



Health
Northern Sydney
Local Health District

NSLHD STRATEGIC PLAN

2017-2022



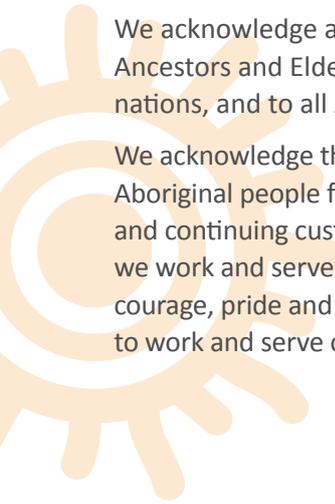


Northern Sydney Local Health District acknowledges the Cammeraygal people of the Guringai nations, the Wallemedegal peoples of the Dharug nations to the west, the Darkinjung peoples to the north and the clans of the Eora nations whose country and borders surround us.



We acknowledge and pay our respects to the Ancestors and Elders, both men and women of those nations, and to all Aboriginal people past and present.

We acknowledge that past, current and future Aboriginal people from those nations are the traditional and continuing custodians of the country upon which we work and serve and that it is from their blood, courage, pride and dignity that we are able to continue to work and serve on this ancient and sacred country.



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Further copies of this document can be downloaded from the NSLHD website www.nslhd.nsw.gov.au | July 2017

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**LEADERS IN
HEALTHCARE,
PARTNERS IN
WELLBEING**

FOREWORD

NSLHD STRATEGIC PLAN

2017-2022

Planning for the future delivery of health services is essential if we are to successfully meet the health needs of our growing and ageing population. By the end of the life of this plan in 2022 the population of Northern Sydney Local Health District (NSLHD) is expected to reach almost one million people.

This Strategic Plan 2017-2022 outlines how we will meet the challenges ahead by embracing discovery and learning, building partnerships and engaging our community, to deliver excellent health and wellbeing. It will be the central focus as we develop and update our clinical services, community engagement, asset management and research plans.

Underpinning this, we will ensure we deliver on NSW Health's core values of collaboration, openness, respect and empowerment, and that they are embedded into all future endeavours.

Our priority will continue to be the delivery of high-quality healthcare. The board and executive of NSLHD are here to ensure our consumers – our patients – get the best possible care at the right time. To ensure this happens, we will continue to build partnerships and engage with our local community and we will work to deliver these goals together.

NSLHD will continue to embrace discovery and learning through the provision of innovative clinical care, exciting and cutting-edge research and the very best educational opportunities for our staff.

To do this, five distinct themes have been identified to drive the strategic plan forward: healthy communities, connected person-centred care, evidence-based decision making, a responsive

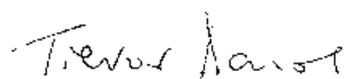
and adaptable organisation, and an engaged and empowered workforce.

Each of these strategic themes will be driven by clear plans and performance measures to ensure there is focus on the delivery of the objectives of the Strategic Plan, and the best health outcomes for our community.

Key priorities will be identified and we will develop a measurement and reporting framework for evaluating our progress.

More than 700 stakeholder groups, clinical leaders, members of the local community, staff and management have all contributed to developing this Strategic Plan and we thank them all for their invaluable contributions and continued support.

By continuing to work together we can have great confidence that this Strategic Plan will deliver NSLHD's vision for the future to ensure we are *Leaders in healthcare, partners in wellbeing*.



Trevor Danos AM Chair
Northern Sydney Local Health District



Adj. Assoc. Prof Vicki Taylor, Chief Executive
Northern Sydney Local Health District



INTRODUCTION

The NSLHD Strategic Plan (the Plan) sets out aspirations and proposals for Northern Sydney Local Health District (NSLHD) over a five year timeframe from 2017 to 2022.

The Plan describes our objectives so that patients and their carers, staff, volunteers, visitors, donors, our community and other stakeholders can understand what we are striving to achieve.

The Plan builds on the focus and achievements of the 2012-2016 Strategic Plan. Over the last five years there has been considerable effort from staff across NSLHD to deliver quality care, improve satisfaction and increase engagement with our patients and their carers, and other stakeholders.

The Plan is the result of extensive consultation with staff, community and consumer/patient representatives and service delivery partners. The Plan has been developed with reference to the NSLHD service agreement with NSW Health, the State Health Plan Towards 2021, and the NSW State and Premier's Priorities.

In preparing this Plan we have also considered the NSW Government 2014 *Plan for Growing Sydney*,

and the more recent Greater Sydney Commission *Towards Our Greater Sydney 2056* plan which includes a 20 year vision for the North District of Greater Sydney. Of particular note is the vision of creating a precinct around the new Northern Beaches Hospital at Frenchs Forest to provide a mix of innovative health and medical related commercial premises to support the hospital and residential uses and community facilities to better support the people who visit, live and work there.

The Plan is framed around five themes or priority areas in the pursuit of our vision to be “Leaders in healthcare, partners in wellbeing” and to deliver two key outcomes for our patients, their carers, and community:

- Quality care by the right provider, in the right place, when needed
- Minimise impact of illness, maximised health and wellbeing

Further copies of the Plan can be downloaded at: www.nslhd.health.nsw.gov.au/AboutUs/StrategicPlan
For more information about NSLHD visit: www.nslhd.health.nsw.gov.au

The five themes are:



Healthy Communities

Prevention, early intervention and community development strategies will improve health outcomes



Connected Person-Centred Care

People have a good experience of care, which meets their health needs, in partnership with multiple care providers



Evidence-Based Decision Making

Decisions are made on the basis of best available information and a philosophy of continuous improvement



Responsive & Adaptable Organisation

Our structure and systems support the delivery of innovative and responsive services in partnership with other providers and our community



Engaged & Empowered Workforce

Our staff are confident, capable and committed to the support and delivery of good care every day



A VISION FOR NORTHERN SYDNEY LOCAL HEALTH DISTRICT IN 2022

The Northern Sydney Local Health District (NSLHD) is a somewhat different organisation by 2022.

The overall health and wellbeing of the population continues to improve through health promotion strategies that address social wellbeing and our major chronic disease risk factors (tobacco, alcohol and physical inactivity). NSLHD has made significant gains in improving the health outcomes of vulnerable populations and has improved its ability to meet the needs of the most vulnerable in the community, including frail aged people, those with mental illness, disability and from Aboriginal and diverse cultural backgrounds.

The Northern Beaches Hospital opened in 2018 and residents of that area are now cared for in a large, privately run hospital under contract with NSLHD to provide public health services. Comprehensive community health centres in Mona Vale and Brookvale provide a range of primary and chronic care services to the local population, closely linked with partner agencies. In Hornsby Hospital the stage 2 redevelopment has delivered increased medical beds and ambulatory care areas, with much better integration between the emergency department and short stay medical beds, to complement the recently completed surgical facilities. With the renovation of acute clinical areas at Ryde Hospital and the major redevelopment of Royal North Shore Hospital, NSLHD is now provided in a modern care environment from community health through acute care to rehabilitation.

Clinical Networks, with strong links with the Academic Health Sciences Centre, continue to guide and support local services with consistent patient pathways, based

on clinical evidence, across NSLHD. Patients know that wherever they enter the health system, they will receive consistent, high quality care, with evidence based clinical pathways for a range of common conditions in use. Clinical Networks have improved links with primary medical care, supported by an integrated information system that reduces the need for patients or their carers to repeat their story to every provider. In addition the development of Health Pathways has progressed to the point of describing all areas where primary and secondary care intersect. A much more comprehensive clinical informatics system allows clinicians and service managers to monitor care across the whole system and better adjust service provision in response to evidence and to improve outcomes. Cost analysis allows rapid identification of services that can provide consistently excellent quality care at a lower cost, enabling redirection of finances to meet growing needs.

A large proportion of health care continues to be in the community, assisted by an increased uptake of remote monitoring and support for self-management. Patients and their carers have access to technology that can communicate with providers, whether their GP or hospital-based services, to identify when early intervention is warranted. People in the community, both patients and carers, can more easily identify the packages of services they need across different providers. Organisational systems have been strengthened to feed patient and carer experience into care planning and service design.

Clinicians and other staff continue to work together to examine and improve their processes of care, supported by improved access to data and management support for



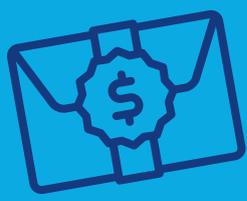
innovation. Programs have been established to reduce barriers to adoption of new ideas, and a greater number of staff are included in research programs and clinical trials. To support the skills required to manage contracts with private and non-government providers, increased attention has been given to commissioning and contract management skills across the organisation, closely linked with Clinical Networks to ensure that care quality is maintained and improved.

NSLHD is now financially sustainable with all services delivered at or below the State price. A consequence of this is that there is capacity for investment in new or innovative services that respond to the needs of the community. This, in turn contributes to staff attraction, engagement and empowerment and a translational research agenda that attracts the support of state and commonwealth research funding bodies as well as universities and private industry.

800+
peer reviewed
journal
publications and
book chapters



380
active
clinical trials


281 research grants
valued at \$36.4M

OUR ACHIEVEMENTS AND CHALLENGES— PAST, PRESENT AND FUTURE

Over the last ten years there have been increasing demands placed on the health care system and a rapidly changing policy, social and technological environment. These trends have continued across most developed countries. Costs of providing care have increased and the need to provide high quality, evidence based and sustainable services has been recognised by all levels of government.

Integrated Care

Population ageing and the increased complexity of patients have emphasised the need for better integration across service boundaries. Care is increasingly provided by a wide range of professionals and sectors leading to a greater push for integrated care strategies. These strategies require sustained efforts to link providers in a person-centred model of care, supported by improvements in clinical informatics, which can be applied across funding and administrative boundaries. Collaborative working with the Sydney North Health Network will focus on improving the coordination of care so that patients receive the right care, in the right place at the right time.

At the same time the education, aged care and disability sectors have had a number of major changes to their funding models and policy requirements. In addition to collaborative relationships with other local providers, governments are increasingly seeking to work in partnership with the private sector and the non-government or not for profit sector in the provision of services, previously provided by the public

health sector, through public private partnerships and competitive tendering processes.

NSLHD has achieved much over the last five years in both health promotion and health care provision, and is well prepared to respond to the challenges ahead and meet the complex health care needs of the NSLHD community and beyond.

Organisational Structures

NSLHD has made significant progress in implementing a new operating model, transitioning from a facility-based model to a network led operating model. The Clinical Networks are increasingly playing a lead role in establishing and overseeing standards of care, providing leadership in relation to education and research, and providing advice in relation to service development, resource allocation and workforce requirements. They are primarily responsible for the implementation of the 150 recommendations identified in the Clinical Services Plan 2015-2022. This model represents a new level of clinical engagement and is empowering clinicians to work with our existing divisional structures, site managers and executive teams to drive change that benefits patients and their carers by delivering the right care, in the right place and at the right time.



Capital Development

NSLHD has benefited from several major capital redevelopments with more planned for the future. We have completed major capital developments at each of our acute hospitals and many community health centres and construction is well underway for a major acute hospital in Frenchs Forest, to be provided by the private sector under a public-private partnership. These capital developments provide significant opportunities to review, revise and modernise models of care to improve outcomes and service efficiency.

Finance and Funding

NSLHD has made significant gains in the management of its operating budget, reducing its deficit while ensuring no reduction in service levels or service quality. There remain considerable challenges that will require NSLHD to closely monitor strategic investments, expenditure, and revenue opportunities in the activity based funding (ABF) environment. ABF requires explicit management of activity and cost to a greater degree than previously. This includes the need for accurate reporting, counting and coding of activity to avoid under-funding. It also includes a need for accurate monitoring of cost components and consideration of more efficient models of care within outcome expectations. In some cases this will include consideration of whether it is financially viable to provide certain types of services or in as many locations. Ideally services should be able to be delivered at a marginally lower cost than the State price, allowing some of the budget to be used

for service development. This process requires an active partnership between clinicians, managers and consumers/patients. Practical implications for health services within the NSLHD include a requirement for clinicians to understand cost drivers and components of care, and the source of variation between service entities. It also requires an understanding of the limitations on activity growth determined by NSLHD's service agreement. NSLHD will need to further develop its activity based management capabilities with explicit management of activity and cost to a greater degree than previously, as well as aligning budgets to support reforms and initiatives that deliver better value care.

Technology and Information

The health sector is undergoing significant change in the way technology is used to deliver better clinical and operational performance and NSLHD recognises the need for technology to support improved patient and carer experiences and outcomes. The last five years have been foundational in the establishment of major clinical systems, such as electronic medical records and health information services have focused on strengthening the core systems and platforms to optimise integration and communication capability across the organisation and enable better care coordination to further drive improvements to efficiency, patient safety and the quality of care.

NSLHD also requires infrastructure that delivers information and knowledge electronically to empower clinicians and other staff. The digitisation

NSLHD HAS ACHIEVED MUCH OVER THE LAST FIVE YEARS IN BOTH HEALTH PROMOTION AND HEALTH CARE PROVISION, AND IS WELL PREPARED TO RESPOND TO THE CHALLENGES AHEAD AND MEET THE COMPLEX HEALTH CARE NEEDS OF THE NSLHD COMMUNITY AND BEYOND.

of both clinical and operational records has been a fundamental precursor to the next stage of evolution in the way that data is used. Data analytics and informatics will combine operational and clinical data to create true business intelligence systems that will enable the improvement of clinical care, efficiency and operational decisions.

Telehealth will become more prevalent as the technology for remote monitoring and support becomes more effective and we adapt to this new method of delivering clinical services. This has the potential to increase care in the community, encourage a more mobile medical workforce and as technologies like “the internet of things” grows, ensure that accurate data is recorded and integrated into existing systems, allowing clinicians to make decisions from a distance.

Education and Research

It is anticipated that Activity Based Funding will be implemented for all teaching, training and research activities in public hospitals during the life of this Plan; it is also anticipated that additional national funding will become available for priority-driven hospital-based research through initiatives such as the federal government’s Medical Research Future Fund. NSLHD will need to work closely with educational and research partners to maximise funding outcomes and to deliver transformational change in health and wellness, and healthcare, and to embed a culture of education, research, innovation and collaborative excellence across community and clinical care services.

NSLHD has longstanding relationships with educational and research institutions including co-investment and staffing through the University

of Sydney and the joint venture Kolling Institute of Medical Research. There is also widespread collaboration between individual NSLHD departments and staff, and university health and non-health faculties, their staff and students. There is a deep commitment to continue these collaborations.

NSLHD established an Academic Health Sciences Centre (NSAHSC) in 2014 with partner organisations the Kolling Institute, University of Sydney, Macquarie University and University of Technology Sydney. This unique collaboration seeks to coordinate, focus and mobilise our shared expertise and resources to address our most pressing problems. The NSAHSC will need to be more closely integrated with, and guided by, the educational and research priorities identified by NSLHD and would benefit from being integrated more clearly and closely with NSLHD’s structures.

NSLHD is also a key member of Sydney Health Partners, one of the first four Advanced Health Research and Translation Centres in Australia. Sydney Health Partners was recognised by the National Health and Medical Research Council in 2015 for being a world leader in translating research into better health outcomes for our community. In addition to NSLHD, the partnership is made up of the Sydney and Western Sydney Local Health Districts; the Sydney Children’s Hospitals Network (Westmead); the University of Sydney; and nine independent medical research institutes. Sydney Health Partners’ vision is to transform the way research improves patient care and public health in our health system through strong collaboration, inclusive thinking and an overriding commitment to meet the health needs of the community.



Looking Forward

In the timeframe of this Plan NSLHD will tackle some new and exciting challenges and opportunities.

- The new Northern Beaches Hospital at Frenchs Forest, managed under a public-private partnership will open in 2018. This new service arrangement will present a range of opportunities and risks to be managed including (but not limited to):
 - successful management of the service contract to ensure that service volumes are correctly estimated and service quality outcomes defined and achieved
 - development of a robust partnership with HealthScope that facilitates collaborative working in the best health interests of the Northern Beaches community
 - integration of services provided by HealthScope with other urgent, sub-acute and community health services provided by NSLHD and integration of clinical services across NSLHD hospitals
 - determining and managing the impact of shifting activity from Royal North Shore Hospital (and to a lesser extent from Hornsby Hospital) to the new Northern Beaches Hospital
 - reconfiguring services across Hornsby/Ryde and Royal North Shore hospitals
- The functions and impact of Primary Health Networks (PHNs) will be more tangible after 5 years and together we will have a better understanding of how the acute and primary care sectors can work together to build capabilities.



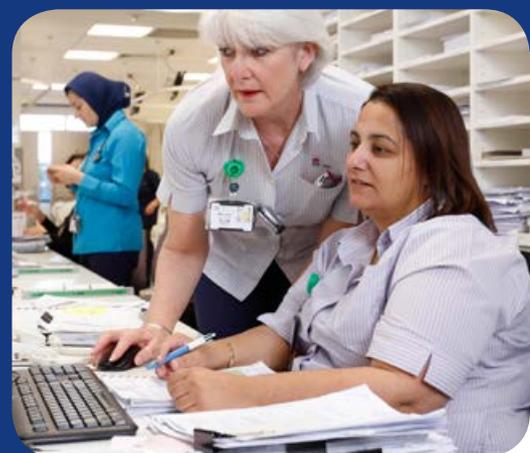
8250
computers

13000
landlines and
2720
mobile phones



3000+
wifi access points

DEVELOPING AND IMPLEMENTING THE STRATEGIC PLAN



100%
of patient records
coded within
15 days of discharge

This Strategic Plan has been developed with the support and engagement of a large number of staff and in consultation with key stakeholders and our community. Over 700 staff and stakeholders provided feedback and/or participated in focus groups and workshops to:

- Explore strengths, weaknesses, opportunities and threats over the next five years
- Develop strategic themes, objectives and expected outcomes
- Identify performance measures for each theme and outcome.

Following the launch of the Plan at the commencement of 2017/18 further detailed work, led by the Office of the Chief Executive and sponsors of each strategic theme, will be undertaken to develop action plans and refine performance measures and approaches to their capture, analysis and reporting on a regular basis.

The NSLHD Strategic Plan will form the overarching strategy for all future planning and the delivery of services that reflect our CORE Values. Along with the annual service agreement with the NSW Ministry of Health and the NSLHD, the Clinical Services Plan (2015-2022) and the suite of enabling and service plans it will inform annual operational plans for Health Services, Directorates, and Clinical Networks.



2.8 million eMR
(electronic medical
record) user
interactions every day



OUR STRATEGIES AND THEMES



Healthy Communities

Prevention, early intervention and community development strategies will improve health outcomes



Connected Person-Centred Care

People have a good experience of care, which meets their health needs, in partnership with multiple care providers



Evidence-Based Decision Making

Decisions are made on the basis of best available information and a philosophy of continuous improvement

OUR COMMUNITY AND

Quality care by the right provider, in the right place, when needed |

- a** Improve health outcomes for vulnerable populations
- b** Support people to manage their health and maximise wellbeing

- a** Improve quality and safety of care
- b** Develop reliable integrated systems of care
- c** Improve the patient experience of care

- a** Evaluate and apply information and knowledge to improve clinical, business and organisational practices
- b** Promote enquiry and research to develop, share and apply new knowledge

a Achieve a sustainable financial position

Our Purpose

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



Responsive & Adaptable Organisation

Our structure and systems support the delivery of innovative and responsive services in partnership with other providers and our community

Our Vision

Leaders in healthcare, partners in wellbeing



Engaged & Empowered Workforce

Our staff are confident, capable and committed to the support and delivery of good care every day

Realising our vision

We will focus on five key themes

To achieve these outcomes

While building our internal capacity

PATIENT OUTCOMES

Minimise impact of illness, maximise health and wellbeing

- a Develop expertise in clinical, business, contractual and collaborative partnerships
- b Develop a rigorous approach to innovation for continuous improvement and transformational change
- c Develop ICT capabilities to support clinical and business needs

- a Develop our culture to engage and empower our people
- b Develop a person-centred health and safety culture
- c Develop leaders who role model our values while driving improvement and innovation
- d Develop our talent to ensure confident and capable people

b Maximise value from resources

OUTCOMES

HEALTHY COMMUNITIES



PREVENTION, EARLY INTERVENTION AND COMMUNITY DEVELOPMENT STRATEGIES WILL IMPROVE HEALTH OUTCOMES



Objectives

1. Improve health outcomes for vulnerable populations
2. Support people to manage their health and maximise wellbeing

Expected Outcomes

- Health outcomes for vulnerable and disadvantaged populations are comparable to the general population
- Risk factors that contribute most to the total disease burden for residents of NSLHD are reduced (obesity, tobacco and alcohol)
- Secondary prevention (early detection of disease) is an integral component of health pathways and packages of care
- Maintaining and improving the health of the general population and individual patients is a shared goal with service delivery partners and stakeholders
- Our population has access to and can understand relevant health information and make good health and healthcare choices
- Patients know when and how to access care through their GP, other primary care provider, hospital, specialist or private service

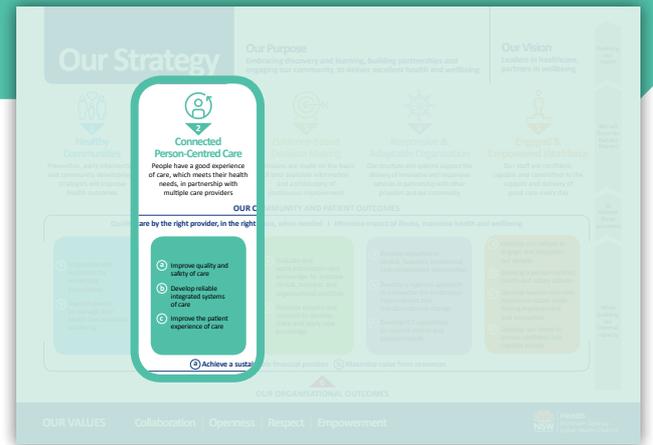
Initiatives will focus on

- Quantifying health disparities for disadvantaged groups including, but not limited to Aboriginal and Torres Strait Islanders, culturally and linguistically diverse populations, and people with disabilities or mental illness
- Delivering whole system, culturally appropriate responses to health outcome disparities in partnership with patients/carers and other health and social care organisations and peak bodies
- Developing strategies to respond to local population health priorities over and above core health promotion priorities of NSW Health
- Incorporating health promotion, primary and secondary prevention and self-management strategies in health pathways for most common reasons for emergency department presentation or acute admission
- Developing strategies to engage people with increasing risk profiles in their care, balancing interactions with primary care and opportunities for self-management, to reduce the number transitioning to high care management needs
- Collaborating with the Sydney North Health Network to improve the coordination of care so that patients receive the right care, in the right place at the right time

CONNECTED PERSON-CENTRED CARE



PEOPLE HAVE A GOOD EXPERIENCE OF CARE, WHICH MEETS THEIR HEALTH NEEDS, IN PARTNERSHIP WITH MULTIPLE CARE PROVIDERS



Objectives

1. Improve quality and safety of care
2. Develop reliable integrated systems of care
3. Improve the patient experience of care

Expected Outcomes

- We know what good care looks like, care pathways are clearly described and we measure ourselves against agreed standards of care
- Care is accessible and easily understood and navigated across healthcare sectors and providers
- Care is organised around patient and carer needs, rather than clinician or organisational convenience
- Models of care and partnerships focus on empowering and supporting patients and their carers to be partners in their care
- Community and consumers are involved in designing health services
- Health service delivery and evaluation is based on feedback about patient and carer experience and is respectful of and responsive to individual patient and carer preferences, needs and values
- Avoidable harm is minimised

- Funding and eHealth solutions support a connected health system
- Care is provided in the most appropriate and least costly setting across the NSW health system
- Patients and carers report satisfaction with all aspects of their contact with NSLHD services and transition between NSLHD and other providers

Initiatives will focus on

- Engaging with patients, carers and community to better understand and improve their experience of care
- Building awareness of available care options across multiple providers and how to access them
- Improving communication and connectivity between healthcare providers across organisational boundaries
- Developing standardised evidence-based clinical care pathways across NSLHD services
- Improving the capture and communication of clinical information so that patients and carers do not need unnecessarily to “tell their story” more than once

EVIDENCE-BASED DECISION MAKING



DECISIONS ARE MADE ON THE BASIS OF THE BEST AVAILABLE INFORMATION AND A PHILOSOPHY OF CONTINUOUS IMPROVEMENT



Objectives

1. Evaluate and apply information and knowledge to improve clinical and organisational practices
2. Promote enquiry and research to develop, share and apply new knowledge

Expected Outcomes

- We have agreed processes, a disciplined approach and a range of tools to make good decisions consistently
- We challenge the way we think about and provide care based on the measurement and evaluation of care processes and outcomes
- We understand our costs and cost drivers in the activity based funding environment
- NSLHD has an inspiring and excellent education and research culture that delivers measurable health improvements for our communities
- Patients, clinicians and researchers work together to agree on clinical questions, goals and desirable outcomes to solve health challenges faster
- Our education and training programs are highly regarded and evaluated; our health research and education are united with patient care

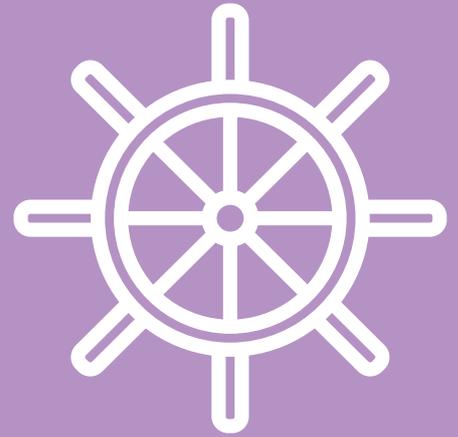
- NSLHD is recognised as a leader in simulated learning to explore ways of improving the efficiency and quality of collaborative training across Statewide programs and tertiary providers

Initiatives will focus on

- Using data analytics to inform decisions about high quality, evidence-based and sustainable service delivery and disinvestment in ineffective or inefficient practices
- Developing performance measurement processes as a basis for evidence-based leadership
- Developing project management, business development and contestability skills
- Embedding a commitment to educational and research excellence as a core element of NSLHD services
- Integrating research, and education and training with NSLHD priorities to achieve better outcomes
- Improving our research capabilities in collaboration with our partners
- Developing mutually beneficial partnerships with other research and tertiary education providers
- Improving access to educational and continuing professional development opportunities

4

RESPONSIVE & ADAPTABLE ORGANISATION



OUR STRUCTURE AND SYSTEMS SUPPORT THE DELIVERY OF INNOVATIVE AND RESPONSIVE SERVICES IN PARTNERSHIP WITH OTHER PROVIDERS AND OUR COMMUNITY



Objectives

1. Develop expertise in clinical, business, contractual and collaborative partnerships
2. Develop a rigorous approach to innovation that captures, assesses and progresses creative solutions for continuous improvement and transformational change
3. Develop ICT capabilities to support clinical and business needs

Expected Outcomes

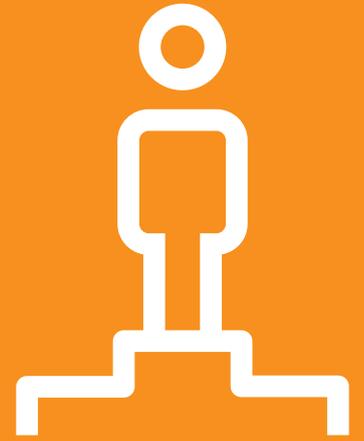
- Partnerships have shared goals and roles and responsibilities are clear and unambiguous
- Service level agreements with our partners have clearly defined quality and performance standards
- Risks are shared equitably between partners with “no disadvantage” to NSLHD either financially or in service delivery
- Organisational culture, capabilities and processes support transformational change and innovation in service design, delivery and leadership that enables excellent patient care
- We have a culture that supports innovation and change

- We have a system and processes that support innovation
- Staff are capable and empowered to be innovative
- Robust activity analysis provides valuable insights into activity and outcomes to inform quality and safety improvements
- Communication technologies support remote clinical consultation, patient monitoring and support
- The collection and extraction of information is simple and readily accessible

Initiatives will focus on

- Developing negotiation, risk management, contestability, contracting, commissioning, business and financial capabilities to support the development of partnerships with external service providers
- Improving organisational innovation maturity
- Improving the integrity and usability of data, and enhancing our business intelligence and analytical capabilities
- Maximising the functionality of ICT services to support staff in the delivery and evaluation of care and business outcomes

ENGAGED & EMPOWERED WORKFORCE



OUR STAFF ARE CONFIDENT, CAPABLE AND COMMITTED TO THE SUPPORT AND DELIVERY OF GOOD CARE EVERY DAY



Objectives

1. Develop our culture to engage and empower our people
2. Develop a person-centred health and safety culture
3. Develop leaders who drive improvement and innovation
4. Develop our talent to ensure confident and capable people

Expected Outcomes

- › Our culture supports everyone to contribute their best and to be fulfilled at work
- › Staff demonstrate our CORE Values with colleagues, consumers, carers and families
- › Staff communicate collaboratively with colleagues, patients, communities and stakeholders
- › People are physically and psychologically safe in our workplaces, and are supported to maximise their health and wellbeing

- › Workforce capabilities match projected business needs
- › Senior staff effectively lead organisational change to deliver improvements and innovation
- › We identify and develop our future leaders
- › Our people are capable, agile and prepared for the delivery of consistently good health care services in a changing environment

Initiatives will focus on

- › Eliminating workplace bullying and violence and developing the staff Wellbeing Plan
- › Developing a communications framework
- › Developing a supportive and empowering change management framework
- › Developing clinical and non-clinical leaders
- › Embedding the commitment to educational and research excellence

6

OUR ORGANISATIONAL OUTCOMES

Objectives

1. Achieve a sustainable financial position
2. Maximise value from resources

Expected Outcomes

- › Acute hospital services are in recurrent income/expense balance
- › Cross-subsidies between services are eliminated
- › Services are delivered at or below the state efficient (ABF) price
- › Inefficient processes and resource waste are eliminated
- › Asset utilisation is maximised
- › Services are configured to be most productive



Initiatives will focus on

- › Understanding service delivery costs and key cost drivers at an increasingly granular level
- › Developing scalable solutions to manage:
- › Underutilised or inefficient resources
- › Clinical resource variation
- › Aligning investments and allocations with our purpose, vision and priorities
- › Growing non-government revenue

ABOUT NORTHERN SYDNEY LOCAL HEALTH DISTRICT

GEOGRAPHY

- › NSLHD is one of 15 Local Health Districts in NSW; covering an area of 900km² it encompasses 9 local government areas (LGA) including Hornsby, Ku-ring-gai, Northern Beaches, Hunters Hill, Lane Cove, Mosman, North Sydney, Ryde and Willoughby.



- + NSLHD HOSPITALS
- AFFILIATED HEALTH ORGANISATIONS
- ▲ PUBLIC-PRIVATE PARTNERSHIP

HORNSBY KU-RING-GAI HEALTH SERVICE

NORTHERN BEACHES HEALTH SERVICE

NORTH SHORE RYDE HEALTH SERVICE

POPULATION



22%

of NSLHD residents were born in non-English speaking countries, compared to 19% across NSW

Profile

- > Population in 2016 estimated at 910,260, almost 12% of the population of NSW
- > 2,463 Aboriginal people live in NSLHD representing 0.3% of the population; RNSH also admits Aboriginal patients from rural and remote areas for specialist treatment
- > 25% of NSLHD residents speak a language other than English at home of which 14% report having limited or no proficiency in English
- > 18% of the population are under 16 years; 16% are over 65 years
- > Over the next 5 years the population will grow by 56,000 or 6%
- > Over the next 20 years the population is projected to increase by 211,550 people (23% growth) – an increase the size of the city of Hobart
- > By 2036, 20% of NSLHD population will be over 65 years and the population aged 80 and over will have almost doubled

2011 Census and NSW Planning and Environment Population Projections 2016



OVERWEIGHT & OBESITY

ADULT

NSLHD 45.1%
NSW 53.3%

CHILDHOOD 5-16

NSLHD 17.1%
NSW 21.9%



Health status

- > NSLHD residents compare favourably on most socioeconomic and health status indicators with the rest of NSW. There are, however, identifiable geographical areas and population sub-groups within NSLHD with higher health and social care needs and lower economic means
- > NSLHD residents have significantly lower standardised mortality ratios compared to the NSW average, with residents of Hornsby Ku-ring-gai having the lowest rates for cancer, accidents, heart disease and respiratory conditions. Significantly all parts of NSLHD have higher mortality for stroke than the NSW average
- > NSLHD residents have, on average, greater access to both public and private health services



RISKY ALCOHOL DRINKING

NSLHD 27.4%
NSW 29.8%

TOBACCO SMOKING

NSLHD 9%
NSW 15%

PRIVATE HEALTH INSURANCE

NSLHD 71%
NSW 48%

ACTIVITY IN 2016/17



209,135

ED presentations

270,427



Community health services

58,945

adult acute medical admissions

4,504 acute mental health admissions

5,858 babies delivered



22,341 oral health consultations



53,089

breast screens

22,408

renal dialysis treatments



29,866 adult acute surgical admissions

176,968

home nursing visits



7,761

paediatric admissions



565,210

outpatient visits

Royal North Shore Hospital accounts for 58% of occupied acute beds



500,000+ people are exposed to health promotion messaging to reduce underage consumption of alcohol

56%

of adult overnight acute hospital beds are occupied by patients aged 70 years or older



60% of all adult overnight acute beds are occupied by medical patients and 40% by surgical patients

199,781 acute admissions to private hospitals including 4,971 births to NSLHD resident mothers

4,829,394

GP services

111,000 children participating in healthy eating and active living programs

NSLHD STAFF

Workforce of
11,123
or 9,237 FTE

440
Staff Specialists and
573
Visiting Medical
Officers

1,362
(1,019 FTE)
Allied Health
professionals

161
(140 FTE)
Clinical Nurse
and Midwifery
Consultants

5,279
(4,145 FTE)
Nurses, Midwives
and AIN



EDUCATION & TRAINING

203
*Transition to
Professional Practice*
positions for newly
qualified nurses

1,059
Allied health
undergraduate
clinical placements

390
Staff education
programs with
7,980
participants

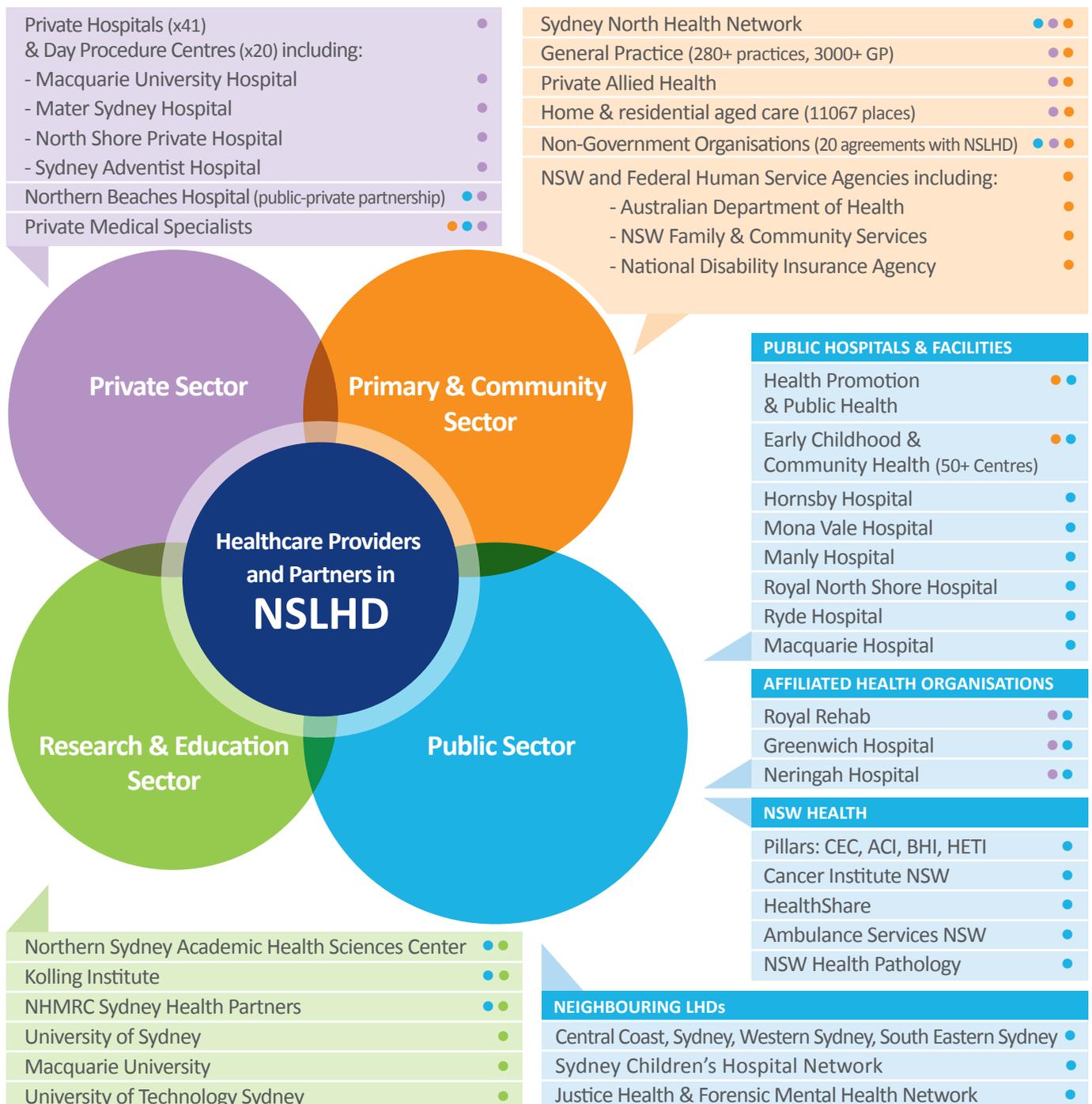
100
Medical
undergraduate
clinical
placements

3,619
Nursing
undergraduate
clinical placements

186
junior doctors in
pre-vocational training
286
doctors in specialty
training

HEALTH CARE PROVIDERS IN NSLHD

NSLHD does not provide healthcare in isolation; it is part of a larger health and social care landscape that encompasses primary care, private health, aged care, NGOs, and local, state and federal government alongside the population and public health, health promotion, and acute, sub-acute, mental health and primary and community health services provided by NSLHD.



OUR CORE VALUES

Upholding these values, we are working together to focus on the quality of care provided to our patients and consumers

COLLABORATION

With colleagues, we:

- › share our ideas and knowledge
- › offer assistance when the team is busy
- › have multidisciplinary meetings for clinical handover

With patients, consumers, carers and family members, we:

- › take the time to talk with and listen to you
- › provide opportunities to communicate with our teams
- › explain our roles and your care plan with you

We don't:

- › gossip or talk negatively about others
- › avoid consulting with our patients, consumers and staff
- › refuse to assist others or do our fair share of work

OPENNESS

With colleagues, we:

- › communicate transparently and honestly
- › participate in constructive feedback
- › take time to listen to each other

With patients, consumers, carers and family members, we:

- › introduce ourselves and address you by your preferred name
- › take time to discuss your needs and expected outcomes
- › acknowledge and apologise if mistakes occur

We don't:

- › avoid responsibility and blame others
- › intimidate others
- › purposefully withhold information from others



RESPECT

With colleagues, we:

- › are inclusive and treat each other with fairness
- › ensure our work environment is safe
- › resolve issues constructively with each other

With patients, consumers, carers and family members, we:

- › keep your information confidential
- › wash our hands before and after seeing you
- › take your concerns seriously and follow up

We don't:

- › raise voices, swear or use abusive language
- › assume others' capacity to understand and participate
- › judge others on their appearance, history, culture, background

EMPOWERMENT

With colleagues, we:

- › acknowledge strengths and complementary skills in others
- › support and mentor each other to be our best everyday
- › thank others for their efforts and congratulate their achievements

With patients, consumers, carers and family members, we:

- › acknowledge that you are the experts of your own life
- › enable communication and participation in your healthcare journey
- › involve you in making informed decisions

We don't:

- › talk down to each other
- › dismiss the views and ideas of others without discussion
- › undermine the growth potential of others



Health
Northern Sydney
Local Health District



/RYDEHOSPITAL
/HORNSBYHOSPITAL
/ROYALNORTHSHORE



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