in discussions regarding plans for the land owned by Property and Development NSW on the RNSH southern campus known as Lot 4B.</li> </ul>
5.1.3 Support our workforce to better integrate research and innovation into service delivery.	Executive Director Medical Services	<ul style="list-style-type: none"> <li>Clinical trials workforce mapping completed; research managers forum held quarterly.</li> <li>Research Capability Framework drafted.</li> </ul>	 <p>On Track</p>	<ul style="list-style-type: none"> <li>Continue working with Executive Director, People and Culture NSLHD to develop and embed the Capability Framework for research workers.</li> </ul>
5.1.4 Ensure partnerships between patients, carers, consumers, research organisations, universities, industry, and NSW Health partner organisations are optimised to support the translation of health and medical research into best quality healthcare and clinical practice.	Chief Executive Executive Director Medical Services	<ul style="list-style-type: none"> <li>Collaboration meetings have been held between NSLHD and University of Technology to discuss opportunities for increased collaboration and to further leverage the partnership between our respective organisations.</li> <li>NSLHD commenced a significant program of work to ensure consumers are engaged in clinical trials (outside of as participants), in conjunction with clinical trials units, as required for accreditation.</li> <li>Ongoing work with Sydney Health Partners, to ensure there is adequate representation of NSLHD staff on working groups, CAGs and in SHP projects.</li> </ul>	 <p>On Track</p>	<ul style="list-style-type: none"> <li>Continue to hold collaboration meetings between NSLHD and the University of Technology.</li> <li>Continue to build on existing partnerships with our Precinct partners.</li> <li>Expand and diversify the District's partnerships to support the delivery of translational research and high quality healthcare</li> </ul>

		<ul style="list-style-type: none"> <li>Facilitated meetings with counterparts at the University of Sydney to ensure joint venture research is adequately supported through the Research Ethics and Governance process.</li> <li>Working with colleagues at the University of Technology to create Health Economics expertise at NSLHD.</li> <li></li> </ul>		<ul style="list-style-type: none"> <li>Continue to ensure consumers are engaged in clinical trials (outside of as participants), to meet accreditation requirements.</li> <li>Deliver health economics advisory in partnership with the University of Technology at NSLHD.</li> </ul>
<p>5.1.5 Encourage clinicians and patients to become involved in clinical trials to ensure equity of access to the most up-to-date treatments.</p>	<p>Executive Director Medical Services</p> <p>Academic Director Kolling Institute</p>	<ul style="list-style-type: none"> <li>The Kolling Institute and the Clinical Trials Translation Enabler has built upon the results of its 2023 survey to determine the level and diversity of consumer engagement for (clinical research, research committees, philanthropic support), to determine barriers inhibiting consumer engagement, and to determine whether any existing measures of outcomes of consumer engagement in terms of (research output, attracting funding, enhancing Kolling public/research profile.</li> <li>There are currently 71 registered trials performed by Kolling Priority Research Areas (20% from Neuroscience and Pain; 36% from Cardiovascular and Renal; 44% from Musculoskeletal)</li> <li>Commenced a program of work to ensure consumers are engaged in clinical trials (outside of as participants), in conjunction with clinical trials units, as required for accreditation.</li> </ul>	 <p>On Track</p>	<ul style="list-style-type: none"> <li>Continue to ensure consumers are engaged in clinical trials (outside of as participants), to meet the requirements of accreditation.</li> <li>Planning for how this may occur in line with best practice within the new Van Norton Poche Clinical Trials Centre.</li> </ul>
<p>5.1.6 Enhance our reputation as a national leader in advancing patient outcomes through translational research by consolidating our extensive clinical trial expertise to support excellence in trials and ensure we retain the best clinicians and researchers, both nationally and internationally.</p>	<p>Executive Director Medical Services</p> <p>Academic Director Kolling Institute</p>	<ul style="list-style-type: none"> <li>Progress is being made with promotion of and data capture from Kolling's PRA research activity. A standing order agenda item has been established for each PRA monthly meeting and used to capture reported data that may not yet be available via the Kolling Dashboard through the Business Insights Manager at Sydney University. This data includes the recent development of the Kolling Approved Research Project (KARP) database, which provides a summary profile of the types of Animal and Human research activity conducted at the Kolling.</li> <li>The KARP database is an ongoing activity and will be carried over to the Academic Director's High-Level Plan First 24 months.</li> <li>The Academic Director has developed and driven a strategic monthly Kolling Seminar Series. Each PRA is allocated up to three seminars and encouraged to organise and invited their own guest speaker relevant to PRA initiatives against the Research Strategy and to promote successful collaborations, both nationally and internationally.</li> <li>The effectiveness of these Kolling Seminar Series has been evaluated and measured via participant survey responses. Accordingly, our Seminar Series will continue, and the Academic Director will once again consult the PRAs to develop and drive the agenda for the next 12-months.</li> <li>Established a structure for clinical trials accreditation and led NSLHD through six months of evidence</li> </ul>	 <p>On Track</p>	<ul style="list-style-type: none"> <li>In consultation with PRAs, the Academic Director is developing &amp; driving strategic Kolling Seminar Series agenda for next 6-months (and beyond)</li> <li>The inaugural, Kolling Institute Research Symposium was held in November 2023. The event was designed to elevate the Kolling profile, showcasing research and achievements aligned with the Kolling Institute Research Strategy 2021-2025: particularly those of the Priority Research Areas. It is planned as an annual event designed to engage the external community, including donors, by showcasing our world-class science, culture, and workforce. Work has begun to prepare for the 2024 Symposium (14 November 2024)</li> <li>Data entry into the CTMS continues, a CTMS data manager will be recruited to ensure data completeness and accuracy, and support use of this data.</li> </ul>

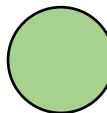
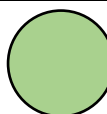
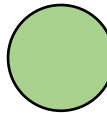
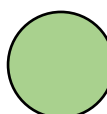
		<ul style="list-style-type: none"> <li>gathering and development, to ensure services and facilities are prepared.</li> <li>Established a clinical trials governance committee, to oversee preparedness for further enhancement of the clinical trials portfolio.</li> <li>Established a clinical trials managers group for information sharing and networking.</li> <li>Implemented and “went live” with the NSW Health Clinical Trial Management System (CTMS).</li> </ul>		The clinical trials structure will be reviewed in the context of the new Van Norton Poche Clinical Trials Centre.
5.1.7 Promote our clinicians and researchers to build community confidence.	<p>Director Media and Communications</p> <p>Executive Director Medical Services</p> <p>Academic Director Kolling Institute</p>	<ul style="list-style-type: none"> <li>Regular NSLHD and Kolling Institute newsletters are produced to assist the promotion of clinicians and researchers.</li> <li>The NSLHD and Kolling websites profile the latest stories, successes, and achievements of NSLHD clinicians and researchers.</li> <li>The Northern Health Precinct Research Showcase was held to provide a further avenue to celebrate and promote successes.</li> <li>Research was profiled in traditional and social media, including a dozen mainstream media stories and nine national television stories, each reaching an audience of close to a million people. This coverage demonstrated research progress and impact with cardiovascular and diabetes, and featured services such as the Long COVID-19 clinic, PARTY program and NICU.</li> <li>NSLHD social media engagement remains strong across all platforms and continues to grow:</li> <li>Linked In is becoming a popular form of engagement with community and staff with an extra 1800 followers between 1/7/2023 and 31/12/2023. There were 8200 visitors to the page in that time.</li> <li>A Kolling Year-in-Review was developed and completed, providing a high-level overview of the work and the achievements of the Kolling and its researchers over the past year (2022). The document was informed by the data that has been discussed with the Committee and provides foundation for an annual “Year-in-Review” to be delivered each year in June. The 2023 YIR is in preparation for delivery in June/July 2024</li> </ul>	 Achieved	<ul style="list-style-type: none"> <li>Promotion of NSLHD clinical trials and the establishment of the Van Norton Poche Cancer Clinical Trials Centre.</li> <li>Working with the Kolling Institute in promoting its areas of expertise and researchers’ achievements.</li> <li>Continued focus on the NSLHD LinkedIn page to build its following and become a source of information for the community and prospective employees</li> <li>Working with ICT and eHealth we are developing a clinician finder for the NSLHD website to provide more information to the community about our clinicians and researchers.</li> <li>Highlighting the work of Code Crimson at RNSH, which is leading the way in NSW for treating trauma patients.</li> <li>Build cohesive reporting structure highlighting Kolling profile &amp; any strategic changes for internal &amp; external stakeholders</li> <li>Review effectiveness of Kolling Communications Plan to identify opportunities for improvement</li> <li>Progress the Collaboration with the Space Medicine colleagues, including NASA</li> </ul>

5.2 Improve care delivery and operations by harnessing the power of digital technology and data				
Actions	Reporting Director/s	Progress Commentary	Tracking	Future (next 6 months) plans
5.2.1 Enable self-management of patient health and wellbeing and if required, support patients and their carers through clinical remote monitoring.	<p>Chief Digital Health Officer</p> <p>Executive Director Operations General Manager</p> <p>General Manager Virtual Care Service</p>	<ul style="list-style-type: none"> <li>NSLHD is a part of the state-wide implementation of the Virtual Care Remote Patient Monitoring solution (Telstra’s Virtual Health Platform). Work is underway to plan for the implementation in April 2024</li> <li>The Steering Committee and working groups for the establishment of Remote Patient continues. Monitoring</li> </ul>	 On Track	<ul style="list-style-type: none"> <li>Digital Health Services are progressing with an electronic prescribing vendor to support virtual care services in the provision of medications to patients through their regular community pharmacies. Aiming for delivery of</li> </ul>



		<ul style="list-style-type: none"> <li>enhanced models of care for Diabetes and Heart Failure patients.</li> <li>Virtual Care Service - has implemented Virtual Care Models aiming at enabling self-management of patient health and wellbeing with appropriate individualised monitoring and support wrapped around the patients. The care models include hyperemesis gravidarum model of care that links up with internal LHD service and external services such as Mother Safe and patients' own general practitioners.</li> <li>The NSLHD Virtual Care Service has established a working group for the ePrescription Pilot project.</li> </ul>		<ul style="list-style-type: none"> <li>this solution in early 2024.</li> <li>Implement Remote Patient Monitoring models of care for Diabetes and Heart Failure patients in 2024.</li> <li>Pilot ePrescription within the NSLHD Virtual Care Service and rollout to other NSLHD services.</li> </ul>
5.2.2 Give patients and carers access to relevant data and information to help make informed care choices.	<p>Executive Director Operations</p> <p>Director Performance and Analytics</p>	<ul style="list-style-type: none"> <li>Progressed RPM planning.</li> </ul>	 <p>Delayed</p>	<ul style="list-style-type: none"> <li>Implement Remote Patient Monitoring models of care for Diabetes and Heart Failure patients in 2024.</li> </ul>
5.2.3 Use digitally enabled predictive tools to identify patients at high risk of deterioration, or for early warning of developing conditions.	<p>Executive Director Operations</p> <p>Director Performance and Analytics</p>	<ul style="list-style-type: none"> <li>Preliminary planning has commenced to trial a deteriorating patient predictive tool.</li> <li>Testing is underway for an analytics tool to consolidate patient risk factors and status of nursing tasks, facilitating early intervention.</li> </ul>	 <p>Delayed</p>	<ul style="list-style-type: none"> <li>Implement solution for a patient predictive tool and track outcomes.</li> <li>Finalise testing of the analytics tool and facilitate rollout.</li> </ul>
5.2.4 Measure and monitor patient and carer reported experiences and outcomes to understand what initiatives are effective and should be scaled.	<p>Executive Director Operations</p> <p>Executive Director Clinical Governance and Patient Experience</p>	<ul style="list-style-type: none"> <li>The NSLHD Patient Reported Measures (PRM) team supported the RNSH Virtual Care Long COVID Service to use patient reported measures via the Health Outcomes Patient Experience (HOPE) Platform.</li> <li>NSLHD PRM team supported the RNSH Diabetes Outpatient Service to go live using HOPE with new patients in February 2024.</li> <li>NSLHD PRM team completed a review of the program in July-August 2023. This included meeting with service managers and staff and reviewing HOPE data for patient reported measures.</li> <li>The NSLHD PRM team developed an overarching action plan in response to the statewide program evaluation commissioned by the Agency for Clinical Innovation.</li> </ul>	 <p>Achieved (BAU Ongoing)</p>	<ul style="list-style-type: none"> <li>The findings of PRM facilitated by the NSLHD PRM team have informed the priorities below:</li> <li>Develop NSLHD Patient Reported Measures Policy/Guideline to articulate roles and responsibilities, service expectations, data governance, and evaluation. Please note consumer advisors have been included in the process of developing the document.</li> <li>NSLHD Operations to develop reporting for virtually-enabled services to monitor their outcomes.</li> </ul>
5.2.5 Promote and enable our staff to participate in research and innovation.	<p>Executive Director Medical Services</p> <p>Executive Director Operations</p> <p>Academic Director Kolling Institute</p>	<ul style="list-style-type: none"> <li>The Academic Director with support from NSLHD and University of Sydney onboarded three clinical research fellows.</li> <li>Planning is in progress for the 2024-2026 Research Fellows with preference to embed within the Clinical Trials as Therapy model</li> <li>Enhance Philanthropy with support from our JVPs, the NORTH foundation and Sydney Advancement.</li> <li>Engagement with our colleagues across Cancer services.</li> </ul>	 <p>Delayed</p>	<ul style="list-style-type: none"> <li>Review, progress and report on outcomes from the clinical research fellows</li> <li>Review, assess, report and progress PRA research translation initiatives.</li> <li>Reporting mechanisms for PRA research activities to NORTH Foundation</li> <li>HKH's ICU pressure injury predictive tool equipment for ethics approval.</li> </ul>

5.2.6 Enhance the connectedness within NSLHD and across the health system through the adoption of the Single Digital Patient Record state-wide program.	Chief Digital Health Officer	<ul style="list-style-type: none"> <li>Work continues in developing a governance model at a local level. This will ensure participation at State level for the design of the SDPR solution.</li> <li>Process for logging interested stakeholders to participate in SDPR activities in place</li> </ul>	 On Track	<ul style="list-style-type: none"> <li>Continue participation in state-wide SDPR activities.</li> <li>Clinical Engagement Strategy circulated for comment and is in final draft.</li> <li>Readiness assessments with the SDPR Team has been completed. NSLHD has been scheduled for go live in November 2026 (the second tranche).</li> </ul>
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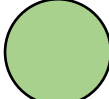
### 5.3 Design and develop the required infrastructure to enable and embed innovations in digital technology and data

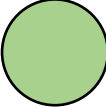

Actions	Reporting Director/s	Progress Commentary	Tracking	Future (next 6 months) plans
5.3.1 Support high quality care and exceptional health outcomes by improving the electronic medical record (eMR) particularly in specialty areas that are not yet covered by a digital solution and ensure integration across services.	Chief Digital Health Officer	<ul style="list-style-type: none"> <li>Ongoing consultation with key operational and clinical stakeholders to identify opportunities and digital solutions.</li> <li>Implemented the MOSAIQ system for Cancer Services at HKH. This project provided an electronic solution (MOSAIQ) for the delivery of cancer services in a "Hub and Spoke" model with the already established RNSH service.</li> <li>Implementation of an eMR Clinical Handover Tool for our Medical Workforce to improve communication between various clinical teams.</li> </ul>	 On Track	<ul style="list-style-type: none"> <li>Continue consultation with key operational and clinical stakeholders to identify opportunities and digital solutions.</li> <li>Continue to compile a list of eMR opportunities and digital solutions to be prioritised within Digital Health Services.</li> <li>Planning for the implementation of the Leading Better Value Care Diabetes Dashboard.</li> </ul>
5.3.2 Improve the user experience, management, quality, safety and sustainability of the current eMR by continuing to enhance the platform, integrate systems across services and providers and respond to the needs of clinical operations.	Chief Digital Health Officer	<ul style="list-style-type: none"> <li>Requests for enhancements to the eMR are discussed and prioritised at the eMR Application Advisory Groups.</li> <li>The Cardiothoracic Capacity (CarCap) Project entered its second phase, led by RNSH. A PowerBI dashboard has been developed in consultation with clinicians and managers to enable real time monitoring of a suite of Enhanced Recovery After Surgery (ERAS) care protocols for RNSH Cardiothoracic planned surgery patients.</li> </ul>	 On Track	<ul style="list-style-type: none"> <li>Continued migration of applications to the Cloud. With all applications to be implemented using Cloud first.</li> </ul>
5.3.3 Support a mobile workforce by providing intuitive and mobile-friendly applications and solutions to improve clinical mobility and support workflow improvements initiatives.	Chief Digital Health Officer	<ul style="list-style-type: none"> <li>Ongoing deployment of Microsoft 365 platform.</li> <li>In partnership with eHealth, NSLHD has adopted and completed the migration to their fully managed Mobile Device Management (MDM) service built on the Microsoft InTune platform, to manage our fleet of corporate mobile phones and iPads. The new MDM solution provides an enhanced onboarding process and ongoing user experience for mobile devices. The solution also integrates with existing State-wide M365 offerings.</li> </ul>	 On Track	<ul style="list-style-type: none"> <li>NSLHD continues to work with eHealth NSW to improve the onboarding and support process of new corporate mobile devices into Microsoft InTune.</li> <li>The Single Digital Patient Record Program will provide increased clinician mobility to support workflow improvements.</li> </ul>
5.3.4 Progress an investment plan that follows a clear direction for how virtual care services and digital analytics will be developed.	Chief Digital Health Officer  Executive Director Operations  Director Performance and Analytics	<ul style="list-style-type: none"> <li>The draft NSLHD Virtual Care Framework has been developed, with input sought from the NSLHD Senior Leadership Team on the strategic direction for virtual care services.</li> </ul>	 On Track	<ul style="list-style-type: none"> <li>Finalise and implement the the NSLHD Virtual Care Framework.</li> <li>The NSLHD Performance, Analytics and Business Intelligence Unit to support operations in the reporting and</li> </ul>

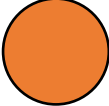


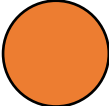


	General Manager Virtual Care Service			measuring of outcomes for virtual care services
5.3.5 Invest in appropriate standardised technology including Telehealth platforms, videoconferencing technology to support multidisciplinary teams, developing data and quality dashboards, remote monitoring technology.	Chief Digital Health Officer  Executive Director Operations  Director Performance and Analytics  General Manager Virtual Care Service	<ul style="list-style-type: none"> <li>The NSLHD Virtual Care Service General Manager attends following NSLHD Digital Health Steering Committee, NSLHD Remote Patient Monitoring Committee, and other relevant working groups.</li> <li>ICT infrastructure continues to be updated for meeting rooms across NSLHD hospitals and facilities.</li> <li>PowerBI dashboards are being developed and used across the District. A capability model has been established and will be used to further develop data capabilities and maturity.</li> </ul>	 On Track	<ul style="list-style-type: none"> <li>Continued deployment of Health Managed Meeting Rooms and Microsoft Teams Rooms to support telehealth and videoconferencing.</li> <li>Continued use of MyVirtualCare for virtual consultations.</li> <li>Identify new services in NSLHD to use the Virtual Health Platform where appropriate.</li> </ul>
5.3.6 Ensure equitable access and availability of technology to protect health data systems from ongoing cyber security risks.	Chief Digital Health Officer	<ul style="list-style-type: none"> <li>Digital Health Services is continuing to continue to implement the Cyber Security Roadmap</li> <li>As part of the NSLHD Cyber Security Strategy, a number of initiatives have been implemented to further protect NSLHD resources.</li> <li>NSLHD Counter Disaster have submitted the NSLHD Critical Infrastructure Risk Management Plan to the Department of Home Affairs.</li> </ul>	 On Track	<ul style="list-style-type: none"> <li>Collaboration with eHealth NSW Information Security Services to further develop the Cyber Security Communications Plan focused on the importance of cyber security in our everyday lives as well as the workplace.</li> <li>Submit annual attestation of Cyber Security Policy and Essential 8 Maturity to Cyber Security NSW, and the identification of NSLHD Crown Jewel assets.</li> <li>NSLHD to define the critical worker and strengthen control measures associated with critical assets.</li> </ul>

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

Actions	Reporting Director/s	Progress Commentary	Tracking	Future (next 6 months) plans
5.4.1 Develop systems that are accessible, easy to use and add value to our workforce through automation, streamlining workflows, providing real-time information to support decisions and supporting user mobility.	Chief Digital Health Officer  Director Performance and Analytics	<ul style="list-style-type: none"> <li>Continued development of analytics dashboards using eMR data to give clinicians enhanced insights and to address gaps in eMR usability.</li> <li>NSLHD completed a rollout of the eReferral program to an additional 120 clinics across NSLHD in August 2023.</li> <li>A Nursing dashboard and a Clinical Patient View dashboard has been build and is currently undergoing testing.</li> </ul>	 On Track	<ul style="list-style-type: none"> <li>Progress development of dashboards that collate eMR information into a more usable form.</li> <li>Further rollout of the eReferrals program across NSLHD in March 2024.</li> <li>Continue testing of new dashboards and measure outcomes.</li> </ul>
5.4.2 Increase the opportunities for co-design of clinical information systems and data analytical solutions to reduce the burden of data collection and deliver information that is clinically relevant.	Chief Digital Health Officer  Director Performance and Analytics	<ul style="list-style-type: none"> <li>A Nursing dashboard was built, delivered, and deployed to several units for testing and feedback.</li> <li>NSLHD is continuing to test, and review "clinical patient view" which enables clinical staff to access an integrated view of admitted patients by facility, ward/unit and individual patient level.</li> </ul>	 On Track	<ul style="list-style-type: none"> <li>Collate feedback on dashboards and create a plan to roll out dashboard.</li> <li>Rollout the use of Microsoft 365 automation capabilities following the project pilot; apply to Data Manager roles and clinicians' manual entry of data.</li> </ul>

5.4.3 Provide support for all staff to ensure that they are competent in digital healthcare and can capitalise on improved data analytics.	Chief Digital Health Officer  Director Performance and Analytics	<ul style="list-style-type: none"> <li>Developed comprehensive change management program for roll-out of new Self-Service Dashboards developed as part of EDW transition in August 2023. (inc training, website, dashboard directory, mentor and support systems, defined roles, and responsibilities).</li> <li>With the implementation of self-service dashboards, training modules and face-to-face training have been delivered.</li> <li>A PowerBI capability matrix has been established to provide a pathway and to further advance data and analytics capability across our workforce.</li> </ul>	 On Track	<ul style="list-style-type: none"> <li>NSLHD Performance, Analytics and Business Intelligence to continue to provide training and resources for staff on self-service dashboards to build data capability across the District.</li> <li>NSLHD to develop an analytics capability model to implement across the district, advancing analytical capabilities.</li> <li>Ongoing implementation of change management support from Digital Health Services for improved access and use of data.</li> </ul>
5.4.4 Co-design virtual care delivery with patients and carers to ensure that it is accessible, safe and provides the outcomes that matter to them.	Chief Digital Health Officer  General Manager Virtual Care Service	<ul style="list-style-type: none"> <li>Patient reported experience and outcome has become BAU for all NSLHD Virtual Care Service patients.</li> <li>Consumer groups were consulted during design and implementation of the Remote Patient Monitoring model of care.</li> </ul>	 Achieved (BAU Ongoing)	<ul style="list-style-type: none"> <li>Expand use of virtual care across NSLHD.</li> <li>Review and ongoing monitoring of virtual care delivery across NSLHD.</li> </ul>

Strategic Outcome 5 Essential Metrics					
Measure	Target	Actual	Tracking	Progress Comment	
Virtual Care: Non-admitted services provided through virtual care (%)	30% total or 5% increase on previous year	14%	 Underperforming	<ul style="list-style-type: none"> <li>Seeking Endorsement of the new NSLHD Virtual Care Framework and including a dedicated virtual care chapter in the Clinical Service Plan.</li> <li>Implementation of Remote Patient Monitoring models of care for Heart Failure cohort.</li> <li>Expansion of the NS Virtual Care Service, including new virtual Long COVID Clinic.</li> <li>Ongoing monitoring and evaluation of Telehealth services (both for PREM and volume of OOS).</li> <li>Development of two new Virtual Care KPI dashboards to empower clinical leads to monitor their own performance and identify virtual opportunities.</li> </ul>	
Research Governance Application Authorisations – Site specific within 60 calendar days - involving greater than low risk to participants (%)	≥ 75%	94%	 Performing		
Ethics Applications Approvals – By the Human Research Ethics Committee within 90 calendar days – 0 involving greater than low risk to participants (%)	≥ 75%	96%	 Performing		
Clinical Trials: Increase in the number of clinical trials open for recruitment (number)	Year on year increase	350	 Underperforming	There are a range of initiatives underway to improve clinical trials capacity and capability in NSLHD. In 2024, the NSLHD Executive will work closely with the NSLHD Board Research, Innovation and Technology Committee to improve performance.	
Clinical Trials: Proportion of clinical trials that close recruitment and recruited to target (%)	≥ 75%	-		Data not currently available. The Data will be available via the Ministry of Health Clinical Trial Management System (rollout delayed).	



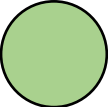
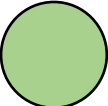
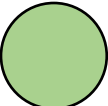
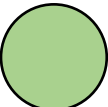


## Strategic Outcome 6:

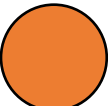
# Our services are sustainable, efficient and committed to planetary health

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

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

Actions	Reporting Director/s	Progress Commentary	Tracking	Future (next 6 months) plans
6.1.1 Align patient outcomes with funding, and develop performance measures that ensure services and models of care are configured to be most effective.	Executive Director Operations  Executive Director Finance and Corporate Services	<ul style="list-style-type: none"> <li>Fortnightly Forecast meetings with the Chief Executive have been introduced for facilities that are forecasting over budget &gt;2%.</li> </ul>	 On Track	<ul style="list-style-type: none"> <li>Cost driver analysis to align activity with costs</li> <li>The updated NSLHD Clinical Service Plan (CSP) will be released and informed by research and evidence. The CSP will guide service development, inform decision making and inform local plans.</li> </ul>
6.1.2 Achieve effective asset management practices by driving a sustainable whole-of-life approach to asset management and continuously monitor the suitability, condition and performance of our assets.	Executive Director Finance and Corporate Services	<ul style="list-style-type: none"> <li>SAMP/AMP have been updated and capital allocated in line with forecasts.</li> <li>Worked with NSW Health to streamline the asset request process.</li> </ul>	 On Track	<ul style="list-style-type: none"> <li>Further work to ensure maximum coverage of assets.</li> <li>Development of AFMO in line with SAMP/AMP.</li> </ul>
6.1.3 Consider efficiency opportunities involving the application of technology including data analytics and virtual care.	Chief Digital Health Officer  Executive Director Operations  Director Performance and Analytics	<ul style="list-style-type: none"> <li>Digital Health Services continues to deliver clinical dashboards for the support and deliver of efficient clinical care.</li> <li>Digital Health Services continues to support the analysis of NSLHD objectives to deliver planetary health initiatives including eWaste recycling.</li> <li>A PowerBI capability matrix has been developed to be rollout out to the broader district for improving knowledge and training.</li> <li>Phase 1 of the self-service PowerBI dashboards have been delivered to move towards data democratisation.</li> </ul>	 On Track	<ul style="list-style-type: none"> <li>Refine the Comprehensive Care dashboard.</li> <li>Work with eHealth NSW on a Glucose Management worklist and Diabetes Dashboard.</li> <li>Continue to customise dashboards, provide training and governance, and establish a centre of excellence bringing together power/super users.</li> </ul>
6.1.4 Ensure the procurement of goods and services are fit for purpose, maximise value for money and encourage sustainability, diversity and innovation.	Executive Director Finance and Corporate Services	<ul style="list-style-type: none"> <li>Contract savings YTD achieved (\$2.4M).</li> <li>Major Procurement and Asset Committee reports sustainability plans.</li> </ul>	 On Track	<ul style="list-style-type: none"> <li>Circular economy initiatives to be further explored.</li> </ul>

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

Actions	Reporting Director/s	Progress Commentary	Tracking	Future (next 6 months) plans
6.2.1 Align value-based healthcare principles with all clinical decision making to support health outcomes that matter to patients and carers, improve experiences of providing and receiving care, and maximising effectiveness and efficiency of care.	Executive Director Operations  Executive Director Finance and Corporate Services	<ul style="list-style-type: none"> <li>Financial sustainability still dependent on efficiencies being achieved</li> <li>The NSLHD Activity Based Funding (ABM) Committee has been re-established.</li> <li>An ABM Data Improvement Plan has been developed and implemented to</li> </ul>	 Delayed	<ul style="list-style-type: none"> <li>Financial governance project for Clinical Trials.</li> <li>Activity collection education rolled out to facilities.</li> <li>HKH have submitted an ACI Clinical Redesign</li> </ul>

improve governance, activity collection, training and support.

Project titled 'IVORY Project' that looks to improve patient outcomes in reducing reliance on IV antibiotics and associated wastage.

6.2.2 Identify and implement innovative and locally relevant solutions to effectively manage and utilise resources.

Executive Director Operations  
  
Executive Director Finance and Corporate Services

- FTE analysis to identify average FTE/NWAU.
- Focus on reducing ADO and excess leave balances.
- HKH commenced trial to increase in diversion of waste from landfill in line with National Waste Policy Action Plan.




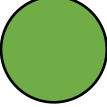
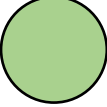
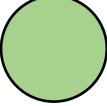
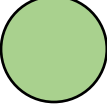
Delayed

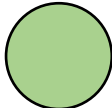

- Review of existing FTE against establishment budget.
- ABM Committee to be reinstated.
- Pharmaceutical waste bins to be installed in select clinical areas in HKH.
- HKH to prepare for implementation of product recycling initiatives.

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

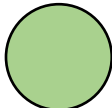
Actions	Reporting Director/s	Progress Commentary	Tracking	Future (next 6 months) plans
6.3.1 Enhance existing partnerships and strategic investments with a focus on improving patient and carer experience and delivering value.	Executive Director Operations  Executive Director Clinical Governance and Patient Experience	<ul style="list-style-type: none"> <li>• NSLHD involved in a working party to scope Real-Time Patient Experience Survey for rural and remote LHDs.</li> <li>• The Geriatrician to GP Service provided timely geriatrician input to GPs to better manage their complex elderly patients at risk of hospitalisation. In 2023 the service supported 531 patients, interacting with over 200 different General Practitioners.</li> </ul>	<p>On Track</p>	<ul style="list-style-type: none"> <li>• Opportunities to collaborate with the ACI to amalgamate one point of care survey that may include PREM questions ongoing.</li> <li>• Opening of the "Angophora House" a dedicated Carers respite cottage at HKH.</li> <li>• To bid for year 3 of funding to continue the Collaborative Commissioning partnerships between the PHN and NSLHD to support individuals aged 75 years and older who reside either in the community or within Residential Aged Care Facilities.</li> </ul>
6.3.2 Invest in our health precincts, including the St Leonards Health, Research and Education Precinct, creating collaborative spaces of excellence to ensure we attract a diverse range of global industry partners and talent.	Chief Executive	<ul style="list-style-type: none"> <li>• Following finalisation of the RNSH Campus Master Plan 2023, the Precinct's governance and leadership structures have been reviewed and updated.</li> <li>• Conversations are underway with NSLHD's academic partners to explore options for dedicated infrastructure that will support excellence in research and education and allow the District to diversify its partnerships.</li> </ul>	<p>On Track</p>	<ul style="list-style-type: none"> <li>• Sydney North HealthCARE Precinct Executive Council to be re-established in 2024.</li> <li>• Updated branding and a Prospectus for the Sydney North HealthCARE Precinct will be developed in early 2024 for attracting diverse partnerships.</li> </ul>
6.3.3 Leverage our partnership with Sydney North Health Network to promote person-centred and integrated care across primary, community, hospital and social care.	Chief Executive  Executive Director Operations	<ul style="list-style-type: none"> <li>• The Chief Executive NSLHD and the Chief Executive Officer, Sydney North Health Network (SNHN) have engaged through various forums to explore opportunities to enhance the partnership between our organisations.</li> <li>• The NSLHD and SNHN Boards held a joint meeting in October 2023 and discussed key achievements and opportunities for further collaboration.</li> </ul>	<p>On Track</p>	<ul style="list-style-type: none"> <li>• The Urgent Care Service is expanding its hours to 8pm, 7 days a week under Urgent Care Service (UCS) enhancement which will allow more elderly and frail people to receive care in their place of residence from January 2024.</li> </ul>

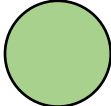
## 6.4 Prioritise initiatives that positively impact planetary health and environmental sustainability

Actions	Reporting Director/s	Progress Commentary	Tracking	Future (next 6 months) plans
6.4.1 Ensure models of care and infrastructure are consistent with our Net Zero trajectory.	Director Population and Planetary Health	<ul style="list-style-type: none"> <li>Continuation of Net Zero Leads Program (NZL) with 12x clinicians funded by the NORTH Foundation. Year 1 Project Reports completed and being reviewed.</li> <li>Net Zero Clinical Group continues to meet six-weekly, chaired by A/Prof Margaret Schnitzler. Projects and initiatives are tracked via an Action Plan that is available to all NSLHD staff via the intranet.</li> <li>'Green Teams' have been established in RNSH ICU and ED.</li> <li>The RNSH Anaesthetics &amp; Surgery team were announced as finalists for the NSW Health Awards for their work in reducing desflurane use. NSLHD on track to meet NSW Health Environmental Sustainability KPI for desflurane reduction.</li> </ul>	 Achieved (BAU Ongoing)	<ul style="list-style-type: none"> <li>NZL Program continues with support from RNSH and HKH Implementation Managers. NZL's to present about their projects at NSLHD Planetary Health Showcase on 19<sup>th</sup> March. Case studies to be developed and ongoing funding for 2025 explored.</li> </ul>
6.4.2 Promote an environment that considers active transport and healthy place-making to support the physical and mental wellbeing of our patients, carers, staff and community.	Director Population and Planetary Health	<ul style="list-style-type: none"> <li>NatureFix Wellbeing Zones established at Macquarie Hospital, Mona Vale Hospital, Hornsby Ku-ring-Gai Hospital and the Adolescent and Young Adult Hospice.</li> <li>NSLHD Active Travel Reports developed and provided to site executives with recommendations to meet the requirements of the Active Travel Procedure.</li> <li>Transport Access Guides updated for Hornsby Ku-Ring-Gai, Macquarie and Mona Vale Hospitals.</li> <li>Salary Packaging E-Bike Events held at Royal North Shore and Hornsby Ku-Ring-Gai Hospitals.</li> </ul>	 Achieved (BAU Ongoing)	<ul style="list-style-type: none"> <li>NatureFix Wellbeing Zones to be launched at Royal North Shore Hospital.</li> <li>NSLHD Active and Sustainable Travel Staff Survey to be undertaken.</li> <li>Active and Sustainable Travel presentation to be delivered at the NSLHD Planetary Health Showcase in 2024.</li> </ul>
6.4.3 Consider Net Zero principles for minor capital works where possible, and work with Health Infrastructure NSW to embed Net Zero principles in design, construction and operations for major capital works.	Executive Director Finance and Corporate Services	<ul style="list-style-type: none"> <li>NSLHD continues to work with HI on the Ryde Hospital Redevelopment. The project supports NSLHD's Net Zero target and includes considerations to meet the 5-star Green Star equivalency.</li> <li>17 fleet vehicle parking spaces at Ryde Hospital will be equipped with EV charging infrastructure, and a further 83 car spaces will be made 'EV ready'.</li> <li>Rooftop solar PV has been included in the design for the Ryde Hospital redevelopment.</li> </ul>	 On Track	<ul style="list-style-type: none"> <li>Continue works to ensure the Ryde Hospital Redevelopment has Net Zero 'built in'.</li> <li>Continue value engineering discussions with HI for the Ryde Hospital Redevelopment</li> </ul>
6.4.4 Work with our partners and suppliers to reduce emissions in our supply chains.	Executive Director Finance and Corporate Services	<ul style="list-style-type: none"> <li>Ongoing implementation of the Supplier Code of Conduct</li> <li>Clinical Products are planning for a pilot of the visitor management system for theatres where the Supplier Code of Conduct will be signed off virtually by Industry Representatives.</li> </ul>	 On Track	<ul style="list-style-type: none"> <li>Commence recruitment process for the Sustainability Procurement position.</li> <li>Discussions initiated to update the NSLHD Supplier Code of Conduct.</li> </ul>
6.4.5 Implement efficiency projects that reduce utilisation of resources including energy and water.	Executive Director Finance and Corporate Services	<ul style="list-style-type: none"> <li>Approval to fund a 258 kW solar PV system at Dalwood Child and Family Health centre has been submitted to the Ministry.</li> <li>Planning continues for the MVH solar expansion.</li> <li>The pilot electric vehicle (EV) project has commenced at Macquarie Hospital. Six EV charging stations</li> </ul>	 On Track	<ul style="list-style-type: none"> <li>Finalise planning and develop a funding submission for the MVH Solar Expansion.</li> <li>Explore the opportunity for one district-wide solar expansion and LED upgrade tender with a phased approach for the works.</li> </ul>

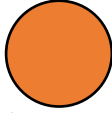



		<ul style="list-style-type: none"> <li>have been installed and 10 EV s are expected to arrive in February 2024.</li> <li>The 10 EVs will replace existing fleet vehicles at Macquarie Hospital.</li> <li>Planning for future EV projects is underway. Consultation with Site Corporate Services and Facility Managers has commenced to determine suitable locations for EV charging infrastructure.</li> </ul>		<ul style="list-style-type: none"> <li>Finalise the NSLHD EV Transition Plan (2024-2026)</li> </ul>
6.4.6 Integrate effective waste management processes in all hospitals and services to reduce, re-use and recycle waste.	Executive Director Finance and Corporate Services	<ul style="list-style-type: none"> <li>Trial of a food organics waste stream commenced at RNSH in January 2024.</li> <li>Review of waste management education and support materials has commenced.</li> <li>Successful implementation of a pharmaceutical bin at HKH to improve handling of fluid discards and sharps contaminated with pharmaceuticals. Planning for a complimentary trial is underway at RNSH and Ryde.</li> </ul>	 On Track	<ul style="list-style-type: none"> <li>Pending outcome of the organic waste stream trial at RNSH, the stream will be rolled out across the District.</li> <li>Education plan to be developed to encourage better waste segregation practice.</li> </ul>
6.4.7 Build workforce capability to understand and implement sustainability best practice, including carbon literacy, and planning and preparing for physical and transition climate risks.	Director Population and Planetary Health	<ul style="list-style-type: none"> <li>Evaluation of the NSLHD Planetary Health Framework 2021-23 completed.</li> <li>Consultation and development of the Draft NSLHD Planetary Health Framework 2024-27 has been completed.</li> <li>A new Planetary Health Microsoft Teams channel and updated resources and events calendar are available via the NSLHD Intranet.</li> <li>Promotion of My Health Learning 'Climate risk and net zero learning pathway'.</li> <li>5 x NSLHD staff completed the Centre for Sustainable Healthcare carbon accounting course and CEC Human Factors in Healthcare training.</li> <li>Planetary health incorporated in NSLHD Safety &amp; Quality Essentials Pathway training.</li> <li>Two presentations delivered at the Greening the Healthcare Sector Forum in Sept.</li> <li>Transition risk assessment completed with NSLHD Executive, and meeting held with MoH Climate Adaptation Risk Officer.</li> <li>ESG audit completed by Internal Audit team.</li> </ul>	 Achieved (BAU Ongoing)	<ul style="list-style-type: none"> <li>Continue coordination of NSLHD Planetary Health Committee and oversight of site Sustainability Committees and projects.</li> <li>Publish evaluation of the NSLHD Planetary Health Framework 2021-23</li> <li>Approval and publication of the NSLHD Planetary Health Framework 2024-27 and development of an Evaluation Plan.</li> <li>Development of NSLHDs carbon dashboard</li> <li>Seek Executive Risk Committee endorsement of Transition Risk Assessment</li> <li>Planning for climate adaptation risk assessment, governance and resourcing.</li> <li>Implement agreed recommendations from ESG audit</li> </ul>

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

Actions	Reporting Director/s	Progress Commentary	Tracking	Future (next 6 months) plans
6.5.1 Integrate clinical governance with corporate governance, in line with the National Safety and Quality Health Service Standards.	Chief Executive Director Internal Audit Executive Director Clinical Governance and Patient Experience	<ul style="list-style-type: none"> <li>NSLHD is compliant with all components of the Governing Body's Annual Attestation Statement for 2023/2024.</li> <li>Publication of the NSLHD Safety and Quality Account 2022/2023 and submission to the Ministry.</li> <li>Governance for the Internal Audit Plan and each review is linked to the National Safety and Quality Health Service Standards.</li> </ul>	 On Track	<ul style="list-style-type: none"> <li>Commence work on NSLHD Safety and Quality Account 2023/2024</li> <li>Document the relationship between the proposed audits and the National Safety and Quality Health Service Standards in the 2024/25 Internal Audit Plan.</li> <li>Make available the approved 2023-24 Internal Audit Plan and</li> </ul>

6.5.2 Ensure systems relating to internal control, ethical conduct, probity, risk management, management of information, and internal audit are regularly assessed and enhanced.	Director Internal Audit Chief Risk Officer	<ul style="list-style-type: none"> <li>• First time project risks were entered into the enterprise risk management (ERM) software system - Voluntary Assisted Dying Implementation, Ryde Redevelopment.</li> <li>• Critical Infrastructure Risk Management Program: a framework, advice and an ICT Workshop was provided on compliance requirements/risk identification.</li> <li>• Engagement with the Nursing &amp; Midwifery leadership team to offer training and education services.</li> <li>• Appraisal of security risk at NSLHD premises.</li> <li>• The Internal Audit plan for 2022-23 was completed and reported to the September 2023 BARC.</li> <li>• Activity progressed per the approved 2023-24 Internal Audit Plan and 2022-25 Fraud &amp; Corruption Plan.</li> <li>• Inherent risk and internal controls are assessed during each Internal Audit review.</li> <li>• Control deficiencies identified as part of the internal audit process are addressed with an appropriate recommendation and reported to Executive for actioning.</li> <li>• Ethical conduct and probity issues were addressed, and investigations were conducted when required.</li> <li>• Instances of alleged corrupt conduct were timely reported to the ICAC.</li> <li>• The annual Quality Assurance and Improvement Program (QAIP) reported to September 2023 BARC.</li> </ul>	 On Track	<ul style="list-style-type: none"> <li>• relevant Internal Audit Reports for the 'short notice assessment for accreditation to the NSQHS Standards'.</li> <li>• Develop the NSLHD Corporate Governance Frame 2024.</li> <li>• Propose updated Risk Appetite Statement and approach to CE and Board Chair.</li> <li>• Focus on developing initial risk training and education material and conducting workshops as needed.</li> <li>• Coordinate enhanced Risk Management Self-Assessments for submission to Ministry of Health</li> <li>• Progress the scheduled reviews and other activities in the approved 2023/24 Internal Audit and Fraud &amp; Corruption Plans.</li> <li>• Prepare the 2024-25 Internal Audit Plan for BARC and CE approval endorsement in July.</li> <li>• Report to BARC the progress of the approved Internal Audit Plan and the Internal Audit Unit activities in March and June 2024.</li> <li>• Results of QAIP assessments reported to BARC (Jun / Sep 2024).</li> </ul>
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## Strategic Outcome 6 Essential Metrics

Measure	Target	Actual	Tracking	Progress Comment
Net Cost of Service (NCOS) Matched to Budget – General Fund – Variance (%)	On budget or favourable	\$22.3M UF	 Underperforming	Forecasting \$30M UF on Expense and \$6M Revenue Dec YTD.  This has improved since the reporting period, and the District's current position is \$28M UF.
Annual Procurement Savings Target Achieved (% of target achieved)	≥ 95%	100	 Performing	December 2023 YTD achieved \$2.4M in line with Ministry target
Emissions Reduction against Baseline	≥ 10 from 2024			Reporting on this metric to commence in 2025.
<u>Purchased Activity Volumes – Variance (%)</u>				
Acute admitted (NWAU)	≤ + / -1.0%	+2.1%	 Performing	Total activity is 1.1% over target Further work is in progress to improve education and training for activity collection.
Emergency department (NWAU)	≤ + / -1.0%	-0.6%		
Non-admitted patients (NWAU)	≤ + / -1.0%	+3.4%		
Sub and non-acute services – Admitted (NWAU)	≤ + / -1.0%	-4.1%		
<u>Purchased Activity Volumes – Variance (%)</u>				
Mental health – Admitted (NWAU)	≤ + / -1.0%	-1.6%	 Performing	Total activity is 1.1% over target Further work is in progress to improve education and training for activity collection.
Mental Health – Non-admitted (NWAU)	≤ + / -1.0%	+1.8%		
Alcohol and other drugs Non-Admitted (NWAU)	≤ + / -1.0%	-40.9%		