

South Western Sydney  
Local Health District



2023 - 2024 Future Priorities

# Safety & Quality Accounts

2022 - 2023 Report

# Acknowledgment

South Western Sydney Local Health District (SWSLHD) acknowledges the Traditional Owners of the land described in this document as south western Sydney; the Darug, Dharawal and Gundungurra peoples and their continuing connection to this land.

We acknowledge and pay respect to Elders past, present and emerging. We thank them for their leadership in improving the health of our local Aboriginal people and communities.



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# Foreword

Ensuring the provision of safe, high-quality care and positive experiences for the people of south western Sydney is central to our work.

Impacts of the pandemic are still evident across some of the outcomes outlined in these accounts, but its lessons are informing and enhancing the future of care across the region.

Collaboration and a healthy spirit of innovation are leading to new models of care, designed to better meet the needs of the growing communities of the south west in a sustainable way.

Internally, we strengthened our multidisciplinary teams to ensure our patients and consumers have access to the breadth of expertise we offer. We looked to agencies across all levels of government, including the South Western Sydney Primary Health Network, Department of Communities and Justice, and local governments to identify ways to improve the health of the people of south western Sydney.

We deepened our engagement with the diverse communities who call south western Sydney home in order to enhance the culturally-responsive care we provide. We formed the South West Sydney Multicultural Partnership in 2022 to cement the importance of intentional, formal collaboration between the District and local multicultural organisations to create better health outcomes and experiences for multicultural communities.

Our Aboriginal Health Services, facilities and services have established deep partnerships with local Aboriginal organisations, whose expertise in health and culture enable the delivery of culturally-responsive care.

We launched the South Western Sydney Local Health District Strategic Plan 2022-2023 Framework to reach our vision of leading safe, sustainable care for healthier communities.

Key to our success will be deepening engagement with the people of south western Sydney, listening to their needs and co-designing care to support their health and wellbeing.



**Mr Sam Haddad**  
Board Chair



**Ms Sonia Marshall**  
A/Chief Executive

# About us

South Western Sydney Local Health District (SWSLHD) covers an area of 6,243km<sup>2</sup> across the Local Government Areas of Canterbury-Bankstown, Fairfield, Liverpool, Campbelltown, Camden, Wollondilly and Wingecarribee.

This area includes a diverse mix of urban and regional landscapes and is home to some of the most multicultural communities in Australia.

The south western Sydney community is among the fastest-growing in the nation, and is expected to grow to around 1.2 million people by 2031.

## Facilities and Services

SWSLHD is home to six hospitals and a range of community-based health services including:

- Bankstown-Lidcombe Hospital
- Fairfield Hospital
- Oral Health Service
- Bowral & District Hospital
- Liverpool Hospital
- Drug Health Service
- Camden Hospital
- Mental Health Service
- Aboriginal Health Service
- Campbelltown Hospital
- Primary and Community Health Service
- Population Health Service
- Multicultural Services.

## Our Care 2022 - 2023



# Our Services

WESTERN  
NSW LHD

NEPEAN BLUE  
MOUNTAINS  
LHD

WESTERN  
SYDNEY LHD

FAIRFIELD

LIVERPOOL

BANKSTOWN

CAMDEN

WOLLONDILLY

CAMPBELLTOWN

SOUTH EASTERN  
SYDNEY LHD

WINGECARRIBEE

SOUTHERN  
LHD

ILLAWARRA  
SHOALHAVEN  
LHD

KEY



Hospitals



Major Community Health Centres and Integrated Health Hubs

## *transforming your experience*

Every staff member in SWSLHD impacts patient care. Our frontline staff rely on the support and resources provided by specialist, professional back-of-house teams.

We seek feedback from team members through a range of initiatives, including rounding, the People Matter NSW Government Employee Survey and My Experience Matters. The insights gained help the District enhance workplace culture.



## Transforming the patient Experience

**We listen to patients and value the feedback they offer on their care. Patient experience information is captured and responded to in a variety of ways, including feedback to care teams, clinical rounding with patients and through a range of formal feedback channels such as patient surveys including the My Experience Matters.**

Transforming Your Experience is the lens through which we make decisions and provide care. It provides a range of tools and strategies that support the

delivery of consistent, safe and high-quality care, and positively transforming how our patients, consumers, staff and communities experience our organisation.

The tools support respectful communication, genuine engagement and personalised individual care. They empower staff to identify and manage risks in their area of work and to lead safety and quality improvements.

This past year SWSLHD has placed an increased focus on three of these tools in particular, Leader Rounding, My Experience Matters and Risk Huddles.

## Leader Rounding

In SWSLHD we use Leader Rounding with staff, patients and consumers to identify what is working well, what we can improve and to acknowledge staff for excellence. Leader Rounding takes place in all of our settings and includes both clinical and non-clinical teams.

In the past 12 months there have been more than 32,000 Leader Patient Rounds completed. The three areas identified for improvement include food, discharge and

transfer issues or care coordination.

During the same time period over 12,700 Leader Staff rounds were completed. Staff rounding uncovered a range of positive feedback including teamwork and support from managers. More than 7,000 staff were recognised for excellence during Leader Rounding by staff, patients and carers. This is an outstanding result and supports a positive culture in SWSLHD.

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## Kindness goes a long way

To coincide with World Kindness Week in November, staff were encouraged to recognise and thank colleagues. Receiving a recognition card provided staff with kind words of appreciation and were well received. The program has since been adapted as part of the District's Winter Wellbeing Strategy.



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## Winter Wellbeing Strategy

To support staff during the busy winter flu season, SWSLHD initiated the Winter Wellbeing Strategy. Across the organisation, non-mandatory, non-urgent and unnecessary events and training were paused for the winter months to free up staff to focus their time and energy on caring for patients and consumers.

Through a series of webinars, staff were provided with tips and strategies to enhance their wellbeing. Topics included 'Taking care of your wellbeing', 'Leading wellbeing', 'Vicarious trauma and compassion fatigue',

and 'Nourishing your wellbeing: The power of diet and exercise'.

Appreciating colleagues was another theme, with recognition cards again providing an easy and tangible way of giving thanks.

Connecting with colleagues is important to wellbeing, so two-for-one coffee vouchers encouraged staff to take a co-worker for a coffee or tea, to check in with each other.

To support healthy eating, fruit boxes were delivered to each of our facilities and services.



## Developing our people

SWSLHD provides professional development and training across the District.

A comprehensive review of education and training needs identified an opportunity to realign the function responsible for education and organisational development creating the Education and Organisational Development Service. Supported by the SWSLHD Education and Organisational Development Plan 2022-2028, the Service will focus on uplifting capability, improving employee engagement and building a positive workplace.



# Transforming our workplace culture to drive safe and quality care

## Supporting frontline managers

Timely recruitment and support for rostering and payroll contribute to job satisfaction and wellbeing of staff. The recruitment business partner model has been in place across SWSLHD since February 2022. Since March 2023 the timeframe for the complete recruitment process has been consistent at 39-40 days.



The aim of streamlining recruitment is to decrease the need to cover vacancies through overtime, casual and agency staff. The focus of

the HR Employment Hub is now on improving transactional work including decreasing payroll adjustments and improved rostering.

Nurse Unit Manager of the Special Care Unit at Campbelltown Hospital Fiona Kite regularly checks in with families through leader rounding to ensure patients have a positive experience.

“The value of Leader Rounding in the unit is to ensure patients, families and carers feel listened to. It’s important for them to have a voice as they are an integral part of the baby’s journey”.

“Our shared goal is to ensure that every baby has the best start to life”.

*Campbelltown Hospital*



## Patient and consumer feedback - My Experience Matters

The District’s My Experience Matters survey asks patients, consumers and carers to provide feedback on their care. The timely feedback supports SWSLHD to actively listen to those engaging with our services and empower managers and staff to take action.

Patient feedback surveys are available for all hospitals and services, with surveys translated in nine languages. Feedback from

patient experience surveys is provided to leaders to review with their teams and develop localised improvement strategies.

From July 2022 to June 2023, we received more than 16,800 completed surveys, with an overall experience rating of 92 per cent, an improvement of three percentage points from the previous year.

Axon Dutiro has adopted regular Proactive Patient Rounds in his clinical practise along with his colleagues on the Renal ward (CB4D) in Liverpool Hospital.

“As a clinician I want to know my patients are safe, feel safe and comfortable and that I am addressing their individual risks and needs to optimise the care they receive and avoid adverse events that can prolong their stay in hospital. This is exactly what Proactive Patient Rounding supports me to do.

“Not all patients feel confident in asking for help to walk to the bathroom, or they could be hesitant to ask for pain relief. Proactive Patient Rounding supports me to care for their needs which might otherwise get lost amongst performing my clinical tasks and the business of the day.”



Using a multidisciplinary approach, the Antenatal Clinic at Fairfield Hospital has successfully embedded Risk Huddles into their day to day business. Every day at 9am, before the clinic begins, a multidisciplinary risk huddle is conducted. Led by a designated midwife, Visiting Medical Officers, Junior Medical Officers, Registrars and midwives identify together staffing arrangements, high risk patients and support staff need to complete their work for the day. The risk huddle concludes with key organisational messages that staff need to know. The risk huddle take between 5-7 minutes to complete.

## Risk Huddles

Risk Huddles are proactive and planned huddles to discuss risks for the shift and the day. They provide an opportunity to share information and discuss how best to meet the needs of patients, consumers and staff.

Risk Huddles are adapted to meet the individual needs of units and services and are the most consistently used Transforming Your Experience tool across all of our services, with 90 per cent of all clinical and non-clinical units in SWSLHD holding regular huddles.

## Complaints and compliments

South Western Sydney Local Health District values feedback from the communities we serve. Compliments and complaints provide invaluable information about the quality of care from the perspective of patients and carers. This enables us to identify and promote practices that enhance our services and create trusting partnerships between patients and their clinicians.

In 2022, 1,287 compliments and 1,623 complaints were registered into the IMS+ incident management system.

Examples of how this feedback informed improvements:

1. A woman expressed concerns about having to wait in the Emergency Department (ED) with an incomplete miscarriage. Based on her feedback about her experience, a pathway is in development to triage patients directly to the Early Pregnancy and Gynaecology Service Clinic for assessment, limiting the need to wait in the ED.
2. A patient waited more than five hours for his discharge summary to be completed following hospitalisation.

As a result of a review to improve discharge processes, a junior medical officer is now allocated to work in the discharge transit lounge to fastrack paperwork and scripts. An additional registered nurse is also now rostered to help with the workload.

I am writing to express my utmost appreciation and admiration for the exceptional care, dedication, and respect exhibited by Jasmine and Ganga. From the moment my grandmother was admitted, it was evident that she was in the hands of two extraordinary healthcare professionals. They went above and beyond their duties to ensure that my grandmother received the highest standard of care.

### Ward 2A, Bankstown-Lidcombe Hospital

I cannot express strongly enough how wonderful I found all the nursing staff who looked after me during my stay. They were professional, caring at all times and helpful with any questions I had. A big thank you to everyone involved with my admission and subsequent care.

**Emergency Department, Inpatient Care and Occupational Therapy, Bowral & District Hospital**

# Safety and quality governance

The South Western Sydney Local Health District Strategic Plan 2022 – 2027 and Clinical Governance frameworks drive governance for safety and quality at our District.

The Strategic Plan clearly articulates our priorities and focus areas through our Vision, Mission and five Strategic Directions that will guide our activity for the next five years.

It builds on the NSW Health Future Health: Guiding the next decade of care in NSW 2022-2032 and our District's clinical services planning.

Our first Strategic Direction, 'Deliver safe quality care and positive experiences', has clear objectives and actions to enable our success.

The SWSLHD Clinical Governance Framework is built upon state and national models including the Australian Commission on Safety and Quality in Health Care's National Model Clinical Governance Framework. Our Framework also works hand-in-hand with Transforming Your Experience, and is underpinned by strategies and tools to support patient-focused decision-making.



# 2022-23 Key performance indicators snapshot

We are continuously improving the safety and quality of the care we provide. The following key performance indicators (KPIs) have been selected by our Consumer and Community Council representatives based on what is important to them.

We thank our community representatives for their valuable contribution.

A comprehensive list of safety and quality-related performance indicators is attached as an appendix to this document.

## Patient engagement index:

Patient engagement index refers to the rating given by our consumers of how engaged they feel in their care and treatment in our hospitals.

### Outcomes:

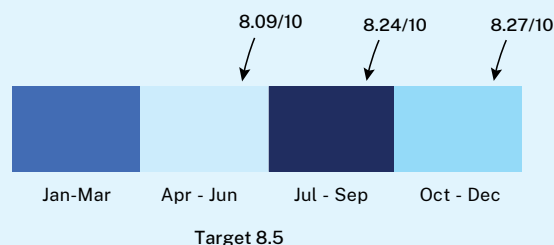
We have continued to demonstrate improvement in engagement with our patients. We aim to continually improve patient experience and engagement in our care.

Our patient experience officers support patients in Emergency Department (ED) waiting rooms, keeping them informed about waiting times and escalating concerns to relevant ED staff.

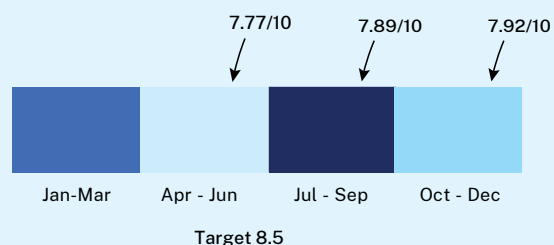
EDs and inpatient units continue Leader Patient Rounding and Risk Huddles (TYE tools) to improve communication with patients and carers.

There has also been a consistent increase in the number of patient experience surveys collected via the My Experience Matters system over the 2022-23 period. The data from patient experience surveys is used to drive service improvements at a local level.

SWSLHD performance (Adult Admitted Patients)



SWSLHD performance (emergency department)

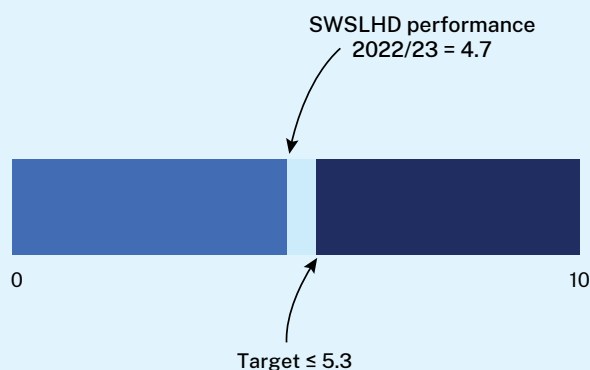


## Fall-related injuries in hospital resulting in fracture or intracranial injury (per 10,000 episodes of care)

Fall-related injuries are injuries that occur when someone falls while at one of our hospitals.

### Outcomes:

We have consistently achieved a rate better than the NSW benchmark (below 5.3 per 10,000 episodes of care). We achieved this through several strategies including falls risk screening, electronic falls management plans, Risk Huddles to proactively manage patient safety risks, Rounding of high-risk patients, and post-fall Safety Huddles. Audits and easy-to-use incident management systems support a high level of reporting.



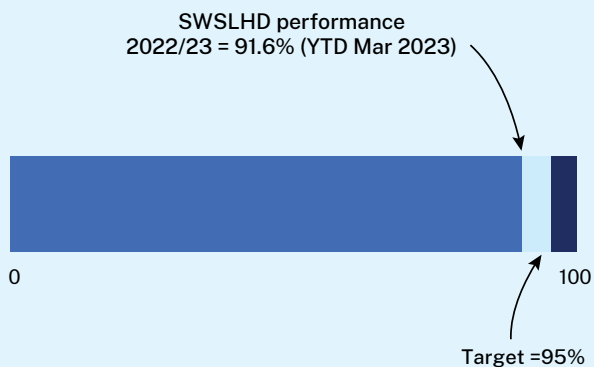
## Children fully immunised at one year of age (%)

Immunisation helps protect children from the most serious childhood infections, some of which may threaten their lives.

### Outcomes:

In collaboration with the South Western Sydney Primary Health Network, we are progressing joint strategies for improving childhood immunisation rates. These include:

- Children overdue for immunisations are placed on catch-up plans with their general practitioners (GPs) to ensure they receive missed vaccinations
- Continuing professional development education is provided for GPs
- Engagement with childcare centres to assist with monitoring childhood vaccination status
- Awareness videos, available in different languages
- Recruitment of an Aboriginal Immunisation Liaison Officer (AILO) to encourage Aboriginal families to have their children immunised
- Liaison with Multicultural Health Services to organise special events for diverse communities.



## Emergency Department presentations treated within benchmark times Triage 2: seen within 10 minutes

Emergency Department (ED) presentations are measured to ensure that consumers who visit the ED are seen and triaged to commence clinical care in a timeframe that is appropriate to their clinical urgency.

The number of ED patients classified as category 2 increased by 11.3 per cent between 2021-2022 to 2022-2023.

The total number of people attending SWSLHD EDs increased by more than 10,000, or 3.4 per cent, between 2021-2022 and 2022-2023.

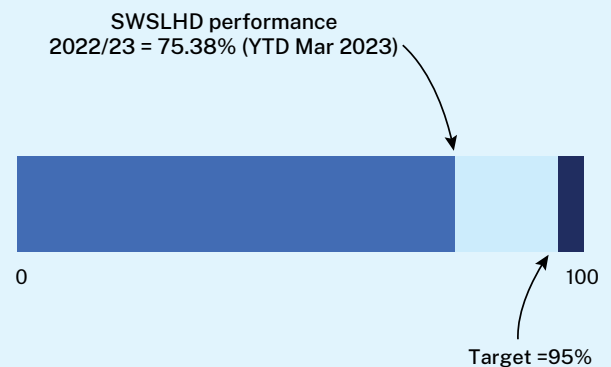
### Outcomes:

We have developed strategies to create capacity in hospitals for early movement of patients who need to be admitted from the ED to the hospital.

Whole-of-hospital strategies are progressing that aim to reduce factors contributing to wait times in the ED, including increased length of stay for patients in hospital.

Liverpool Hospital has implemented a front-of-house clinician to begin treatment in waiting rooms, assisting in early intervention and assessment as part of timely commencement of care provision to meet benchmark times.

Improvement science projects are progressing in all hospitals to improve front-of-house processes with goals to improve triage category 2 and 3 performances.





## Our achievements in safety and quality

We are proud of the many improvements made in safety and quality across our District during 2022-2023. Some of these achievements are highlighted below.

### The Elver program

SWSLHD partnered with the Department of Communities and Justice (DCJ) to establish a Tier Four specialist mental health service for Out of Home Care (OOHC) children across NSW.

The Elver program has had a significant impact on improving access to specialist services leading to improved health and development outcomes.

Staffed by SWSLHD clinicians, specialist mental health services and consultation is provided through in-person outreach or via telehealth across NSW.

Several changes have been made to further improve access, including providing in-reach for the DCJ Sherwood program, a secure therapeutic residential home in Campbelltown, and a community OOHC mental health service at Ingleburn.

## Healthy places program

SWSLHD is the first District in NSW to lead a program specifically focused on building the capability of built environment practitioners and policy makers within local government. The Healthy Places Program (HPP) is changing urban design practices, improving planning policies and instruments, and building capacity for healthy neighbourhoods and streets with Campbelltown City, Liverpool City, Fairfield City and Wollondilly Shine councils. Each of these partnerships is formalised with a memorandum of understanding, with all four councils delivering outcomes against agreed objectives.

The District and local councils co-funded the employment of a health-focussed built environment expert within council, enabling a financially sustainable and productive model focused on integrating health within local government planning mechanisms.

HPP is delivering sustainable changes at a systemic level during unprecedented growth to over a million residents in south western



Sydney and aligns to the NSW Future Health Strategy by partnering to address health determinants in our communities.

We were the first District in NSW to host and deliver an internationally recognised training course for accrediting practitioners in Healthy Streets . New knowledge and skills have been embedded with four councils to trial Healthy Streets projects and embed its principles in practice.

## Nursing & Midwifery Improvement Science Collaborative



This collaboration has led to District-wide improvements in patient safety by building local capability in Improvement Science methodology through small-group training.

Over two years, 197 participants from 51 multidisciplinary teams undertook training, addressing issues faced in their particular services ranging from falls, pressure injuries, surgical site infection to length of stay, breastfeeding rates and comprehensive care delivery, metabolic management, nutrition and more.

Consistent improvements are demonstrated through a reduction in the rate of fall-related injuries in hospital resulting in fracture or intracranial injury, reduction in rate of hospital acquired pressure injuries, increase in average rate of breastfeeding and decrease in incidence of surgical site infection in colorectal patients.



# Campbelltown Hospital Redevelopment Arts & Culture Strategy

Aboriginal culture and art is featured through the design of the Campbelltown Hospital Redevelopment Stage 2, transforming the experience of Aboriginal people, making them feel welcome and confident to access care.

Aboriginal Elders and community members were heavily involved throughout the design process, participating in shared decision making and recognised for their cultural expertise.

During the design planning stage, feedback from the community highlighted concerns that the design and layout of the old hospital facilities at Campbelltown Hospital discouraged people from attending the health services.

Meetings with Aboriginal community members supported these concerns. A model was developed to engage with consumers including Aboriginal elders and staff to design the new hospital environment.

Evidence-based research has demonstrated that using art in the design of the hospital environment and the quality of physical space can have a measurable impact on the health and wellness of staff and patients, both mental and physical. The project improved patient experience in many ways, including:

- **Shared sense of ownership through collaborative design**
- **Uplifting the aesthetic value using art**
- **Using visual aids to improve navigation through the hospital**
- **Improved carpark wayfinding eases patient nervousness**
- **The use of daylight to support the physical and psychological health of its occupants.**
- **Using glass to connect spaces, creating natural views.**

Feedback about the art, design of new hospital environment and patient experience

in the new building was sought via consumer group participation, governance mechanisms, and communication and engagement with staff, patients and community through surveys, community forums and readily available public information.

The response has been overwhelmingly positive. Post completion of the new clinical services building, an audit of the art collection was conducted by Campbelltown Art Centre. The audit showed there was a 353 per cent increase in facility locations leveraging 'Arts and Culture', a 55 per cent increase in high 'aesthetic value', and a 27 per cent increase in 'social/spiritual' value of artwork.

A formal review of the new building design and the artwork conducted by local Aboriginal Elders has confirmed that the art was culturally appropriate and provided a 'sense of place' for the Aboriginal community.

Furthermore, cultural places at the hospital such as the Uncle Ivan room and the Aboriginal Dreaming Garden provide areas for connection and contemplation.



## Initiatives in Aged Care

SWSLHD is engaging in a range of programs aimed at caring for the needs of the region's ageing population. Some examples include:

- The Macarthur Older Persons Specialty Service (MOPSS), a medically led, multidisciplinary, outpatient service for older people in the Macarthur area living at home. The service supports vulnerable elderly patients to remain in the community, avoid unwarranted hospitalisations and reduce the likelihood of readmission. The services are provided via a clinic, telehealth and home visiting model.
- The Transitional Aged Care Program (TACP) supports older people to recover at home after being in hospital. The TACP team has been working closely with hospital referrers to improve understanding of the TACP referral pathway and help identify more clients who would benefit from the program. Uptake of the program rose from 77 per cent of allocated resources in April 2022 to 98 per cent in April 2023. They have also produced a resource to streamline discharge decision making.
- A series of falls reduction projects tailored to geriatric wards in our hospitals. For example Fairfield Hospital's ward 2A reduced the rate of falls per occupied bed day by 50 per cent.



## Obstetric Research Group formed at Liverpool Hospital

Liverpool Hospital's newly formed Obstetric Research Group has established a first trimester ultrasound service that allows prediction of adverse pregnancy outcomes such as preeclampsia.

The group are now screening 1,000 pregnancies a year with the intention of expanding this to 2,500 pregnancies per year by 2024.

Women deemed high risk for preeclampsia are being recruited to an NHMRC funded trial (The Espresso Study) aiming to prevent this disease.

Obstetric Research Group leader, Professor Jon Hyett is the chief investigator for this study.



## Aboriginal Health / Housing Pathway

The Health Housing Partnership, established between the SWSLHD Aboriginal Health Service and Department of Communities and Justice (DCJ) Housing Team created the Aboriginal Health Escalated Housing Pathway to support health outcomes for Aboriginal clients requiring access to housing.

A coordinated approach supports clients whose

housing circumstances were exacerbating concerns with their health, safety or social and emotional wellbeing.

The pathway enables the SWSLHD Aboriginal Health Service to identify clients and then work collaboratively with the DCJ Housing Team to expedite interventions.

More than 100 clients with complex needs have had their housing issue resolved, enabling improved outcomes in health, social and emotional wellbeing.

## Introduction of specialist dentistry services

Selected oral health specialist services, including oral surgery, paediatric and special needs dentistry have been introduced.

The new model of care involves visiting dental officers providing:

- Local anaesthesia and relative analgesia specialist services
- Specialist treatment under general

anaesthetic for paediatric and adult patients, including those with special needs.

The introduction of specialist services in Campbelltown allows patients to receive specialist treatment closer to home.

The program supports the expansion of postgraduate specialist teaching at Campbelltown Hospital starting with an oral surgery program in collaboration with the University of Sydney.

# Update on priorities for 2022 - 2023

Quality and safety are everyone's responsibility at SWSLHD. The organisation promotes a culture of continuous quality improvement. The following section outlines progress in the safety and quality priorities identified for action in 2022 - 2023.

## Stakeholder and community engagement

### Focus

The District collaborates with its communities to ensure our care is accessible and equitable. An increased focus on engaging with multicultural communities and other priority populations will assist in our understanding of their needs and enhance our ability to address those needs.

### Progress update

Forming the South West Sydney Multicultural Partnership in 2022 cemented the importance of intentional, formal collaboration between the District and local multicultural organisations.

Designed to create better health outcomes and experiences for multicultural communities, the partnership will:

- Advise current and proposed service initiatives to meet the needs of and improve access for multicultural communities
- Redesign services to improve the health and health care experience of people from multicultural communities in south western Sydney
- Assist SWSLHD to engage, consult and partner with multicultural communities
- Enhance communication and collaboration with communities to improve health information.



Our Consumer and Community Participation (CCP) unit has committed to continue innovating to improve the District's engagement with consumers and communities.

In May 2023, a stakeholder workshop identified the priorities of and direction for consumer engagement across the District.

The findings support the redesign of the program to better represent south western Sydney's multicultural and diverse communities.

Achievements to date include forming the Drug Health Service Consumer Peer Worker program, which now includes eight consumers. SWSLHD has also increased informal consumer participation in clinical stream program development. Consumers have most recently supported projects including an antenatal redesign, community aged care, perioperative services, hospital in the home and antimicrobial stewardship.



## Culturally responsive service

### Focus

Adapting the Integrated Prevention and Response to Violence Abuse and Neglect (I-PARVAN) services to address the needs of Aboriginal communities.

### Progress update

Approximately 24 per cent of all PARVAN clients are Aboriginal.

Significant process has been made in the collaboration between Aboriginal Health and I-PARVAN. A collaborative governance structure has been established which has facilitated a number of initiatives to improve the cultural responsiveness of I-PARVAN services. These include:

- A mechanism for I-PARVAN clinicians to access cultural consultation when working with Aboriginal consumers to support engagement and support culturally safe interventions
- The establishment of an Aboriginal I-PARVAN leadership role within the service in December 2022
- Embedding two Aboriginal clinician roles within I-PARVAN in New Street and the Safe Ways Service
- I-PARVAN staff participate in cultural immersion and cultural competency initiatives
- A plan was developed to further grow the Aboriginal I-PARVAN workforce with Aboriginal identified roles across sexual assault, child protection counselling, out of home care and perinatal family conferencing services.



## Our people

### Focus

Create a positive workplace culture that values the wellbeing and engagement of our people.

### Progress update

- SWSLHD's Wellbeing Framework and Plan 2023 – 2028 has been developed and is being implemented
- SWSLHD Workforce Plan 2022 – 2028 was finalised and actions including reward and recognition and a talent and succession planning framework have been identified as priorities building on work already underway
- A specific focus on improving timely management of misconduct and poor performance. Resources have focussed on a suite of education, including modules to help managers investigate and manage misconduct and make decisions. This has halved the number of matters with unjustifiable delays from 38 per cent to 18 per cent
- Reduction of excessive annual leave is a priority for staff wellbeing. From July 2022 to May 2023 there was a four per cent decrease in the number of staff with excessive leave.

## Environmental sustainability

### Focus

SWSLHD is implementing initiatives to improve our environmental sustainability across clinical and corporate services.

### Progress update

SWSLHD is undertaking a range of concurrent programs aimed at reducing reliance on fossil fuels and reducing waste. These programs include:

- E-vehicles have been purchased and charging stations installed at Liverpool and Bankstown-Lidcombe Hospitals
- The 462kWp of solar panels installed on the new multistorey car park at Liverpool Hospital started generating in March 2023. It is expected to generate about

637MWh in energy per year, representing approximately one per cent of the energy consumed across the District

- The installation of 1,000 new LED lights and six new boilers will further reduce energy use
- Plans are in development for new infrastructure at Fairfield and Bowral & District Hospitals to improve waste management work flow, an initiative to free up labour to undertake more recycling
- Liverpool Hospital is conducting a trial to improve co-mingled recycling. The program includes:
  - o Educational posters
  - o Reviewing bin placement to maximise usage
  - o Ongoing staff education.





## Innovative and sustainable models of care

### Focus

Health services within SWSLHD will be delivered in an integrated framework, providing a continuum of care across a broad spectrum of community and hospital-based services.

### Progress update

The SWSLHD Model of Care (MoC)\* Framework has been developed, ensuring alignment with the SWSLHD One Service, Multiple Sites networked approach when developing or reviewing a MoC. Broad consultation has shaped the Framework, including development of a pilot MoC Masterclass as a training support.

The Masterclass provided structured facilitation for 12 key stakeholders on MoC planning and development. District-wide and site-specific models were workshopped including District-wide Menopause, Antenatal, Keeping Well in the Community and Community Palliative Care models. A workshop evaluation was completed, with all participants reporting an increase in knowledge and confidence.

SWSLHD Clinical Service Planning and site redevelopments influenced a range of MoCs, including District-wide Cancer Genetics and Dermatology MoCs. Additionally, MoCs were commenced to support the LHAP Redevelopment Project and Service Development Direction commenced to support Clinical Services Planning for Fairfield Hospital.

\*Models of Care (MoC) define the way health services are delivered, outlining best practice and care services.



# Future Priorities for 2023-24

Our services strive towards consistent, high-quality care, with a focus on safety. Robust data and information systems will enable timely and informed decision making. Over the next 12 months we will focus on the following safety and quality priority areas:

## Multicultural Health Partnership

### Focus

Redesign services to improve the health, and health care experience of people from multicultural communities in south western Sydney.

### Planned and progressing initiatives

- The SWSLHD Multicultural Partnership brings together eight community representatives providing advice to SWSLHD to enhance and improve the experience and outcomes of people from multicultural backgrounds
- The Partnership is developing a District-wide Multicultural Health Strategy.

- The Partnership is in the process of developing a communications strategy to improve our communication with community members as well as communicating feedback from multicultural communities to our staff.

### Measures

- Finalise and launch of Multicultural Health Strategy
- Finalise and implement the communication strategy
- Evaluate strategies put in place.



## Environmental sustainability

### Focus

Establish an Environmental Sustainability Framework to drive sustainability initiatives at SWSLHD.

### Planned and progressing initiatives

- Sustainability Operational Plan 2023 established with 21 projects commenced
- The Sustainability Committee meets monthly to monitor the Sustainability Operational Plan 2023 and endorse sustainability projects for the Sustainability Operational Plan 2024
- Undertake a consultation to inform the development of the SWSLHD Environmental Sustainability Framework to 2028.

### Measures

- Reduce in energy use per occupied bed days (OBD)
- Reduce total Waste Tonnes per occupied bed day (OBD)
- Reduce fleet size.



## Prevention strategy: keeping people well

### Focus

The Keeping People Healthy: SWSLHD Prevention Strategy to 2028 provides a framework for the District's broad prevention approach and outlines key activities and programs identified to address priority areas.

### Planned and progressing initiatives

- The strategy outlines three change priorities to add value to existing work, build innovation and cement the District as a leader in prevention of poor health.
- The change priorities are areas of strategic focus to establish new foundations, add value to existing preventative care activity and influence multiple prevention objectives.
  - o Embed preventative care in clinical service
  - o Make equity and diversity central to the provision of care
  - o Use data, evidence and research to drive innovation and value.

### Measures

- Referrals to Get Healthy Information and Coaching Service
- Increase number of pregnant women who quit smoking during second half of their pregnancy
- Ensure at least 50 per cent of Aboriginal women between the ages of 40 and 74 have a routine screening mammogram through BreastScreen
- Early childhood and childcare centres in disadvantaged areas adopting 80 per cent of Munch & Move strategies, which are healthy eating and physical activity practices.
- Increased number of research grant applications submitted and an increase in income from successful grant applications.



## Aboriginal Child and Family

### Focus

Improve access to culturally responsive Child and Family Health Services for Aboriginal families with vulnerabilities.

### Planned and progressing initiatives

- Transition the Aboriginal Child and Family Service to its new model of care with a strengthened focus on cultural integrity and evidence-based early childhood developmental interventions
- Establish an Aboriginal leadership role with responsibility for coordination and oversight of SWSLHD's Aboriginal Child and Family Service and associated initiatives.

- Develop a Safe Start pathway (a program to improve mental health outcomes for parents and infants) specifically for Aboriginal families.

### Measures

- Aboriginal Child and Family Service realignment finalised
- Aboriginal leadership position established and filled
- Aboriginal Safe Start pathway operational
- Increase in number of Aboriginal families accessing sustained home visiting.



# Thank You

We would like to thank our staff who continue to improve the safety and quality of care delivered in SWSLHD.

We are always looking to improve and we value your feedback.

Feedback is welcome at  
[SWSLHD-ClinicalGovernanceUnit@health.nsw.gov.au](mailto:SWSLHD-ClinicalGovernanceUnit@health.nsw.gov.au)





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# 2022-23 Key Performance Indicators











The following safety and quality-related key performance indicators (KPIs) are chosen to measure progress against NSW Health priorities. They contribute as a scorecard and are reported regularly at different levels within the District and to external stakeholders in healthcare, government and the community.

While the past year has seen a high level of activity, we have maintained a safe and high level of care across our hospitals and services.







| INDICATOR  | TARGET PERFORMANCE | SWSLHD PERFORMANCE  | DEFINITIONS / COMMENTARY   |
|--|--------------------|---|--|
| <b>NSW Health Strategic Outcome: Safe care is delivered across all settings</b>                                |                    |   |  |
| Hospital acquired pressure injuries (per 10,000 episodes of care)  | ≤ 5.9              | 3.8      | Pressure injuries are damage to skin or soft tissue as a result of pressure or friction.   |
| Fall-related injuries in hospital – resulting in fracture or intracranial injury (per 10,000 episodes of care) | ≤ 5.3              | 4.7      | Fall-related Injuries are injuries that occur when someone falls while at our hospitals.   |
| Healthcare associated infections (per 10,000 episodes of care)   | ≤ 114              | 113.5  | Healthcare associated infections are infections people get while receiving care in our hospitals.<br><br>To achieve our goal, we are progressing a number of quality improvement projects in our hospitals.  |
| Hospital acquired respiratory complications (per 10,000 episodes of care)                                      | ≤ 29.4             | 33.9   | Respiratory complications are conditions that affect the group of organs that assist with breathing.<br><br>To further improve our performance, respiratory medical officers and speech pathologists are working together to address aspiration pneumonia, which has been the main contributor to the respiratory complications.<br><br>Respiratory complications are reviewed and the actions initiated are:<br>-Early mobilisation of patients<br>-Chest physiotherapy to prevent atelectasis and secondary hospital acquired pneumonia<br>-Improving documentation. |






| INDICATOR   | TARGET PERFORMANCE | SWSLHD PERFORMANCE  | DEFINITIONS / COMMENTARY   |
|---|--------------------|---|--|
| Hospital acquired venous thromboembolism (per 10,000 episodes of care)                          | ≤ 8.2              | 6.9      | Venous thromboembolism is a condition where a blood clot forms in the veins, primarily in the legs, groin or arms.   |
| Hospital acquired renal failure (per 10,000 episodes of care)                                   | ≤ 2.7              | 2.2      | Renal failure is a condition where the kidneys stop working and are not able to remove waste and extra water from the blood or keep body chemicals in balance.   |
| Hospital acquired gastrointestinal bleeding (per 10,000 episodes of care)                       | ≤ 10.6             | 12.6     | Gastrointestinal bleeding occurs in the gastrointestinal tract (between mouth and rectum).<br><br>This complication may occur due to blood thinning medications.<br><br>Strategies being implemented include pharmacist review of anticoagulation medications for high-risk patients.  |
| Hospital acquired medication complications (per 10,000 episodes of care)                        | ≤ 12.9             | 6.8      | Medication incidents are events that may cause or lead to inappropriate medication use or patient harm while in our care.  |
| Hospital acquired delirium (per 10,000 episodes of care)  | ≤ 45.2             | 39.0     | Delirium is a change in the brain that causes confused thinking and reduced awareness.   |
| Hospital acquired persistent incontinence (per 10,000 episodes of care)                         | ≤ 4.9              | 2.1     | Persistent incontinence is a loss of control over urination or bowels.   |
| Hospital acquired endocrine complications (per 10,000 episodes of care)                         | ≤ 30.1             | 42.1   | Hospital acquired endocrine complications are when patients do not maintain a good blood sugar level or receive enough nutrition. These are important to support good health and recovery.<br><br>The LHD Diabetes Framework is being implemented with a multidisciplinary group providing implementation oversight. A range of District-wide strategies are progressing for improved performance. |
| Hospital acquired cardiac complications (per 10,000 episodes of care)                           | ≤ 42.3             | 38.1   | A cardiac complication is a problem with the heart.  |
| 3rd or 4th degree perineal lacerations during delivery (per 10,000 episodes of care)            | ≤ 374.8            | 268.0  | A perineal laceration is a tear of the skin surrounding a woman's vagina that occurs during childbirth.  |
| Hospital acquired neonatal birth trauma (per 10,000 episodes of care)                           | ≤ 95.6             | 45.4   | Neonatal birth trauma is an injury to a newborn baby. Examples of injuries include bruising, swelling or a broken bone.  |
| Emergency treatment performance – admitted (% patients with total time in ED less than 4 hours) | ≥ 50%              | 18.9%  | Emergency treatment performance refers to the percentage of patients that spend less than four hours in Emergency Departments.<br><br>We are progressing projects to improve Short Stay Unit utilisation. Back of house improvement strategies are also progressing to increase discharges by midday to assist in transitioning patients from the ED within benchmarks.                            |









| INDICATOR  | TARGET PERFORMANCE      | SWSLHD PERFORMANCE  | DEFINITIONS / COMMENTARY  |
|--|-------------------------|---|---|
| Emergency Department extended stays – mental health presentations staying in ED > 24 hours                 | 0 occurrences           | 465      | <p>Emergency Department extended stays refers to the number of presentations to the Emergency Department (ED) where a person stayed longer than 24 hours.</p> <p>Our Mental Health Unit has implemented initiatives to reduce ED demand. New services have commenced as part of the Towards Zero Suicides initiative - Suicide Prevention Outreach Team (SPOT) commenced and Safe Havens are operational in Liverpool and Macarthur. These services provide an alternative to presenting to the ED for people experiencing a suicidal crisis.</p>   |
| Emergency Department presentations – treated within benchmark times (%) - Triage 1: seen within 2 minutes  | 100%                    | 100%     | Emergency Department (ED) presentations are measured to ensure that consumers who visit the ED are seen and allocated a category to commence clinical care in a timeframe that is appropriate to their clinical urgency.  |
| Emergency Department presentations – treated within benchmark times (%) - Triage 2: seen within 10 minutes | ≥95%                    | 75.4%    | We have developed strategies to create capacity in hospitals for early movement of patients who need to be admitted from the ED to the hospital.  |
| Emergency department presentations – treated within benchmark times (%) - Triage 3: seen within 30 minutes | ≥85%                    | 76.3%  | <p>Whole-of-hospital strategies are progressing that aim to reduce factors contributing to wait times in the ED, including increased length of stay for patients in hospital.</p> <p>Liverpool hospital has implemented a front-of-house clinician to begin treatment in waiting rooms, assisting in early intervention and assessment as part of timely commencement of care provision to meet benchmark times.</p> <p>Improvement science projects are progressing in all hospitals to improve front of house processes and with goals to improve triage category 2 and 3 performances.</p> |
| Inpatient discharges from ED accessible and rehabilitation Beds by midday (%)                              | ≥35%                    | 24.9%  | Our hospitals are focussing on early discharges, ensuring patients are transferred to the Discharge Lounge as a priority once appropriate. Discharge Lounge occupancy updates are monitored throughout the day. Liverpool Hospital is trialling a model where a junior medical officer is allocated to the discharge lounge to assist with timely discharge documentation.  |
| Transfer of care – patients transferred from ambulance to ED in less than 30 minutes                       | ≥ 90% within 30 minutes | 69.1%  | <p>Transfer of care (TOC) is a measure of the time taken to access our hospitals when our consumers arrive by ambulance.</p> <p>We continue to develop strategies including improvement science projects at Liverpool and Campbelltown to streamline front-of-house processes, refine escalation processes for TOC delays and adjusted nursing shift times in Liverpool Hospital to enable increased work force at peak times (10.30am - 7pm).</p>  |

| INDICATOR  | TARGET PERFORMANCE                                     | SWSLHD PERFORMANCE   | DEFINITIONS / COMMENTARY   |
|--|--|--|--|
| <b>Elective surgery overdue – patients (number):</b>   |  |  | Elective surgery is planned surgery that can be booked in advance as a result of a specialist clinical assessment.   |
| Category 1   | 0 (Zero) for category 1 >30 days per reporting period  | 0       |  |
| Category 2   | 0 (Zero) for category 2 >90 days per reporting period  | 455     |  |
| Category 3   | 0 (Zero) for category 3 >365 days per reporting period | 960     |  |
| <b>Elective surgery access performance – patients treated on time (%):</b>   |  |  | Category 3 patients continue to be most impacted by COVID-19 and the necessary reduction in elective surgery over the past two years. In periods of high demand, Category 1 and Category 2 patients are prioritised. The District has enacted a plan to reduce overdue surgery to zero by 31 December 2023.  |
| Category 1   | 100 for Category 1                                     | 100     |  |
| Category 2   | ≥97 for Category 2                                     | 63.7    |  |
| Category 3   | ≥97 for Category 3                                     | 62.5    | All facilities across the District have increased activity and partnerships with private hospitals to improve access to surgery.<br><br>The District has extended contracted surgery agreements with 25 private facilities to 31 December 2023 continue to improve access to surgery.  |
| <b>Mental health: acute seclusion occurrence (Episodes per 1,000 bed days)</b>   | <5.1   | 5.9   |  |
| <b>Mental health: acute seclusion occurrence duration (average hours)</b>  | <4.0   | 6.7   |  |
| <b>Mental health: acute seclusion frequency (%)</b>  | <4.1%  | 4.2%  | Acute seclusion is the confinement of a patient alone in a room or area from that prevents free exit. While seclusion can be used for the safety of patients and staff, it can also be a source of distress for all involved. Wherever possible, we use alternative and less restrictive ways of managing behaviour.<br><br>The Stage 2 Redevelopment of Campbelltown Hospital offers acute, non-acute and specialist in-patient mental health services, providing a safe and therapeutic environment for individuals with acute mental health needs.<br><br>We are also supporting staff in the use of sensory spaces and sensory equipment as part of therapeutic practice to assist in reducing seclusions. |
| <b>Mental health: involuntary patients absconded inpatient mental health unit – incident types 1 and 2 (rate per 1,000 bed days)</b> | <0.8   | 0.8   |  |



| INDICATOR  | TARGET PERFORMANCE                | SWSLHD PERFORMANCE   | DEFINITIONS / COMMENTARY   |
|--|-----------------------------------|--|--|
| Electronic discharge summaries – sent electronically and accepted by General Practitioners (GPs)(%)        | ≥51%                              | 58.5%     | Providing discharge summaries to GPs ensures that the necessary information about a patient's hospital attendance, immediate next steps and follow-up are provided in a clear and unambiguous manner. This helps GPs identify any risk areas, as well as the most important discussion topics for patient consultation.  |
| Virtual care: non-admitted services provided through virtual care (%)                                      | 30%                               | 16.9%     | The aim of virtual care is for people to have access to care in out of hospital settings to manage health and wellbeing.<br><br>Our performance has been impacted by the preference of clinicians to return to face-to-face consultations as well as the cessation of certain telehealth Medicare Benefit Scheme (MBS) items available due to COVID-19 pandemic.   |
| Mental health acute post-discharge community care – follow up within seven days (%)                        | ≥75%                              | 75%       | Acute post-discharge community care refers to the percentage of mental health consumers that received a call from community mental health within seven days of discharging from one of our facilities. Calling within this timeframe increases patient safety in the immediate post-discharge period.  |
| Unplanned hospital readmissions all admissions within 28 days of separation (%):<br><br>all persons        | Reduction on previous year (5.5%) | 5.7%    | An unplanned hospital readmission occurs when a person returns to our hospitals within 28 days of their initial hospital stay and the second hospital stay is not expected and not part of their treatment plan.<br><br>We are progressing a case review of readmissions across sites and exploring opportunities to better link to Primary & Community Health Services. Specialty re-views of patients with chronic conditions and readmission presentations are also progressing.  |
| Unplanned hospital readmissions all admissions within 28 days of separation (%):<br><br>Aboriginal persons | Reduction on previous year (7.4%) | 7.9%    | To achieve our goal of a rate lower than 7.1% we have Aboriginal Transfer of Care Teams coordinating discharge arrangements for Aboriginal patients with complex needs. A referral arrangement also exists for all facilities for Aboriginal patients with a chronic disease. Patients with chronic conditions are referred to the Aboriginal Chronic Care program and receive 48-hour follow up post discharge phone calls to reduce the possibility of readmission.  |
| Mental health: acute readmission within 28 days (%)  | ≤13%                              | 16.32%  | Acute readmission occurs when a person returns to our facilities within 28 days of their initial stay. The second stay is not expected and not part of their treatment plan.<br><br>The Mental Health Service has developed robust processes to flag and discuss frequent presenters to Mental Health via the Emergency Department. Individual data is reviewed by clinicians. The information is also discussed at monthly frequent presenters meeting, which are attended by inpatient and community clinicians and NSW Ambulance. |

| INDICATOR  | TARGET PERFORMANCE                     | SWSLHD PERFORMANCE  | DEFINITIONS / COMMENTARY   |
|--|--|---|--|
| Discharge against medical advice (DAMA) for Aboriginal inpatients (%)      | ≥1% decrease on previous year (3.44%)  | 3.1%     | <p>Discharging against medical advice is when a person leaves the hospital before health professionals advise them it is safe to do so.</p> <p>We have demonstrated improvements when compared to previous years.</p> <p>Data analysis highlighted that obstetrics in Liverpool Hospital required focus. A quality improvement project to improve cultural safety and responsiveness for Aboriginal families is underway.</p> <p>Additional Aboriginal Liaison Officers at Liverpool and Campbelltown Hospitals are also part of the strategy to reduce inpatient DAMA.</p>      |
| Potentially preventable hospital services (%)                              | ≥2% de-crease to previous year (17.4%) | 16.5%    | <p>A potentially preventable hospital service is an admission to hospital for a condition where the hospitalisation could have been prevented through the provision preventative health interventions and early disease management in primary care and community-based care settings.</p> <p>We have demonstrated improvements when compared to previous years.</p> <p>Primary &amp; Community Health are partnering with NSW Ambulance and the South Western Sydney Primary Health Network to provide clear documented alternative pathways directly to community services.</p> |
| Hospital in the home admitted activity (%)                                 | 5%                                     | 6.77%  | <p>The Hospital in the Home (HITH) program is an early discharge or prevention of admission service that enables eligible hospital patients to be treated at home or in a clinic by experienced community nurses. Nurses provide high-quality personalised care in the patient's home. according to each patient's individual needs.</p>   |
| Renal supportive care enrolment: end-stage kidney disease patient (number) | 337                                    | 358    | <p>Renal supportive care (RSC) is an interdisciplinary approach integrating renal medicine and palliative care. It supports patients with chronic kidney disease and end stage kidney disease and their carers and families to live as well as possible by better managing symptoms.</p>   |
| Domestic violence routine screening – routine screens conducted (%)        | ≥70%                                   | 80.1%  | <p>The domestic violence screening program carried out in Drug Health, Mental Health, Child and Family Nursing Services and Antenatal Nursing Services promotes awareness of the health impacts of domestic violence, asks questions about the patient's safety in relationships and the safety of their children. It also provides information on accessing relevant health services.</p>   |

| INDICATOR   | TARGET PERFORMANCE         | SWSLHD PERFORMANCE   | DEFINITIONS / COMMENTARY   |
|---|----------------------------|--|--|
| Children fully immunised at one year of age (%)   | ≥95%                       | 91.6%     | <p>Immunisation helps to protect children from the most serious childhood infections, some of which may threaten their lives.</p> <p>Children overdue for their immunisations are placed on catch up plans through their GP to ensure they receive missed vaccinations.</p>  |
| Childhood obesity - children with height and weight recorded (%)  | ≥70                        | 71%       | <p>Measuring a child's height and weight helps us know whether a child is growing well.</p> <p>We will continue to provide training to our staff for timely recording of height and weight.</p>  |
| Total number of free dental checks for primary school kids  | 4888                       | 5179      | <p>All children under 18 years of age can access free dental care provided by NSW Health at public dental clinics.</p> <p>The program is being delivered by experienced staff, using a combination of fully equipped dental vans and portable dental equipment set up on school grounds.</p>   |
| Patient experience index: adult admitted patients   | ≥8.7/10<br>(December 2022) | 8.57/10   | <p>Patient experience index refers to the rating given by consumers of their experience in our hospitals.</p> <p>We see trended improvements in both patient engagement and patient experience.</p>  |
| Patient experience index: Emergency Department  | ≥8.6/10                    | 8.5/10  | <p>We aim to continually improve patient experience and engagement in our care.</p>  |
| Patient engagement index: adult admitted patients   | ≥8.5                       | 8.3/10  | <p>Our Patient Experience Officers support patients in Emergency Department waiting rooms and keep them informed about waiting times. They also escalate concerns to the relevant ED staff.</p>  |
| Patient engagement index: Emergency Department  | ≥8.5                       | 7.9/10  | <p>EDs and inpatient units continue Leader Patient Rounding and Risk Huddles to improve communication with patients and carers and reduce risks.</p> <p>There has also been a consistent increase in the number of patient experience surveys collected via the My Experience Matters system over the 2022-2023 period. The data from patient experience surveys is used to drive service improvements at a local level.</p> |
| Mental health: mental health consumer experience - mental health consumers with a score of very good or excellent (%) | ≥80%                       | 80%     | <p>The Your Experience of Service (YES) questionnaire is a national measure that asks consumers about their experience of mental health services.</p> <p>Mental Health Service is using the feedback collected through YES to look for opportunities to improve the experience of people coming into contact with services</p>   |

## **Attestation Statement**

This attestation statement is made by Sam Haddad

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*Name of office holder*

Holding the position/office on the Governing Body Chair

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*Title of officeholder of Governing Body*

For and on behalf of the governing body titled Board

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*Governing body's title (the Governing Body)*

South Western Sydney Local Health District (Attached schedule lists all facilities and services covered by this attestation statement)

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*Health service organisation name (the organisation)*

1. The Governing Body has fully complied with, and acquitted, any Actions in the National Safety and Quality Health Service (NSQHS) Standards, or parts thereof, relating to the responsibilities of governing bodies generally for Governance, Leadership and Culture. In particular I attest that during the past 12 months the Governing Body:
  - a. has provided leadership to develop a culture of safety and quality improvement within the Organisation, and has satisfied itself that such a culture exists within the Organisation
  - b. has provided leadership to ensure partnering by the Organisation with patients, carers and consumers
  - c. has set priorities and strategic directions for safe and high-quality clinical care, and ensured that these are communicated effectively to the Organisation's workforce and the community
  - d. has endorsed the Organisation's current clinical governance framework
  - e. has ensured that roles and responsibilities for safety and quality in health care provided for and on behalf of the Organisation, or within its facilities and/or services, are clearly defined for the Governing Body and workforce, including management and clinicians

- f. has monitored the action taken as a result of analyses of clinical incidents occurring within the Organisation's facilities and/or services
  - g. has routinely and regularly reviewed reports relating to, and monitored the Organisation's progress on, safety and quality performance in health care.
2. The Governing Body has, ensured that the Organisation's safety and quality priorities address the specific health needs of Aboriginal and Torres Strait Islander people.
  3. I have the full authority of the Governing Body to make this statement.
  4. All other members of the Governing Body support the making of this attestation statement on its behalf (*delete if there is only one member/director of the governing body*).

I understand and acknowledge, for and on behalf of the Governing Body, that:

- submission of this Attestation Statement is a pre-requisite to accreditation of the Organisation using NSQHS Standards under the Scheme
- specific Actions in the NSQHS Standards concerning Governance, Leadership and Culture will be further reviewed at any onsite accreditation visit/s.

Signed 

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Position Chair, South Western Sydney Local Health District Board

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Date 24/7/23

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Counter signed by the Health Service Organisation's Chief Executive

Signed 

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Position Chief Executive , South Western Sydney Local Health District

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Name Amanda Larkin

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Date 24/7/23

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## Want to learn more?

To learn more about South Western Sydney Local Health District and our plans for the future, go to the SWSLHD website:

[www.swslhd.nsw.gov.au](http://www.swslhd.nsw.gov.au)

## South Western Sydney Local Health District

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