

Safety and Quality Account

Reporting on 2023/24
Future priorities 2024/25

November 2024

www.nbmlhd.nsw.gov.au



Nepean Blue Mountains Local Health District acknowledges the traditional custodians of the lands and waterways within its boundaries including the Darug, the Gundungurra and the Wiradjuri people.

We acknowledge and pay respect to Elders past and present. We extend that respect to our local Aboriginal community and staff.

We celebrate their strength and enduring connection to culture.

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Our Commitment to Safety & Quality

Message from Board Chair and Chief Executive



We are pleased to share with you our Safety and Quality Account for the 2023-2024 period. This report offers a comprehensive overview of the significant strides Nepean Blue Mountains Local Health District has made in delivering exceptional care and our plans for the year to come.

Our journey to excellence is a collaborative endeavour involving our staff, consumers, community, agencies, volunteers, and most importantly, the patients we serve. We are deeply committed to elevating the human experience, and this commitment guides every aspect of our work.

In the past year, we’ve introduced innovative safety and quality initiatives that prioritise involving patients, families, and carers in health care decision-making. We’ve created more personalised, accessible, and positive care experiences.

Some examples of this exciting work includes increased representation of Aboriginal consumers on strategic committees to inform cultural change; implementing delirium risk assessments and new discharge strategies in Orthopaedics; using Patient Reported Measures in Oral

Health to improve patient-centred care; and in Primary Care and Community Health establishing a geriatrician service to provide care for older people with complex health needs.

We also recognise the importance of fostering a positive work environment for our staff. Initiatives such as new governance structures, safety for community workers, along with strong leadership and open communication demonstrate our dedication to enhancing staff culture and wellbeing.

Our Board Members play a vital role in the overall management of our District. Their expertise and active involvement in our communities contribute significantly to our pursuit of excellence in health care delivery.

By encouraging innovation, investing in our staff’s wellbeing, and partnering with our community, we’ll continue to evolve our care models and deliver care that puts the patient at the centre of their care journey.

We are proud of the many achievements our Safety and Quality Account showcases and commend our staff for their dedication in enriching the lives of our patients, consumers, and communities every day.

Peter Collins

The Hon. Peter Collins, AM KC, Board Chair, Nepean Blue Mountains Local Health District Board

Lee Gregory

**Lee Gregory, Chief Executive
Nepean Blue Mountains Local Health District**



Message from Dr Nhi Nguyen Chairperson, Safe Care Committee

The delivery of NBMLHD annual Safety and Quality report is always a wonderful opportunity to reflect and show case the commitment of our teams to provide high quality and compassionate care for the community we all serve. Maintaining sight of this common goal anchors us, irrespective of the daily challenges all our staff face.

The formation of the Safe Care Committee (formerly Health Care Quality and Safety Committee) aligns with of the strategic outcomes of NSW Health Future Health Strategy, one of which is that safe care is delivered across all settings.

As Chair of this important Board subcommittee, I am pleased to endorse this 2023-2024 report. This year has been spent embedding structures to support the governance, reporting and monitoring of not only the way care is delivered but looking at outcomes which are important to our patients and their carers. We continue to have engagement from our health consumer representatives, who provide such valuable insights.

In response to increasing demands and constrained environments, our staff have continued to look for ways to deliver safe care in innovative ways. The report highlights some of these initiatives across the district. When reflecting on our quality indicators, we certainly still have some work to do and we look forward to seeing the outcomes of initiatives addressing specific areas, such as pressure injuries, falls and delirium.

I take the opportunity to thank our Chief Executive Lee Gregory and Chair Peter Collins for their unwavering commitment to empowering and supporting staff across the NBMLHD. To our staff, thank you for the work you do every day, not only does it make a difference, but it is also very much valued by me, your colleagues and more importantly the community.

Health Consumer Representative Program

Health Consumer Representatives (Consumers) are coming back into their stride after the difficult COVID years and a string of natural disasters in our District. Consumers can now attend meetings and events in person or online. Hybrid meetings are a boon for those who are less mobile, for whom distance is an issue, or who are just plain busy! It is a misconception that we need to challenge that Consumers are retired and retiring – they are often extremely busy people, with many fitting in representation for the NBMLHD around employment, family, health care and other volunteer work.

Codesign is now an integral part of our interaction with the NBMLHD. Over the last 18 months regular workshops have collaborated on many projects, with a significant focus on the refresh of the Community and Consumer Participation Framework 2024-2028. Officially launched at the May 2024 NSW Health Human Experience Week event (live streamed from the NBMLHD), the Framework is now a user-friendly document for consumers, the community and clinicians alike. We think it reflects our aims and plans. Our four Priority Activities are:

- Equal partnerships with Consumers and health professionals;
- Sustainable Consumer engagement;
- Empowering patients to be partners in their own care; and
- Promote health and digital literacy.

Highlights for Consumers during 2023-2024 include:

- Development of a Six Minute Training document for staff on Teach back methods for talking with patients and carers, supported by a training video starring Consumers themselves.
- Collaborating on mapping the Consumer engagement program for easy access for future Accreditation processes. The NBMLHD Consumers came through the 2023 Accreditation with flying colours!
- Delivery of two one-day training programs for newly recruited Consumers to help them appreciate the breadth of the NBMLHD and the opportunities and responsibilities for Consumers. Experienced Consumers facilitated the face-to-face training programs.

- Official launch in late 2023 of the Better Together podcast series to reinforce the importance of consumer engagement in healthcare. The series has been downloaded almost 400 times, with more episodes planned for 2024 and beyond.
- Disability Consumer Council leadership of the 2023 International Day of Persons with Disabilities celebration, culminating in the launch of the revised NBMLHD Disability Inclusion Action Plan.
- Establishment of a Multicultural Consumer Reference Group to help prepare Consumers for representing multicultural communities, thereby encouraging CALD Consumers to engage and participate in NBMLHD committees, governance forums or other activities.
- Consumers engaged with the Nepean Redevelopment are in increasing demand for consultation as projects are moving from the planning stage to reality. The Stage 2 tower will soon be visible above ground, the Child and Adolescent Mental Health unit is on its way and the Palliative Care Unit is being developed. Aboriginal and CALD Consumers have greatly contributed to the planning which will reflect culture and custom.
- The Museum and Archives group has begun to catalogue the wonderful collection of materials in storage from uniforms to machinery, and of course many photos. Their dedication means that the collection will have a home and display space as Stage 2 works progress and space is repurposed.
- Consumers engaged in research projects with clinicians in their areas of interest, as well as generalised roles in training and promotion.
- Continuing Consumer membership of NBMLHD Governance Committees, patient safety and quality and Consumer reference groups to bring a patient focused lens on the District’s healthcare services.
- Ongoing Consumer engagement in key NSW Health initiatives.

The fantastic achievements of the NBMLHD Consumers continue to demonstrate a strong partnership with the NBMLHD healthcare services and staff, especially the NBMLHD Consumer Engagement Manager.

“Codesign is now an integral part of our interaction with the NBMLHD.”

Matt Roger
Health Consumer Representative



“The fantastic achievements of the NBMLHD Consumers continue to demonstrate a strong partnership with the NBMLHD healthcare services and staff, especially the NBMLHD Consumer Engagement Manager.”

Julie Russell
Health Consumer Representative

District overview

Nepean Blue Mountains Local Health District provides health care for a large and diverse community characterised by a growing population, patients with a range of chronic illnesses and pockets of disadvantage.

Population snapshot

7.2%

projected population increase by 2033

5.7%

of the District population identify as Aboriginal and Torres Strait Islander

5

top health issues cancer, circulatory disease, respiratory disease, injury & poisoning, mental disorders

5000

approximate number of births to residents recorded each year

11%

of the population is over 70 years of age

9,179

km² size of the District with 387,316 residents calling it home

20%

community members were born overseas

14%

community members speak a language other than English

Almost seventy per cent of our 7,504 dedicated staff reside locally, either in the local health district, or its surrounding postcodes.

<div>Presentations to the Emergency Department</div> <div>149,534</div> <div>increase of 6.9%</div>	<div>Elective surgeries</div> <div>15,377</div> <div>increase of 19.7%</div>	<div>Babies born</div> <div>4,513</div> <div>increase of 1.8%</div>
<div>Admissions to hospital</div> <div>92,167</div> <div>increase of 8.3%</div>	<div>Community and outpatient occasions of service</div> <div>1,308,719</div> <div>increase of 3.3%</div>	<div>Emergency surgery procedures</div> <div>8,800</div> <div>increase of 2.7%</div>

Data source: Cerner and iPM



2023 - 2024 Report



Safety and Quality Processes and Systems

Effective safety and quality processes and systems are reliant on the contributions from the Board, Executive, clinicians, patients, and consumers. The integration of clinical decision making into safety and quality processes and systems is required to deliver safe care and continuously improve health services provided to the community.

The NBMLHD committee and reporting structure provides the overall governance for safety and quality. The mapping of

actions, plans and improvement initiatives in response to trends, recommendations, key performance indicators and consumer/patient feedback is achieved through this structure.

The governance structure provides leadership to support a safety and quality culture and ensures priorities are communicated to the workforce.



1

NBMLHD Board

The NBMLHD Board is responsible for ensuring the District delivers safe, high quality care. The Board leads the culture of patient safety and quality and organisational accountability for clinical care.



2

Health Care Quality Committee

The Health Care Quality Committee is the peak safety and quality committee for NBMLHD and is a sub-committee of the Board. In line with NSW Future Health Strategy, the committee was renamed Safe Care Committee in 2024. The Committee is chaired by a member of the Board with a membership of senior facility and service representatives, Board members, Executive, clinicians, consumers, and Clinical Governance Directorate.



3

Clinical Governance Directorate

The Clinical Governance Directorate provides strategic leadership and expertise in patient safety and improvement methodologies. The Directorate facilitated a systems approach to monitoring and assessing activities to embed continuous improvement across all levels of the organisation ensuring the provision of safe, high quality health care.



4

Patient Safety and Quality Managers (Business Partners)

The Patient Safety and Quality Managers provide advice and guidance on all aspects of contemporary clinical governance and act as a liaison for specialist advice from within the Clinical Governance Directorate to facilities and services.

Patient Safety and Quality Managers are an integral member of patient safety and quality forums at the facility and service level, including Morbidity and Mortality (M&M) meetings, Safety and Quality Health Service Standard meetings and patient safety and quality committees. They offer support to staff with Quality Improvement Data System (QIDS), Quality Audit Reporting Systems (QARS), Incident Management System (ims+), Hospital Acquired Complications (HACs), incidents, quality improvement and data analysis.



5

National Standard Governance Committees

These Committees oversee compliance and monitor adherence to the National Safety and Quality Health Service Standards. Representatives from across the District are involved in each National Standard Committee which enables engagement in relevant district wide initiatives, supports assessment of compliance, development and execution of action and support or education and engagement of frontline staff of the intent of the Standards.



6

Facility and Service Patient Safety and Quality Committees

Facility and Service PS&Q Committee meetings are held regularly and report to the District's Safe Care Committee which enables monitoring of the quality and safety of health care and services provided and ensures continuous improvement in the quality of health care and service provision.

Service initiatives are identified and considered based on priority to patient outcomes and quality indicators such as rates of HACs, incidents (ims+, Harm Score 2-4 reviews, Serious Adverse Event Reviews), QARS results, Service Agreement key performance indicators, compliance with the National Safety and Quality Health Service Standards and complaints and compliments.



7

Facility and Service Patient Safety and Quality Plans

Patient Safety and Quality Plans are aligned with the facility/service and NBMLHD operational plan and priority initiatives. Teams contribute to the formalisation of plans, focusing on projects that provide high quality and safe health care to our community.



8

Morbidity and Mortality Meetings

In line with the Clinical Excellence Commission (CEC) M&M Guidelines, NBMLHD has a standardised approach for M&M meetings to reflect contemporary safety and quality principles, guided by human factors science to support robust processes that improve learning and system improvement.

M&M meetings will continue to promote a culture of safety and provide an opportunity for all disciplines to participate. A focus is the lessons learnt from an adverse outcome and include quality improvement activities undertaken as a result.



Snapshot of Achievements

A summary of achievements that have improved quality and patient experience

Aboriginal Health

Aboriginal Consumer representation on strategic committees is working to inform cultural change. Over the past 12 months the Aboriginal Health Unit has had a focus on improving the voice of Aboriginal People within our organisation. We have over 20 Aboriginal Consumer representatives on strategic steering committees and working parties. Consumers bring a wealth of knowledge and lived experience of our services, they are able to provide these committees and working parties cultural advice, and direction to support the organisation to provide a culturally safe, culturally responsive and committed health service for all people.

An example of a project undertaken within one of these working parties was to create a culturally safe environment for staff and consumers of the Lithgow Child and Family Health Service. The service was renamed ‘Walanbang Gabinidyal’ meaning ‘very strong beginning’ in Wiradjuri. Resources were collated by the consumers and staff were educated on how to use cultural resources to support assessment and ongoing clinical care of young Aboriginal children.

Drug & Alcohol

The Drug and Alcohol Service has used innovative and pre-emptive approaches to ensure every point of contact with the service maximises our opportunity to reduce morbidity and mortality in the drug and alcohol cohort by:

- Ensuring priority inpatient admission for Aboriginal and/or Torres Strait Islander patients including pre-emptive testing to identify other disease burdens associated with alcohol and other drug substance use
- Expansion of the Opioid Treatment Program workforce to increase access to Point of Care hepatitis C testing as well as assertive follow up to increase engagement in treatment

- Expansion of sexual health screening (including cervical screening) for all admitted patients.

Feedback & Complaints - Clinical Governance

The District has seen a decline in formal complaints and an increase in formalised compliments in the past twelve months. An emphasis has been placed on frontline complaints resolution which has also been supported by training sessions run by both the District and the Health Care Complaints Commission.

Oral Health

In the last 12 months, the use and establishment of Patient Reported Measures (OH-PREMs and OH-PROMs) has been most significant:

- Oral Health-Patient Reported Experience Measures (OH-PREM) is a commitment to providing enhanced patient centred care. The OH-PREM is a patient completed survey regarding their experience in accessing care, and their perception of the cleanliness and hygiene of the facility and the infection control practices of staff and finally, their involvement in their own clinical care. PREMs was approved by Apollo and is collecting data in QARS and with increasing consumer feedback, Oral Health can continue to develop strategies to improve the patient experience. To date 4,526 surveys were completed. The results are shared with oral health and at relevant safety and quality forums. The results showed overall great patient satisfaction (over 95%) with the dental service provided and the facilities infection control and Hygiene practices
- In the last 12 months Oral Health implemented the Oral Health Patient Reported Outcome Measures (OH-PROM) as one of six pilot LHDs across NSW. The OH-PROM is a longitudinal questionnaire collected

during the patient dental care journey. The baseline PROM is collected at the beginning of the dental care, it is added to the patient’s electronic dental record, and it focuses on aspects of the patient’s quality of life that are affected by their current dental health. It is used to help guide clinicians in treatment planning. A PROM is also completed at the end of a course of care to understand if the dental care received helped to improve their quality of life. The OH-PROM pilot project will be evaluated and the outcome of the evaluation will inform the future large scale implementation across NSW public dental services.

Primary Care & Community Health (PCCH)

The PCCH Geriatrician Service commenced in February 2024 to provide assessment, management and treatment of older people currently involved with the Community Health service with sub-acute (i.e., non-emergency) complex health needs. A key focus of this service is to work collaboratively with the consumer and their families, General Practitioner and the Multidisciplinary team to provide holistic, best practice, restorative approaches to care which promotes shared decision making between consumers, carers and clinicians. Since commencement, 54 consumers have been seen with work occurring to increase referral rates.

Workforce, People & Culture

A remote and lone worker duress trial was undertaken to assess mobile duress requirements for staff who work in community settings and offsite locations. PCCH and Community Mental Health teams have trialled the mobile duress solution. The trial and staff feedback were positive, a business case for funding of the remote worker duress requirements is underway.

Medical Imaging Services

Over the previous 12 months there have been several achievements in safety and quality within Medical Imaging and Nuclear Medicine. An extensive review of safety and quality standards was conducted in 2023, to prepare for and achieve Diagnostic Imaging Accreditation Standards. Aligned with the accreditation timeline, opportunities were identified to build upon the service provided. Some of these improvement projects included changes to MRI booking processes to reduce missed opportunities for service provision, the implementation of methoxyflurane use for Interventional Radiology patients and enhancing the training of Imaging nurses in recovery techniques.

The expansion of the medical physics service with the recruitment of a Radiation Safety Officer (RSO) and the on-boarding of an accredited and registered Radiology physicist has consolidated efforts to ensure safety of staff and patients. Medical Physics is integral in supporting multi-disciplinary teams to work towards a

more robust Quality Assurance program. The recruitment of the RSO also facilitates regular revision of radiation safety throughout the LHD with the reinstatement of the LHD Radiation Safety Committee. Other recent safety and quality improvements include development of an updated LHD radiation safety manual, development of a LHD-wide procedure for the management of patients that receive high radiation doses to their skin, and improvements in quality assurance programs.

Mental Health

The Interdisciplinary Team Project is a redesign of clinical processes across our Mental Health Services. It addresses issues identified in a number of critical incident reviews, complaints and feedback received about continuity of care and collaborative care planning.

The new structure for inpatient clinical teams aligns them to a community team catchment area to strengthen communication and cooperation across care settings. The introduction of care streaming for admissions and the establishment of a dedicated care coordinator role for each inpatient consumer also strengthens the effectiveness, accountability and the provision of consistent and integrated care across settings.

The new process focusses on providing a consumer centred, carer and family inclusive process for care planning and review that makes use of virtual care opportunities and review to ensure that care plans fit the needs, circumstances, and preferences of consumers and those that care for them.

High Risk Foot Service

The introduction of a Podiatrist in a Clinical lead/manager role has provided local leadership for the High Risk Foot Team. The role provides support for the development of practice for clinicians through education and supervision and therefore resulting in and implementing up-to-date evidence-based care which results in improved quality care for patients. The role promotes an environment where teamwork is a priority, and ensures safe, quality health care by clinicians for consumers is provided by implementing measures that result in an improved service.

The High Risk Foot Service relocated to the former Emergency Department location in November 2023. This has resulted in providing a service that ensures a better consumer experience with easier access for those with reduced mobility and improved delivery of care. It has also provided improved space to progress storage facilities that enhances a high-quality clinical workspace for the Service’s clinicians.

Allied Health Directorate, Disability and Short Term Equipment Service (STES)

Improved Ways of Working were developed following recommendations from a review of Allied Health Professional Governance. They encompass a set of recommendations that supported the implementation of the Allied Health Professional Governance Structure. The aim of this work was to embed the recommendations and corresponding action plans into the Allied Health Directorate’s operations.

An implementation steering committee was formed to coordinate this work and included key stakeholders from a variety of services and allied health professions across the District to drive change, identify and assess risks and develop mitigation strategies.

This work, undertaken to ensure improved and strengthened governance, encompassed vital initiatives and achieved a suite of clearer communication strategies across the directorate, enhanced workforce capability by completion of a comprehensive review of allied health clinical supervision policy and procedures, finalisation of an allied health credentialling and scope of practice policy and working towards a series of better integration strategies that deliver operational and professional governance stability across the District.

The improved ways of working were supported by an overarching set of crucial structures to provide effective leadership and governance for allied health clinicians throughout the District.

This included the formation of an Allied Health Executive Council, the peak committee for Allied Health professional governance which oversees strategic projects that address all elements of governance including clinical governance for allied health.

An Allied Health Strategic Projects Steering Committee was established to provide advice, subject matter expertise and drive engagement with allied health clinicians across all facilities and services in relation to high priority strategic projects. An Allied Health Workforce Steering Committee was formed in relation to all workforce matters, with responsibility for oversight of the Allied Health Workforce Plan and allied health workforce initiatives related to Future Health.

Allied Health has also established NSQHS District Standards representatives that report to and from the Allied Health Executive Council. These representatives have clearly stated responsibilities and governance through the Deputy Director Allied Health to support them fulfilling these roles.

State Advisory Network representatives for each discipline have also been elected to represent NBMLHD at the state level through the Ministry of Health. These networks provide a collaborative link between their profession locally and the broader Allied Health Directorate and are supported by a strengthened local governance arrangement coordinated by the Deputy Director Allied Health.

The breadth of the Improved Ways of Working project was recognised as critical in ensuring the professional governance structure of allied health is sustainable and can directly influence safety and quality in care, supported by a high performing and skilled and capable workforce.

Population Health

In the past 12 months, Population Health have been focusing on tightening processes and improving planning to improve the safety and quality of health services. This has included working with local childcare centres to overcome barriers to health supporting practices, partnering with consumers to develop a local LGBTIQ+ Health implementation plan and collaborating with Drug and Alcohol and Mental Health Services to implement rapid testing for hepatitis C.

Surgery & Anaesthetics

Orthopaedics has completed a delirium project to improve cognitive risk assessment for fractured Neck of Femurs prior to surgery (as per ACI guidelines). Rates of pre-operative risk assessment have improved from 48% to 93% via the Neck of Femur Power Plan. A venous thromboembolism (VTE) prophylaxis discharge strategy was implemented with the aim to increase compliance thus reducing readmission rates. This project has been a collaboration with pharmacy on ‘take home packs’ and afterhours discharge packs on the ward. This initiative was implemented due to patient experiencing barriers with prescriptions in the community and costs. This project is still underway, and data being collected. The orthopaedic Clinical Nurse Consultant is working on day-only arthroplasty model and in the planning stages.



Nepean Hospital - Women’s and Children

The Children’s Ward has written and recorded a preadmission video for elective patients coming to the Day Of Surgery unit or Children’s ward for an operation. This has been released on the District’s social media and links included in admission packages for patients. We are currently undertaking a feedback survey on patient’s experiences of the video.

The Children’s Ward have set up a space and clinic chairs for their Food Challenge Clinic. Previously the Clinic was dependent on bed space availability on the Ward and this resulted in many cancellations of the service throughout winter. During the last 12 months they have not had to cancel this clinic due to the ward occupancy.

‘Procedurally Prepared, not Scared’, is a series of short videos accessed by patients through a QR code that shows and talks them through different procedures they may need to have during their admission.

Birth Unit’s *Labour of Love* initiative is a partnership with NSW Ambulance to provide labour and birth experience within the Nepean Birth Unit. The program pairs paramedics with midwives for a full day’s placement at Nepean Hospital’s Birth Unit to support paramedics to manage out of hospital birthing and maternal emergencies by offering interprofessional education and clinical placement support. This initiative was the first of its kind within the state and is now being replicated within other LHDs.

Nepean Intensive Care Unit

Nepean Intensive Care Unit (ICU) developed a collaborative iCu fAmily suppoRt bundLE (CARE) Project to focus on improving healthcare teams’ communication and information shared with our patients and their families. A patient and family feedback project conducted in 2023, identified families wanted improved communication with ICU medical teams.

Following this, multiple quality improvement initiatives focusing on the NSQHS Standard 2: Partnering with consumers to improve patient and family experience in ICU were being implemented. We noticed a considerable overlap in ideas and task requirements which led us to form a group and incorporate the individual initiatives into one large bundle.

The initial achievement of the CARE Project improved operational effectiveness within our collaborative team of doctors, nurses, and allied health clinicians working with most importantly our previous ICU consumers and their families, striving for improved communications and quality of the health service provision. This has been achieved by monthly meetings with the project’s leads of each phase updating, supporting and providing constructive feedback to phase initiatives.

This project has been working on the strategic direction of exceptional patient and consumer experiences by improving the quality of health service provision, by fundamentally listening to consumer’s experiences and suggestions to improve our service delivery during serious, traumatic and life changing events.

Clinical Governance Framework

The purpose of the framework is To ensure patients and consumers receive safe and high-quality health care by describing the elements that are essential to achieve integrated corporate and clinical governance systems. Through these systems, NBMLHD is accountable to patients and the community for continuously improving the safety and quality of services provided.

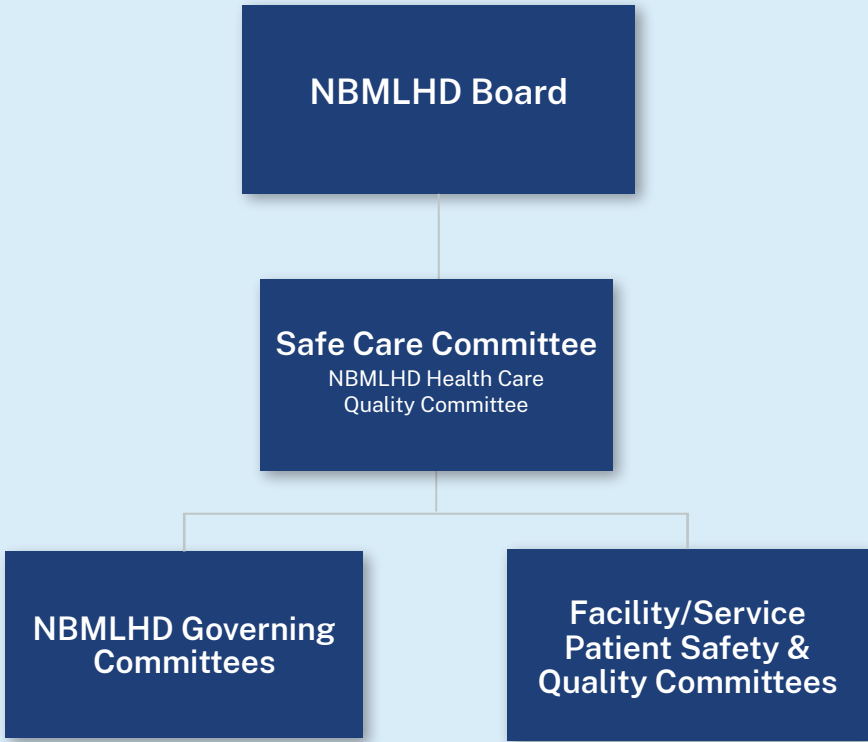
The principal objective is to define the governance structure and patient safety and quality systems that will improve the safety and quality of care provided to our community.

The delivery of safe, high quality health care and continuous improvement will be achieved through the following elements:

- Governance, Leadership and Culture
- Patient Safety, Quality and Risk Management
- Clinical Performance and Effectiveness
- Safe Environment for the Delivery of Care
- Partnering with Consumers



Patient Safety and Quality Governance Structure



Roles and responsibilities

Effective clinical governance involves contributions from individuals and teams at all levels of the NBMLHD. The integration of clinical decision making in a management and organisational framework requires clinicians and managers to take joint responsibility for safety and quality of care delivered by the organisation.

The following provides an overview of the key safety and quality roles and responsibilities of staff across the NBMLHD. This list is not exhaustive and should be considered in conjunction with relevant policies and procedures, including risk and issue management, and individual position descriptions and accountabilities.

	Who	What
Patients and Consumers	Patients, Clients, Consumers, Carers	Engage and provide feedback
Non-Clinical Staff	Support services, including administration, cleaning, security, maintenance, technical staff and volunteers	Engage and provide feedback
Clinicians	Nurses and Midwives, Doctors, Allied Health staff	Implement, manage, report and provide feedback on safety and quality performance
Managers	Directors of Nursing, Clinical Leads, Heads of Department, Managers	Implement, manage, report and provide feedback on safety and quality performance
Governing Bodies	Hospital Clinical Councils, Tier 2's, General Managers (facility and service), Clinical Directors, Clinical Governance Unit, Health Care Quality Committee, Audit and Risk Board Subcommittee, Chief Executive, NBMLHD Board	Provide leadership and governance for safety and quality performance.

Quality improvement projects

The Innovate Together Quality Awards recognise the outstanding achievements of staff to achieve safety and quality improvement in our health care services. The following award abstracts indicate the varied and innovative work occurring across the District.



Excellence in Aboriginal Health Care
Creating Cultural Conversations

To promote safe and high-quality health care for our Aboriginal patients and staff, artworks were produced in collaboration with Aboriginal artists and Allied Health staff. Through a workshop with Dalmarri, the artworks were enriched with storytelling, education and guidance to create a more culturally safe environment for both our patients and staff. The artworks are now proudly displayed throughout Allied Health spaces in the District. A follow-up evaluation found 100% of event attendees reported increased knowledge of Aboriginal culture, 94% reported that they had applied Aboriginal cultural learning in the workplace, and 89% reported the workshop led to cultural discussions with colleagues and/or patients.

Excellence in the Provision of Mental Health
Advance Statements – Supporting self determination during mental health crisis

Advance Statements emerged from a recognition within the Mental Health Service that consumer and carer involvement needed to be meaningful during periods of crisis. It puts the patient first with all efforts made to adhere to wishes of the patient during care. The research project included participation across two phases of 14 consumers, 4 carers, 7 expert stakeholders and 11 service providers.

Keeping People Healthy
Pioneering Prevention and Management of MRONJ

To address the critical gap of the severe, debilitating clinical condition of Medication-Related Osteonecrosis of the Jaw (MRONJ), New South Wales’ first dedicated MRONJ clinic at Nepean Centre for Oral Health was established. The clinic provides evidence-based care for patients, while improving knowledge and understanding of the condition for both patients and other medical practitioners. The clinic enhances patient outcomes and quality of life, filling a critical gap in the health care system.

Patient Safety First
Labour of Love: Paramedic training in birth unit

Through collaboration with NSW Ambulance and Nepean Blue Mountains Local Health District, interprofessional education and clinical placement has supported paramedics to learn more about the birthing process and journey for mothers in labour. Paramedics attend Nepean Hospital weekly and shadow midwives in our Birth Unit, gaining knowledge and skills related to birthing and maternal care, ultimately enhancing patient experiences and associated outcomes.

Transforming Patient Experience
Calm Kids: Procedurally prepared, not scared

To support better patient and experience outcomes for children and adolescents presenting to hospital, a series

of procedural educational videos specifically for children were produced. The child-friendly instructional videos prepare patients for 12 of the most performed paediatric procedures. With simple child friendly language, explanations and graphics, the videos are providing patients and families with information and reassurance about what is going to happen and why during their care.

Transforming Patient Experience
Head and Neck Cancer Survivorship

With the number of patients receiving radiation treatment for head and neck cancer increasing, and associated side effects impacting quality of life, the Head and Neck Cancer Survivorship Redesign has seen education, prevention and improved coordination of care offered by the Nepean Cancer and Wellness Centre. Participating survivors rated their quality of life as fair, good, very good or outstanding; and had increased awareness of available supportive care services.

Efficiency and Value
Video Language Interpreting for the Oral Health Service

The Video Interpreting project with our Oral Health Service has helped ensure equitable access to key services for people with limited or no English language proficiency. Using video interpreting over face-to-face interpreters, patients have reliable and comprehensive oral health appointments. The project was made possible by partnering with multiple teams to provide interpreting services for patients.

Partnering in Providing Care
DARE to Communicate! My Health My Communication.

By partnering with people with intellectual disability, consumers are now partners in their own care following a clinical redesign project. With the goal to promote effective communication with patients, carers and their families during transfer of care situations, resources and processes were developed to involve consumers in shared decision making about their care, while meeting their communication and information needs. Resources include a handover passport, wallet card, and staff education package, with resources also available in a patient’s electronic medical records, to identify their specific care plan.

Board Chair’s Health Research and Innovation Award
ImProVe study

This project successfully proved the effectiveness of the use of intrapulmonary percussive ventilation (IPV) compared to usual chest physiotherapy in critically ill patients. IPV delivers high frequency breaths which promotes airway clearance, reverses or treats pulmonary atelectasis and improves gas exchange. This is the largest controlled study in an intensive care unit to evaluate IPV effectiveness, strengthening evidence in its use.

Achievement against Priority Initiatives

In 2023/2024 the NBMLHD implemented many projects and initiatives to improve patient safety and quality of services.

Aboriginal Health

Cultural Engagement Self-assessment audits were completed by each Service and Facility. Audits supported the development of action plans to guide cultural change towards, units and programs, ultimately contributing to improving the health outcomes of Aboriginal and Torres Strait Islander People.

An Aboriginal Action Plan for the District Violence Abuse and Neglect (VAN) Services has been led by Primary Care and Community Health.

Our Mootang Tarimi Outreach service facilitated communication, capacity building and health education for Aboriginal patients and families. An outreach model, continuously supported by Aboriginal Health Worker and Registered Nurse of the Aboriginal Health Unit held service at 11 sites, providing podiatry, eye checks, women’s health, men’s health, cancer screening, hearing checks, diabetes management, cardiac health screening, tuberculosis information, life planning, falls prevention, and care navigation.

Nepean Hospital, Allied Health & Pharmacy

The Occupational Therapy Assessment Clinic has continued to support community members to access the NDIS and Disability Support Program this year. We have now commenced working alongside Aboriginal Services in the community and with Aboriginal Healthcare Workers in Emergency Departments to help Aboriginal members of our community access supports in order to reduce hospitalisation and improve quality of life.

A Haemorrhage Project policy and procedure and information sheet was published.

Drug & Alcohol

NBMLHD Drug & Alcohol Service has been selected as a pilot site for the Centre for Alcohol and Other Drugs (CAOD) Alcohol and Other Drugs (AOD) Your Experience of Service (YES) survey. The CAOD is running a pilot to test how suitable and acceptable the AOD YES survey is for clients who access an AOD service. Due to participation in this pilot, the local PREMS program that was in development has been terminated.

Allied Health Career Pathways has been developed and being implemented across the service. The Drug & Alcohol Allied Health Career Pathway Guides and Tools identify essential knowledge, skills and attributes required by staff to perform competently in their roles, while ensuring optimal delivery of services is provided to their patients, customers or consumers. The Drug & Alcohol Allied Health Career Pathway will form part of the credentialling process for Allied Health clinicians providing services within a Drug & Alcohol treatment setting.

Lithgow Health Service and Portland Tabulam Health Centre

The refurbishment of inpatient ward bed 39 as a Palliative Care Bed has been completed. As part of the opening of the Palliative Care Room a Smoking Ceremony was provided by a local Aboriginal Elder. A morning tea was held as a thank you and acknowledging the financial contributions the local volunteer community made to Lithgow Hospital. One of the Emergency Department consultation rooms has been redesigned as a quiet room for patient and family bereavement/family conferences. (Currently underway).

Nursing & Midwifery Directorate

Pressure Injury Prevention (PIP)

- Implementation of Medsync - Microsoft Teams app that allows clinicians to upload clinical photography safely and securely from a mobile device into a patient’s health record.
- Ongoing implementation of local procedure.
- Participation in Leading Better Value Care (LBVC) chronic wounds committee and working party.
- Participation in NSW Health Incident Management System (IMS) & Skin Integrity working group
- Ongoing partnership with Western Sydney Local Health District (WSLHD) developing and finalising PIP form on Electronic Medical Records (eMR) and participant in NSW Health iView wound build meeting

Oral Health

Oral Health is maintaining the dental waiting list within the recommended benchmark with 99% of the patients are seen within the recommended waiting time benchmark. Additionally, achieved 106% of the 2022/2023 dental activity target and is achieving 112% of the current 2023/24 target, to date.

Oral Health continues to provide school based dental services through the NSW Primary School Mobile Dental Program across 59 local primary schools with more than 15,200 children offered the dental preventative services in the 2024 school year. Approximately 85% of the local schools participating in the Primary School Mobile Dental Program at NBMLHD are schools representing high priority populations.

Primary Care and Community Health (PCCH)

Falls and pressure injuries remain the two most significant consumer related risks in Community Health. Over the last 12 months there has been concerted focus on improving the management of falls and pressure injuries in Community Health. In 2023, Community Health reviewed and finalised the Primary Care and Community Health: Falls Injury Prevention and Management for Adults & Primary Care and Community Health; Post falls huddle procedures and Primary Care & Community Health: Community Health Care - Pressure Injury Prevention, Identification & Management procedure with accompanying audit tools. To complement these procedures, training and education was provided to staff to support the increased use of screening tools for the early identification and management of risk factors. Reviewing audit results for both areas have demonstrated an increase in the completion of screening tools and relevant education.

The PCCH project, Walanga Gul (Darug language for ‘follow up’), aimed to improve patient experience, service engagement and health outcomes for First Nations people with chronic conditions post discharge from Nepean Hospital. The project team worked with the local community to review and improve the existing 48 Hour Follow Up program, including the co-design of a culturally appropriate patient reported experience measure and the update of an existing model of care.

In September 2023, the project team implemented the co-design of a bespoke Patient Reported Experience Measure (PREM), and an update of the Model of Care, along with rebranding of the program to Walanga Gul. The design and delivery of Walanga Gul and the implementation of solutions continues to bring successes and areas for further improvement.



Nepean Hospital - Renal Services

Commenced the Renal Service’s Consumer Partnership Committee meetings to:

1. Empower consumers, i.e., patients and their caregivers to provide their views, experiences, and perspectives of the current and/or future models of care within Renal Service.
2. Support consumer involvement from diverse backgrounds, ensuring the vision of our key stakeholders are representative of a broad range of consumer views, including those from vulnerable and disadvantaged backgrounds.
3. Provide guidance and advice to better understand the needs, concerns, and priorities of consumers that access chronic kidney disease care to improve equity in access to care and health outcomes.
4. Co-design strategies and interventions with all stakeholders in the care delivery for patients living with chronic kidney disease, ensuring optimal health outcomes for those within our LHD.
5. Take advice from patients and their caregivers to identify initiatives that will improve patient care and overall wellbeing.
6. Advocate for improvements in current models of care, provision of new models of care and equitable resource allocation to vulnerable chronic kidney disease populations.
7. Ensure the unique care and related needs of patients accessing different models of care within the Renal Service are included in renal service planning.
8. Assist the Renal Service to nominate consumers to represent in other committees that require consumer representation in the LHD.

Medical Imaging Services

The Nuclear Medicine and Positron Emission Tomography (PET) Department at Nepean have been granted by the Australasian Association of Nuclear Medicine Specialists for Advanced Training for 2 accredited positions. Nepean Nuclear Medicine and PET is the only site in NSW to be granted two accredited positions. The accreditation is reviewed yearly and it is important that we meet the standards required to maintain our training site accreditation.

Allied Health Directorate, Disability and Short Term Equipment Service (STES)

Communities of Practice

Communities of Practice were introduced in response to the Allied Health Professional Governance Review to deliver positive outcomes that improve the ways allied health clinicians work with their patients and to embed executive sponsors as a key stakeholder. The framework and intent of each Community of Practice receives endorsement through the Allied Health Executive Council.

Communities of Practice have been established in key areas of clinical practice. These include Neurodevelopmental Disorders, led by Clinical Psychologists from the NBMLHD Developmental Clinics, who are coordinating a Community of Practice for all district staff who provide health care services to people with neurodevelopmental disorders (including Attention-Deficit/Hyperactivity Disorder, Autism Spectrum Disorder, developmental delays, Intellectual Developmental Disorders, and associated comorbidities).

A Community of Practice focused on Intellectual Disability, led by the Disability team, aims to provide

a dedicated place for staff to discuss and explore the complexity of the health care needs associated with intellectual disability. It hopes to increase understanding and reduce barriers to healthcare access for people with intellectual disability.

Senior Speech Pathologists from across the District have also formed a Community of Practice to address the complex area of Paediatric Feeding. This group will take an interdisciplinary approach to address the increasing number of paediatric patients with feeding difficulties accessing services across the LHD. Hospital and Community clinicians support families across a continuum of needs and it is proposed that this will include Occupational Therapists, Dietitians, Speech Pathologists and Psychologists.

This group will provide a dedicated learning space to support staff in maintaining evidence-based approaches when dealing with complex infants and children with sensory and regulation issues, growth, development and enteral feeding management, oral motor and swallowing difficulties and anxiety and eating disorders.

Population Health

Sustainable Futures Innovation Funding – Virtual Interpreting for Women’s and Children’s Outpatient Department (W&CH)

Video interpreting is now business as usual in the W&CH Outpatients Department. A comprehensive project summary and evaluation has been finalised and disseminated widely. Achievements from this project include:

Workforce sustainability: The project has reduced travel time for interpreters enhancing interpreter wellbeing and productivity while reducing work health and safety risks. As interpreters can work from home, it provides access to a wider geographical pool of interpreters, creating a sustainable model that improves the experience of the workforce.

Cost savings: The project has shown significant cost savings. Between the 2019 baseline year and the 2023 pilot year there was an 18% increase in price for interpreter services and 194% increase in Occasions of Service, however there was a 48% decrease in the average cost per interpreter occasion of service.

Environmental sustainability: Scope 3 carbon emissions from travel for face-to-face service dropped from 1,090

kgCO2e in 2019 to only 62kgCO2e in 2023. In 2023, with the increase of activity, phone and virtual interpreters saved 22,002 km, a reduction of 5,061 kgCO2e from January to September ultimately supporting the NBMLHD Sustainability Plan 2024-2028 Net Zero requirements.

An interactive interpreter dashboard is in the development stage which will have a data visualisation tool that will allow users to explore and analyse information related to interpreter use and carbon emissions savings to enhance operational efficiency within the LHD. The project was been submitted for a NBMLHD Quality Award and has been presented at the MoH NSW Health Sustainability Network.

Research

Implementation of the inaugural NBMLHD Research Strategy & Implementation Plan

The Research Strategy & Implementation Plan (Research Strategy) was launched in December 2022 to support existing research and to further develop the District as a research-focussed organisation. Over the past 12-months the Research Directorate has been formalised and working towards several of the Strategic Aims and Objectives set out in the Research Strategy including:

- Embedding a culture of consumer and community involvement (CCI) in research across the District through the commencement of two community members on the Research Board Subcommittee.
- Building research capacity and awareness through the launch of the monthly Nursing, Midwifery and Allied Health Research Symposium in February 2023 and through the establishment of an annual ‘Research Together’ event aiming to promote and celebrate research achievements embedded within the organisation during the week of the ‘Celebrate Together’ NBMLHD events.
- Improving the effectiveness and transparency of research governance through the publication and dissemination of the NBMLHD Research Policy (February 2023) and through the ongoing development and implementation of the Research Governance Framework. To support this work, the NBMLHD Research intranet pages underwent a substantial overhaul aiming to improve the experience of the end user in finding relevant research information related to conducting research at NBMLHD.

Patient and Consumer Experience

We recognise the significant insight, knowledge and experience consumers provide. They support us to provide safe, person centred and quality care. The Consumer and Community Participation Framework sets out our commitment to engage with consumers, families, carers and the community to help shape the delivery of health services.

Aboriginal Health

Palliative Care Redevelopment

Recognising the cultural knowledge and experience of Aboriginal consumers to support culturally safe care being delivered, workshops were held with Aboriginal consumers to discuss the model of care and design of the Palliative Care Unit. Patient rooms, multipurpose gathering spaces, furniture and garden landscaping designs were reviewed by the Aboriginal community to share how these spaces can be best used to support a culturally safe final journey and respectfully engage family during sad news and sorry business.

The Maternal Health Project is in progress to better understand culturally safe maternal care. Gaps and service delivery options are being workshopped with Aboriginal Mothers to better inform antenatal and birthing practices across the District.

Nepean Hospital, Allied Health & Pharmacy

Occupational Therapy is partnering with the District's disability team, nursing staff and consumers to identify needs around Patient Care Plans and how this can

improve the experience of people with a disability when being admitted to hospital. Members of the Disability Consumer Council are involved in providing input on how to best direct their care and what tools are best used to identify their care needs before and during hospital admissions.

Blue Mountains District ANZAC Memorial Hospital and Springwood Hospital

Maternity Model of Care

The Maternity Continuity of Care Working group was formed in August 2023 with a vision to Improve and enrich maternity care available to women and families across the Blue Mountains, by providing access to best practice, gold standard, continuity of midwifery care.

The Steering Group consists of patients, maternity consumers, operational and general managers, midwives, obstetricians, clinical educators, and patient safety representatives.

The purpose of the group is to consider evidence, and draw on the experience and expertise of members, clinicians, and consumers to guide the design and implementation of a new Continuity of Midwifery Care Model for Blue Mountains Hospital.

Using the principles of co-design with maternity consumers, midwives, and managers, we have been able to draft a Model of Maternity care at Blue Mountains Hospital that will provide every Blue Mountains woman with a known midwife when she books in for her pregnancy journey.

The first phase of the model will provide midwifery continuity throughout the antenatal and postnatal period to all women (with a different midwife for birthing), and the second phase aims to extend this continuity across birthing as well.



Feedback for the new model was also obtained via a patient survey issued to all maternity patients receiving care at Blue Mountains Hospital. Results highlighted the value and desirability of having a known midwife through the entire pregnancy, birth, and postpartum continuum.

The partnership with maternity consumers has been invaluable in the process of co-design in the new model, their experience and expertise of maternity care in the Blue Mountains and across the LHD has been central to this project.

Lithgow Health Service and Portland Tabulam Health Centre

Tree of Life Apollo Project

Led by the Senior Occupational Therapist, the Tree of Life Project aims to improve person-centred care for people with dementia or suspected cognitive impairment at Lithgow Hospital.

By combining the 'TOP5' and 'This is Me' into the pictographic 'Tree of Life', the project aim is to:

- Increase person-centred care for inpatients with dementia or suspected dementia.
- Reduce falls incidents in patients with dementia or suspected dementia
- Reduce the incidents of aggression in patients with dementia or suspected dementia.

- Reduce hospital acquired complication of falls for people with dementia or suspected dementia.
- Reduce Code Black incidents.

This project is currently underway and recruiting patients and families. The results of the project are expected later this year.

Primary Care and Community Health

Walanbang Gabingidyal -Very Strong Beginnings

The Building Strong Foundations Service at Lithgow engaged in a community consultation process with Elders, Wiradjuri language custodians and the local community. This enabled the formal naming of the service to the Wiradjuri name, Walanbang Gabingidyal -Very Strong Beginnings. The Naming Ceremony in 2023 included a Smoking Ceremony, as approved by the local Elders, formal smoking of the Community Health Centre, and the involvement of Community and Health representatives.

Medical Imaging Services

Patient Satisfaction Surveys

The survey encompasses Medical Imaging Nepean, Lithgow, Blue Mountains, Nuclear Medicine and PET and monthly reports are created for each site. The survey

questions focus on the ease of the bookings processes, pre booking instructions, the professionalism of the staff, wait times, communication around delays, the manner and support of the staff during the scan or procedure and provide the opportunity for patients attending our services to provide feedback. The overall satisfaction since the commencement of the survey is above 95%. The survey responses are anonymous therefore are monitored for trends in areas which may require addressing.

Population Health

Multicultural Consumer Reference Group

The group facilitates consumer involvement in shared decision making and aims to:

- Bring a coherent approach to building cultural knowledge of existing NBMLHD Health Consumer Representatives.
- Ensure the preparedness of health consumers to represent multicultural communities at LHD Committees.
- Encourage multicultural health consumers to engage and participate in NBMLHD committees, governance forums and/or other activities.

Planning, Redevelopment and Strategic Office

Palliative Care Unit Design

In June 2022, NSW Government announced \$93 million in capital funding to redevelop and refurbish dedicated care facilities across NSW. As a result, the Nepean Hospital Redevelopment team is in the process of designing a 16 bed Palliative Care Unit (PCU) that will be built on level 7 of the Stage 2 tower. Human experience forms the foundations of the new PCU at Nepean Hospital. Giving a voice to the community in the

planning and design ensures we build a comfortable, safe and supportive facility to help patients and families navigate one of the most unique and emotionally charged experiences of their lives.

To achieve a person and family-centred design outcome, the project team created an Expression of Interest (EOI) campaign in print and social media to collaborate with consumers who wanted a say in the design of the service. The EOI gave respondents a choice about how they wanted to be engaged such as face-to-face or online. Two focus groups were held in late 2023, taking consumers through different palliative care patient journeys to prompt discussion and feedback.

A yarning circle with Aboriginal community members, the PCU project team and Aboriginal health staff was conducted in February 2024. This cultural engagement was followed by an online survey to all PCU consumers to gain input into furnishings, colours, and amenities. All feedback captured is recorded in concise summary reports to be considered in all project user groups and key decision-making points in the project. All participants in the focus groups were remunerated in line with NSW Health Guidelines. Some participants are making an ongoing contribution to a co-design process to develop the NBMLHD supportive and palliative care program.



A workplace culture that drives safe and quality care

Our talented staff contribute a high performing culture with a focus on safety and quality.

Nepean Hospital, Allied Health & Pharmacy

Occupational Therapy: Introduction and evaluation of the Near Peer Model for New Graduate support and education

This model has improved the confidence and clinical skills of our new graduates and has contributed to the high rates of staff retention following the conclusion of the new graduate program.

Nursing and Midwifery Directorate

Resilience Framework

The COVID-19 pandemic identified the need to build resilience and wellbeing within our Nursing and Midwifery workforce. The Resilience Framework is a 2-year project aimed at supporting the Nurses & Midwives of NBMLHD build resilience, enhance their wellbeing and create a culture that values self-care & can respond to challenging and changing times.

The Resilience framework for Nursing and Midwifery has specific streams for individuals, teams and managers with references to support each group.

Data collection is achieved through face-to-face interactions with Nursing and Midwifery staff across the LHD to identify existing strengths and gaps.

Strategies and initiatives have been developed to build clinical resilience in partnership with key stakeholders.

Work continues across all NBMLHD facilities & services to ensure that the needs of our staff are met.

Research into the collaborative approach to the development of the Resilience Framework has begun.

Oral Health

Oral Health New Graduates Dental Program

The one year program has been proven to provide a sustainable flow of future dental clinicians workforce. The Oral Health New Graduates Program has been running in 2023 and 2024. In 2023, eight New Graduates, 6 Dental Officers and 2 Oral Health Therapists were recruited at Nepean Centre for Oral Health. Of the eight new dental graduates, seven were successful in securing further positions with the services from January 2024. The program was also successful in attracting six new dental graduates who commenced in January 2024. The program has a strong focus of building clinical skills in general practice dentistry and providing high quality, evidence-based clinical care to our eligible patients. The program is mentored by several Senior dental officers and Dental Specialists. Oral Health is currently conducting qualitative and quantitative evaluations of the program.

Workforce People & Culture

Safe, high quality and person-centred care relies on effective leadership and a capable and well-supported workforce. The new NBMLHD Leadership Framework ‘Lead from Where You Are’ 2024- 2027 defines the desired leadership capabilities and attributes that every employee across our LHD can aspire to. It supports our staff to become exceptional leaders and transform our culture, ensuring that our CORE values of Collaboration, Openness, Respect and Empowerment are at the heart of every interaction. This will contribute to an exceptional experience for all who engage with our organisation and

foster a culture of excellence in care by empowering all staff to lead with a focus on safety, quality, and person-centredness.

Developing a strong, practical, shared leadership culture will support us as we strive towards our vision of Together Achieving Better Health.

Mental Health

We introduced a new Safety Review and Strategy Committee after we identified an opportunity for leaders across the service to come together to review strategies that can be implemented across the whole service to improve safe care provision. The Committee has been successful in supporting shared understandings and successes to common problems.

Allied Health Directorate, Disability and Short Term Equipment Service (STES)

NBMLHD, in partnership with the MoH, commenced an Aboriginal Clinical Psychology Cadet program in 2024. The introduction of the Clinical Psychology Cadet represents the first time that the MoH has admitted a Clinical Psychologist to their cadetship program. This has been the result of a strong collaboration between the NBMLHD Allied Health Directorate team and the Aboriginal Workforce Branch at the Ministry. This program will support the cadet through their clinical masters degree and encourages students of Aboriginal and Torres Strait Islander background to pursue a career in clinical psychology in the public health system. Locally, this program provides valuable work experience and supervision opportunities and introduces cadets to clinical psychology work in NBMLHD. It represents an important capability building opportunity for our future Aboriginal workforce and improved access to services for Aboriginal consumers and the community.

Nepean Intensive Care Unit

The CARE Project is striving to improve workplace culture effectiveness within our collaborative team of doctors, nurses, and allied health clinicians working with most importantly our previous ICU consumers and their families, endeavouring for improved communications, and quality of the health service provision. This has been achieved by monthly meetings with the project’s leads of each phase updating, supporting and providing constructive feedback to phase initiatives.



2023-2024 Performance

Review of Performance against
2023-2024 NSW Health KPIs

Monitoring and evaluation of improvements in safety and quality is an important component of the continuous quality improvement cycle. This supports greater accountability in a learning system that is able to identify opportunities for improvement, supports organisational change and a culture of safety and quality.

Key performance indicator data is monitored and analysed against the NBMLHD Service Agreement targets and benchmarks. Strategies for improvement are implemented in all hospitals and services across NBMLHD.

Hospital Acquired Complications

These are a key area of focus for all hospital sites in the District. Each facility has HAC plans – each HAC Recovery plan is monitored by the Facility Performance Meetings with the executive.

There is particular focus on complications relating to falls, endocrine and healthcare associated infections.

Key	Indicator
Performance at or better than target	✓
Performance within tolerance	⊕
Performance outside tolerance	✗

Safe care is delivered across all settings

Indicator	Target	Result	Status	Time period
Hospital Acquired Pressure Injuries (v3.1) Strategies for improvement: Revised clinical audits to identify areas at risk, new ‘turning and positioning’ system implemented, changes to clinical practice to improve prevention and assessment of pressure injury	5.2	7.8	✗	Jul 23-Jun 24
Fall-Related Injuries in Hospital – Resulting in fracture or intracranial injury (v3.1) Strategies for improvement: NBMLHD developed Falls Prevention Assessment Tool, implementing a range of initiatives to reduce falls, and reduce risks of harm	6.9	8.6	✗	Jul 23-Jun 24
Healthcare Associated Infections (v3.1) Strategies for improvement: Focus on sepsis following revised management pathway, and infection prevention initiatives like hand hygiene	107.9	116.4	✗	Jul 23-Jun 24
Hospital Acquired Respiratory Complications (v3.1) Strategies for improvement: ‘Care Bundle’ in the intensive care unit for patients requiring ventilation support	26.6	32.1	✗	Jul 23-Jun 24
Hospital Acquired Thromboembolism (v3.1)	7.9	7.0	✓	Jul 23-Jun 24
Hospital Acquired Renal failure (v3.1) Strategies for improvement: All patients with hospital acquired renal failure subject to individual review to determine cause and for any contributing factors.	0.8	1.5	✗	Jul 23-Jun 24
Hospital Acquired Gastrointestinal Bleeding (v3.1)	9.0	7.3	✓	Jul 23-Jun 24
Hospital Acquired Medication Complications (v3.1)	9.0	8.5	⊕	Jul 23-Jun 24
Hospital Acquired Delirium (v3.1)	35.1	32.3	✓	Jul 23-Jun 24
Hospital Acquired persistent Incontinence (v3.1)	2.9	1.0	✓	Jul 23-Jun 24
Hospital Acquired Endocrine Complications (v3.1) Strategies for improvement: Revised procedures for managing diabetes, and improved documentation of malnutrition.	30.3	33.0	✗	Jul 23-Jun 24
Hospital Acquired Cardiac Complications (v3.1)	29.5	29.7	⊕	Jul 23-Jun 24
Third or Fourth Degree Perineal Lacerations (v3.1) Strategies for improvement: Implementation of the perineal care bundle, a package of initiatives across the antenatal and intrapartum period along with postnatal care, assessment and review.	348.6	395.8	✗	Jul 23-Jun 24
Hospital Acquired Neonatal Birth Trauma (v3.1)	74.3	61.0	✓	Jul 23-Jun 24

2024-2025 Future Priorities



Aboriginal Health

The NSW Aboriginal Health Transformation Agenda outlines the strategic workplan for NSW Health, to address the National Agreement on Closing the Gap.

The Transformation Agenda has system-wide actions; six of which NBMLHD will be accountable for, along with four actions that were nominated by the Chief Executive (CE). These actions must be a key priority for the District focusing on improving health Outcomes for First Nations People.

1. Formal Partnerships and Shared Decision Making: Implement the NSW Aboriginal Health Governance and Accountability Framework & Appendices (following the launch of the Framework).
2. Building the Community-Controlled Sector: Develop an innovative program, shared workforce model and/or model of care between LHDs/Specialty Health Networks and Aboriginal Community Controlled Health Organisations (ACCHO).
3. Transforming Government organisations: Progress Aboriginal Led Alternative Service Delivery Pilots for high priority areas.
4. Shared Access to Data and Information at a Regional

- Level: Ensure that all discharge summaries from hospital services are provided to ACCHO partners.
5. Employment, Business Growth and Economic Prosperity: Conduct a review of the role, scope of practice and number of Aboriginal Liaison Officers, Aboriginal Health Workers and Aboriginal Health Practitioners in each LHD.
 6. Transforming Government organisations: Deep Dive Review into whether Emergency Departments are culturally safe and accessible for Aboriginal people, and design and implement culturally safe and Aboriginal led service models.
 7. Regrade the Director Aboriginal Health role and realign reporting lines for this and other relevant roles to strengthen governance and leadership.
 8. Develop, publish and promote a CE statement of commitment to addressing racism, ensuring our staff are aware that there will be clear consequences for acts of racism.
 9. Progress development of a Reconciliation Action Plan.

10. Commence implementing the recommendations of the Survey of Aboriginal Staff Employed in NSW Health Services, with a key focus to better understand why Aboriginal staff leave our LHD, developing a system of mentorship for Aboriginal staff, along with an emphasis on cultural responsiveness training for managers of Aboriginal staff.

Blue Mountains District ANZAC Memorial Hospital and Springwood Hospital

Geriatrics

Developing a working party by the Aged Care Nurse Practitioner to understand the impact of an underdeveloped model of care regarding identifying and managing client deterioration in Residential Aged Care Facilities (RACFs) with LHD and Primary Health Network (PHN) support.

Sensory Room development in East Wing as pilot project

Developing a Sensory Room in an adult inpatient acute health care setting, to reduce the use of security teams practicing restraint and seclusion.

This pilot project will meet two eligibility criteria for an innovation scholarship. Firstly, it is a person-centred project, in that it will aim to treat each person respectfully as an individual human being, and not just as an acuity to be treated. It will also involve seeking new models of care to strengthen nursing practice by enabling staff to meet the changing needs of a population by understanding what is important to the patient, their families, carers and support people,

fostering trust and establishing mutual respect. It also means working together to share decisions and plan care.

Drug & Alcohol

Close the Gap Strategy

The Drug and Alcohol Service will develop a comprehensive plan of action that is properly resourced and contribute to achieving the national goal of Indigenous health equality by 2030. This plan will be developed in partnership with local Aboriginal community members. The plan will outline the Service's targeted approach to achieving Indigenous health equality, by focusing on a wide range of health conditions and health determinants that impact on people who use alcohol and other drugs in our local Aboriginal community.

Life Span Clinic – monitor cohorts of methamphetamine affected patients longitudinally

Assertively screen methamphetamine users for Hepatitis C; not traditionally a population who were screened as focus as historically been on opiate users.

Lithgow Health Service and Portland Tabulam Health Centre

From the NBMLHD Disability Inclusion Action Plan 2023-2026, develop the Lithgow Hospital Disability Inclusion Consumer Forum, considering that 13% of the Lithgow population have difficulty doing everyday tasks. There are several National Disability Insurance Scheme (NDIS) group housing complexes with the Lithgow Local Government Area. Patients within the inpatient wards

often have complex medical and social needs which require detailed care strategies and discharge planning to facilitate transition into the community. The plan for the Lithgow Disability Inclusion Forum would be to hear from consumers on their health care needs, access to hospital services and input into developing strategies to meet their health care needs. This local consumer advice can be provided to the NBMLHD Disability Consumer Council. The plan would be to host two to three Lithgow Hospital Disability Inclusion Forums per year with consumer and stakeholder involvement.

Primary Care and Community Health (PCCH)

With the completion of the clinical redesign project for Walanga Gul in the next 12 months, PCCH will be looking to build on the foundations set by the project team. This includes evaluating the transition to the Patient Flow Portal as the source of referral, monitoring PREM data, providing feedback to our First Nations community contributors, and providing updates to Human Research Ethics Committee (HREC) and Aboriginal Health & Medical Research Council (AH&MRC) and improve staffing resources to meet KPI targets.

Feedback and Complaints – Clinical Governance

The development of the District Complaints Management Framework is a key priority for the Feedback and Complaints space for the next twelve months to ensure that we align with the District’s Strategic Direction of Exceptional Patient and Consumer Experiences.

Nepean Hospital -Renal Services

Improve access to Centre-based Haemodialysis

treatments in patients with Kidney Failure within the Penrith Local Government Area.

Improve quality of peritoneal dialysis care and support provided to patients both in the in-patient and community settings to reduce rates of Peritoneal Dialysis related infections and Hospitalisations related to peritoneal dialysis related peritonitis .

Workforce People & Culture

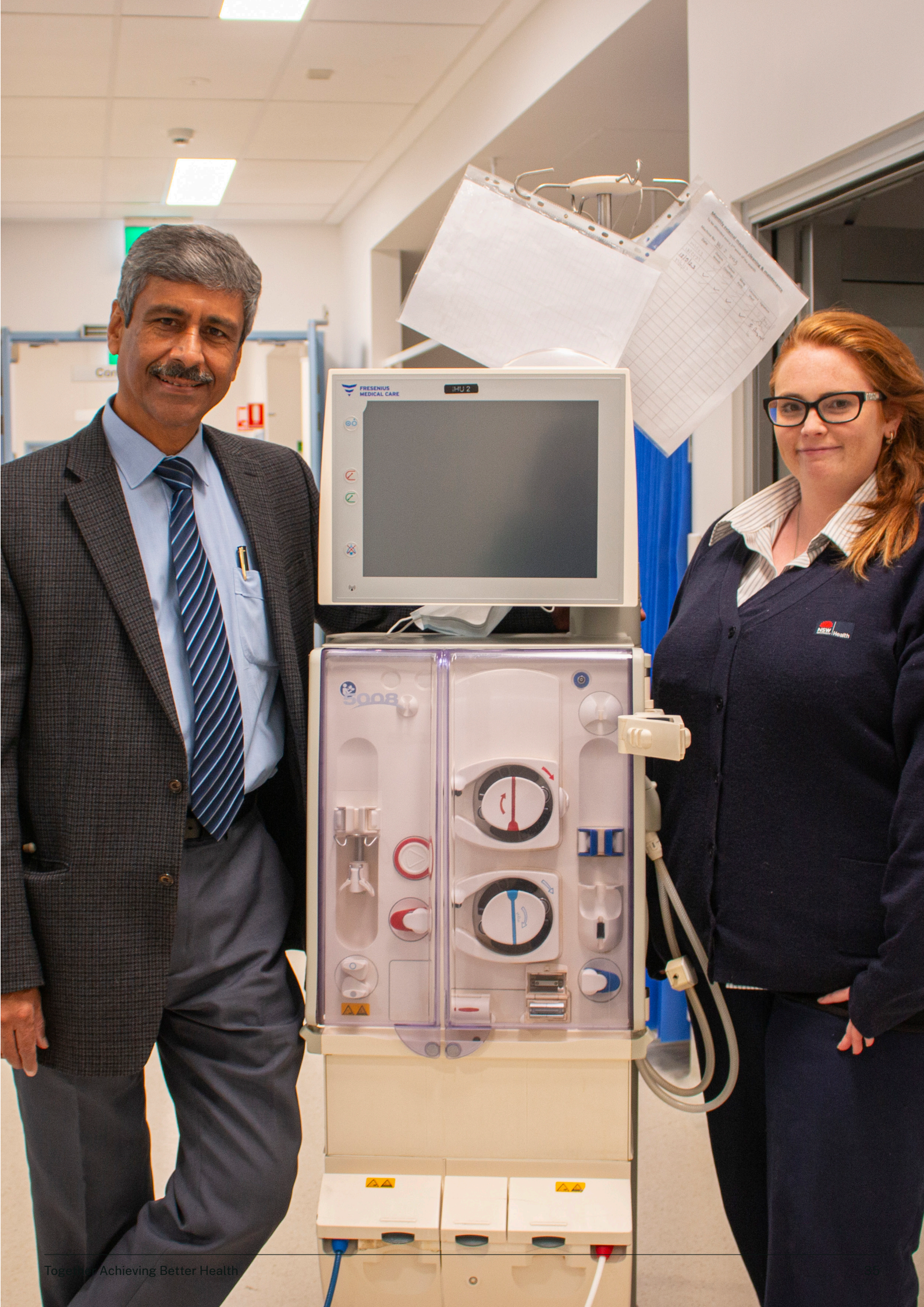
The ‘Sorry Business & Sad News’ guide to assist staff in supporting Aboriginal and Torres Strait Islander patients and their families through bereavement is being prepared for design and publication.

The Staff Mental Health and Wellbeing Steering Committee is currently being recruited to and will provide governance for actions to improve staff mental health, wellbeing and burnout. The Committee is being established in response to staff feedback from the People Matter Employee Survey and the Black Dog Institute Mentally Healthy Workplace Audit project

Mental Health

Our priority areas for the next 12 months are:

1. Reducing the duration of seclusion within our inpatient units. While we are meeting targets for the rate and frequency of seclusion, we are above the State average for duration.
2. We established the Koori Council and want to focus on supporting the effectiveness of that Council as it matures to drive improvements for First Nations people being supported in our service.





CM Ref: 24/10114

Governing body attestation statement

This attestation statement is made by *The Hon. Peter Collins, AM KC*

Holding the position/office on the Governing Body *Board Chair*

For and on behalf of the governing body titled *Nepean Blue Mountains Local Health District Board*

Nepean Blue Mountains Local Health District

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.
2. The Governing Body has fully complied with, and acquitted, any Actions in the National Clinical Trials Governance Framework, or parts thereof, relating to the responsibilities of governing bodies generally for Governance, Leadership and Culture
3. 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 endorsed the Organisation's current clinical trials governance framework
 - f. 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

Together Achieving Better Health



- g. has monitored the action taken as a result of analyses of clinical incidents occurring within the Organisation's facilities and/or services, including clinical trial services.
 - h. has routinely and regularly reviewed reports relating to, and monitored the Organisation's progress on, safety and quality performance in health care.
4. The Governing Body has, ensured that the Organisation's safety and quality priorities address the specific health needs of Aboriginal and Torres Strait Islander peoples.
5. I have the full authority of the Governing Body to make this statement.
6. All other members of the Governing Body support the making of this attestation statement on its behalf.

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

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

Signed

Position

Chair, Nepean Blue Mountains Local Health District Board

Date

21 August 2024

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

Signed

Position

Chief Executive

Name

Lee Gregory

Date

13 August 2024



Schedule of health service organisations covered by this attestation statement;

Name of health service organisation	Address
Blue Mountains District ANZAC Memorial Hospital	Cnr Woodlands Road and Great Western Highway, Katoomba NSW 2780
Drug and Alcohol Service	Multiple sites across the LHD
Springwood Hospital	7 Huntley Grange Road, Springwood NSW 2777
Lithgow Hospital	Col Drewe Drive, Lithgow
Mental Health Service	Multiple sites across the LHD
Nepean Hospital	Derby Street, Kingswood NSW 2747
Oral Health Service	Multiple sites across the LHD
Portland Tabulam Health Service	20 Green Street, Portland NSW
Primary Care and Community Health	Multiple sites across the LHD

**Nepean Blue Mountains
Local Health District**

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Facebook: www.facebook.com/NBMLHD
X: @NBMLHD
YouTube: Nepean Blue Mountains Local Health District
LinkedIn: Nepean Blue Mountains Local Health District (NBMLHD)
Instagram: @nepeanbluemountains

