



Mid North Coast
Local Health District



Safety and Quality Account

2022-2023 Report
2023-2024 Future Priorities

Acknowledgement of Country

The Mid North Coast Local Health District acknowledges the Traditional Custodians of the lands across the Mid North Coast. We pay our respects to past, present, and emerging Elders of the Gumbaynggirr, Dunghutti, Birpai and Nganyaywana nations.



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Professor Heather Cavanagh Governing Board Chair (2021-2023)

On behalf of the Governing Board, I'm pleased to present the 2023-24 MNCLHD Safety and Quality Account.

This report provides an overview of the quality of services provided by our local health district, recognising excellence achieved and identifying areas for improvement over the next 12 months.

As a testament to our commitment to safety and quality, the Quality and Safety Attestation Statement was signed by the Governing Board on 14 August 2023, confirming its role in providing strong leadership to guide a culture of safety and quality improvement across the District.

On behalf of the Governing Board, I thank each member of the Mid North Coast healthcare team for enabling safe workplaces for our colleagues and providing safe practices to our community.

I extend my thanks to the staff, communities and my fellow Board members of the Mid North Coast, for their support during my tenure as Governing Board Chair. I extend my congratulations and best wishes to Peter Treseder AO as he steps into the Chair role from July 2023.

Professor Heather Cavanagh
Chair - Governing Board



Stewart Dowrick Chief Executive Mid North Coast LHD

The MNCLHD Safety and Quality Account highlights our commitment to providing services that keep the Mid North Coast community healthy and safe. The report aligns with MNCLHD's Strategic Plan for delivering safe, effective and sustainable healthcare services.

I'm proud of the difference we make in improving our community's health and wellbeing. Every staff member plays a significant role in ensuring our communities receive safe, timely and high-quality care.

In 2022, our District met all the requirements of the National Safety and Quality Health Service (NSQHS) Standards. As we move forward, our District remains committed to continuing this high standard of care. This strong commitment helps us make healthcare better in the future, keeping our community healthy and providing appropriate care.

Stewart Dowrick
Chief Executive

MNCLHD Strategic Plan 2022-2032

The **MNCLHD Strategic Plan 2022-2032** has at its core, a Vision that brings together all members of the community. This Vision is inclusive of our team members working across health, our families, our business communities and the many people who are part of the vibrant Mid North Coast.

We encourage everyone to take the time to read through the various elements including the Vision, the Purpose, Our Ways of Working and the eight Focus Areas.

Our Strategy Map

Our vision	Building thriving communities through excellence in people-centred health care
Our purpose	To deliver safe, effective, sustainable services that protect and improve the health and wellbeing of our Mid North Coast community
Community and consumer perspective	<ol style="list-style-type: none"> 1. Informed, engaged, empowered community 2. Positive and personalised care experiences 3. Strong prevention and early intervention
Internal process perspective	<ol style="list-style-type: none"> 4. Partnering, collaboration, communication 5. Streamlined processes that support safety and best practice 6. Research, health intelligence, strategic management
Internal capacity perspective <small>(our people and resources)</small>	<ol style="list-style-type: none"> 7. People, culture, capability 8. Resource stewardship
Our ways of working	<ul style="list-style-type: none"> We always put people first We are caring and compassionate We work as one team We focus on quality outcomes
Our values	Collaboration, openness, respect, empowerment



and achieve **our vision** for the future.

This will enable us to **fulfill our purpose**

that deliver the best results for our community.

to ensure we can operate the systems and processes

We will care for our people and manage our resources

and inform **our ways of working.**

Our **values** underpin everything we do

About us

Mid North Coast Local Health District (MNCLHD) covers an area of 11,335 square kilometres, extending from the Port Macquarie-Hastings Local Government Area in the south to Coffs Harbour Local Government Area in the north. The western and southern borders of the MNCLHD join the Hunter New England Local Health District, with the northern borders joining Northern NSW Local Health District.

Women’s Health, Child and Family Health, Patient Transport, Integrated Care, Community Health and Aged Care. Our key partners include the North Coast Primary Health Network (Healthy North Coast), NSW Ambulance, Non-Government Organisations, Aboriginal Community Controlled Health Organisations, Private Health Sector and Education Facilities.

Coffs Harbour is one of several designated resettlement locations for refugees and has a growing number of humanitarian refugees settling in the area. The main refugee communities include Afghani, Sudanese, Burmese, Congolese, Togolese, Sierra Leone, Ethiopian, Eritrean and Somali. Smaller numbers of Asian migrants also reside in Laurieton, Wauchope, and Port Macquarie.

Our services

The range and complexity of services provided locally has increased over the past 10 years enabling more of the local community to be treated nearer to home.

Our services include Inpatient and Outpatient Services, High Level Care, Rehabilitation and Palliative Care, Health Promotion, Public Health, Aboriginal Health, Sexual Health HIV/AIDS, Multicultural Health, Mental Health and Drug and Alcohol, Cancer, Oral Health,



Traditional custodians

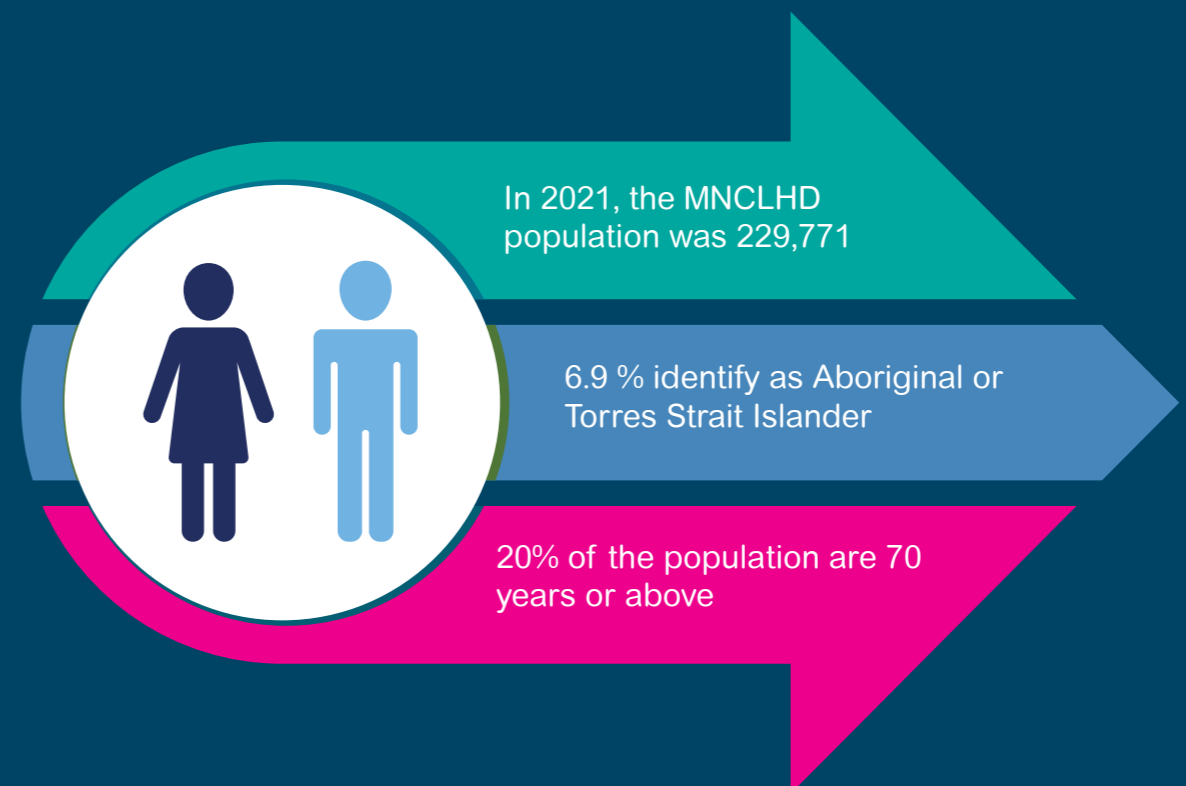
The traditional custodians of the land covered by the MNCLHD are the Gumbaynggirr (south of Grafton to just south of Macksville), Dunghutti (south of Macksville to halfway between Kempsey and Port Macquarie), Birpai (Port Macquarie Hastings area), and Nganyaywana (south-east region of the New England Tablelands) Nations.

Our population

- In 2021, the MNCLHD population was 229,771.
- 13% of the population in the Mid North Coast LHD were born overseas.
- 20% of the population are 70 years or above.
- 6.9 % identify as Aboriginal or Torres Strait Islander.
- 6% speak a language other than English.

Top five health issues for the Mid North Coast Local Health District:

- ageing and frail population with complex needs and high healthcare utilisation
- high rates of risky lifestyle behaviour and bio-medical risk: overweight/obese, inadequate physical exercise, high blood pressure, high blood glucose, smoking rates, alcohol rates
- mental health and emotional wellbeing and alcohol and other drug use
- high rates of chronic disease
- cancer rates (prostate, melanoma, breast, lung, colon).





Summary of achievements in safety and quality

1a. Statement on safety and quality

A Safety and Quality Account (the Account) is a report about the quality of services provided by a NSW Local Health District. It is an important way for the Mid North Coast Local Health District (District) to provide an overview of the quality of the services provided, to recognise areas of best practice where we are doing well and identify areas we need to focus on over the next 12 months.

The quality of our services is measured by looking at patient safety, clinical effectiveness, and patient experiences in all service areas. The Account highlights important areas of how quality care is being provided in a caring and compassionate way and shows how we are concentrating on improvements to patient care and experience.

MNCLHD Patient Safety and Quality Attestation Statement

A mandatory requirement of the National Standards is to submit an annual Patient Safety and Quality Attestation Statement to our accrediting organisation by 30 September each year. The MNCLHD Attestation was signed on behalf of the Governing Board by the Chair and the Chief Executive and submitted in September 2023 demonstrating their commitment to safety and quality. A copy is attached at the end of this document.

1b. Snapshot of achievements over the past 12 months

Key Achievement 1: First 2000 Days Webinar Series

The [First 2000 Days \(F2D\) Webinar Series](#) was a cross-agency collaboration led by Mid North Coast (MNC) Health Promotion. Clinicians from the Child and Family and Allied Health clinicians facilitated the sessions. The aim of the webinars was to build the knowledge and confidence of health professionals and service providers to support families and children with evidence-based information and referral advice within the First 2000 Days of a child's life.

Each webinar focused on a key preventive health topic that significantly influence a child's life experiences, health and development. They also highlighted the critical role that healthcare professionals and service providers can play during this period, identifying relevant referral pathways to support families.

The series of webinars were recorded, and along with supporting resources, made available on [MNCLHD First 2000 Days website](#), making them accessible, highly convenient and a cost-effective resource for ongoing training and education.

Outcomes derived from this initiative include:

- widespread dissemination across regional and rural communities with at-risk families, including Culturally and Linguistically Diverse (CALD) and Aboriginal communities
- high levels of engagement, with more than 394 attendees from 304 services

- significant increases in participant knowledge about the health topics (36%), confidence to support families and children (40%) and likeliness to support and provide referral pathways (17%) in the pre-post surveys
- webinars were described as informative, empowering, evidence-based, clear and practical, and complemented the presenters' professionalism, expertise and engagement
- [findings](#) from the webinar series were presented at the 2022 NSW Brighter Beginnings Summit, and the 2023 Australian Preventive Health Conference
- the series was chosen as the recipient of the People and Culture Award and a finalist in the Keeping People Healthy Award at the 2023 MNCLHD Quality and Innovation Awards.





Key Achievement 2: Expansion of MNC Virtual Care

MNC Virtual Care was established in 2021 to respond to the COVID-19 pandemic. The service provides prompt access to quality virtual care to provide early assessment and intervention to patients within the Mid North Coast Local Health District at risk of presentation to hospital, and to support early discharge from hospital. The virtual healthcare team includes Medical Officers, Nurses and links to Allied Health teams.

The service has expanded to include direct point of care referrals from NSW Ambulance and increasing the scope of practice to include medical conditions such as acute respiratory, diverticulitis, percutaneous coronary intervention, pulmonary embolus pathway, COPD, care navigation, wound care, catheter care, and post-surgical monitoring. This is in collaboration with current services such as Hospital in the Home and Community Nursing.

- In the past 12 months, MNC Virtual Care has directly prevented 6,394 emergency department presentations
- 165 referrals were received at Direct Point of Care by Paramedics, or post attendance of NSW Ambulance Services 1,084 patients have been referred from ED Triage, to prevent an inpatient admission.
- 586 patients have received intervention via MNC Virtual Care to help them get out of hospital faster.

The service will continue to expand and improve patient outcomes reducing the burden on our facilities.



Key achievement 3: The Gathang Lullaby Project

The Gathang Lullaby Project, a partnership between the Perinatal Infant Mental Health Service, the Djiyagan Dhanbaan (Strong Sister) Movement Group, Djuyalgu Wakulda and Muurrbay, is a lullaby written in the Gathang language.

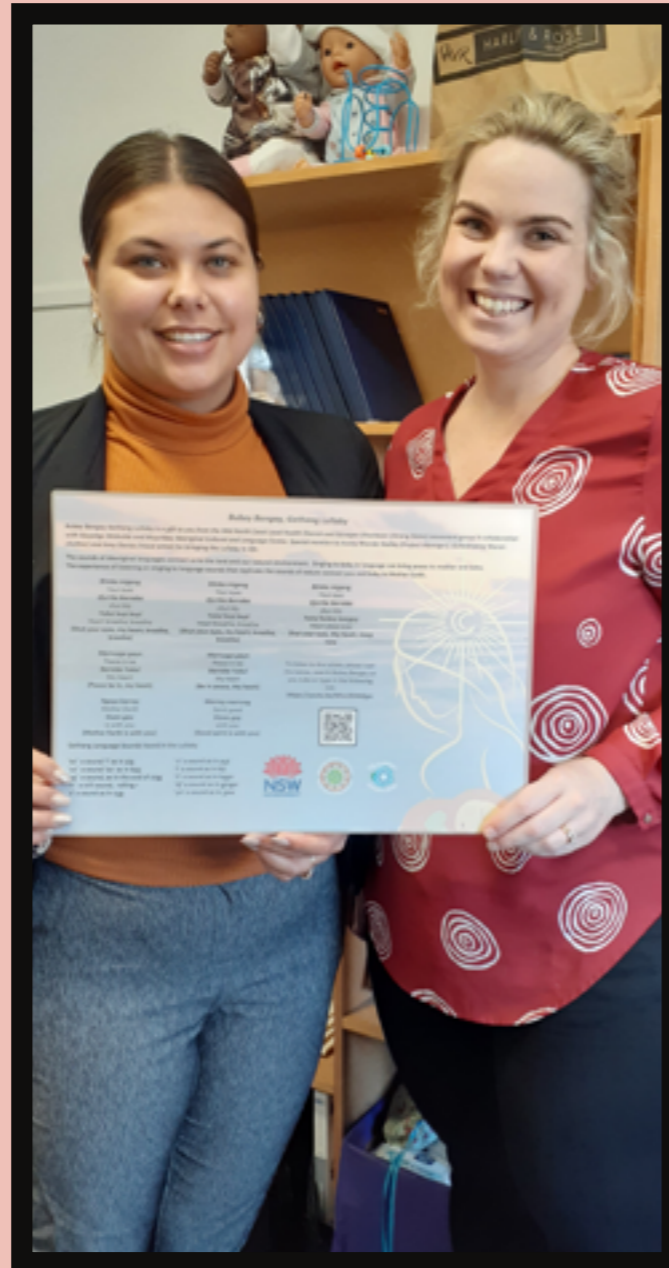
This is the first project of its kind. The historical record for Gathang language is, unfortunately, sparse (muurrbay.org.au). The Gathang Lullaby project will assist in preserving and revitalising the Gathang language for Indigenous and non-Indigenous Australians for generations to come.

The lullaby replicates the sounds of nature connecting parent and baby to Mother Earth and assists with bonding, connection and early language development in a culturally safe, relevant and empowering way.

For Aboriginal people, social and emotional wellbeing is contingent on connection to land, culture, spirituality, ancestry, family and community. The Gathang Lullaby Project was conceived in the spirit of the First 2000 Days and was supported by the Close the Gap Innovation Fund.

The project was a partnership between the Perinatal Infant Mental Health Service and Djiyagan Dhanbaan (Strong Sister) movement group, in collaboration with Djuyalgu Wakulda and Muurrbay. The beautiful Bubay Bangay Gathang Lullaby has been written, produced and uploaded to YouTube.

The lullaby will assist in protecting and revitalising the Gathang language and local culture of the Mid North Coast by providing Aboriginal parents and their infants with a stronger connection to their culture and, thereby, improve perinatal outcomes for First Nations People. It is also hoped that this project will be replicated with Indigenous languages beyond the MNCLHD.



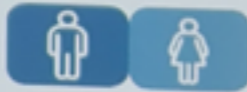


Know Your Target Population



Estimated number of cancer cases diagnosed in 2022

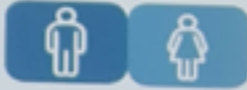
162,163 = 88,962 males + 73,181 females



- The number of people diagnosed and living with cancer continues to **INCREASE**

Estimated number of deaths from cancer in 2022

49,996 = 28,022 males + 21,974 females



- MORTALITY** rates continue to decrease within Australia

Chance of surviving at least 5 years (2014–2018)

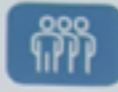
70%



- Estimated 2 in 5 people (or 43%) will be diagnosed with cancer by the age of 85.

People living with cancer at the end of 2016 (diagnosed in the 5 year period 2013 to 2017)

469,811



Cancer Australia, 2023

Key achievement 4: Flying a Nurse Practitioner - 6 Month Pilot in Regional Outpatient Cancer Services

The past 10 years have shown a rapidly shifting climate within cancer care. Early detection and screening programs as well as increased access and utilisation of treatments for cancer patients has resulted in patients living longer with their disease. This has increased the number of patients accessing the Mid North Coast Cancer Institute (MNCCI) services for ongoing treatment and management in a parallel extended time period.

In response to the increasing demand and acuity of patients requiring outpatient treatment for their cancer, the Nurse Practitioner 6 - Month Pilot was established.

The role targeted four service gaps within the MNCCI:

1. Telephone Triage program - introduced utilizing the UKONS telephone triage tool to enhance ED avoidance.
2. Symptom and Urgent Review Clinic (SURC) clinic –structured sustainable nurse led clinic for MNCCI PMBH.
3. NP Led Treatment room reviews.
4. ED Fast Track service –collaboration with emergency departments to facilitate instigation of treatment.

The data collected throughout this pilot highlighted the gap identified within our outpatient service was being fulfilled along with increased patient, carer and colleague satisfaction.

Outcomes highlighted direct impact from the role on emergency department avoidance, admissions and early discharge from emergency departments and the inpatient setting.

Key achievement 5: Sharing health knowledge and celebrating women

The Women's Health and Wellness Expo was a one-stop event to provide information and a little pampering. It was a collaboration between Mid North Coast Local Health District, Durri Aboriginal Corporation Medical Service, Dunghutti Elders and the Kempsey Neighbourhood Centre.

On Tuesday, 5 September, approximately 20 health and support services gathered at Dunghutti Elders in Kempsey to present the Women's Health and Wellness Expo. Around 140 attendees gathered for information, free health checks and access to financial and legal services, disaster relief information and some alternative healing. The hand massage table was extremely popular. The event perfectly captured the 2023 Women's Health Week theme 'Grow your knowledge'.

Embracing the event were teens from Melville and Kempsey High Schools as part of the NASCA (National Aboriginal Sporting Chance Academy), women and Elders. Durri Aboriginal Health Worker Teresa Silva from the Hearing and Eyes Program said these events are a welcome reprieve for a community that has been through much sorrow this year.

MNCLHD Manager of Integrated Care Initiatives for Aboriginal People, Ro Stirling-Kelly, credited her colleague, Aboriginal Health Worker Christa Smith, for the initial idea and enthusiasm. A small planning and action team came together across six directorates in the true spirit of integrated care to enable the event's success.

"We worked together to provide this expo and get the word out to the community to come and celebrate women across their lifespan," Ms Stirling-Kelly said. Keynote speaker, Women's Health Physician Dr. Janet Snow, informed the audience of the latest health information. "New treatments are being developed constantly, but many women can suffer in silence until they access health services. Women tend to juggle many roles and may not attend to their health needs or understand the available services."

Sixty health checks were attended on the day; to date, three appointments have been made with Dr Snow.

Clinical Nurse Consultant Women's Health, Renee Bell, said the flow-on effect of increasing health outcomes for women is many-fold.

"The WHW expo allowed all of us, as women and girls, to come together, to share and connect, and learn from each other," Ms Bell said.

"When women are healthy, our community benefits socially, emotionally and economically."

Shirley Kent, manager of the Kempsey Neighbourhood Centre, said the centre was proud to support the event. "It's a great idea to have many health and support services in one place," Ms Kent said.

"We see a lot of women needing financial counselling, emergency relief and other support. The expo lets us chat with people in a friendly and relaxed way and discuss how we can help."



Achievements against priority initiatives over the past 12 months

The following is a brief outline of the planning processes we undertook to identify priority areas and the achievements for safety and quality improvements for 2022-2023.

2a. Summary of safety and quality planning processes and governance structure Planning for Safety and Quality

Safety and quality planning processes

Planning processes to achieve the aims under the Quality Improvement Strategy focused on priorities for action, including engaging staff to create a positive safety and quality culture, identifying leaders to deliver sustainable safety and quality initiatives, and driving safety and quality practice across the District through the use of analytics.

The four aims are to:

1. Continuously seek out and reduce patient harm.
2. Achieve the highest levels of reliability for clinical care.
3. Deliver 'what matters most'- partner with consumers to create a patient-centred health system.
4. Deliver innovative and integrated better value care for every individual.

The HCQC is a subcommittee of the Governing Board and has developed a reporting schedule for service level/ clinical stream to report on service level patient safety and quality outcomes that are aligned to the four aim statements in the QI strategy. This provides the opportunity for the HCQC to have a 'deep dive' into the patient safety and quality processes and outcomes at a clinical level providing additional assurance to the Governing Board on the scope of patient safety and quality activities across the organisation.

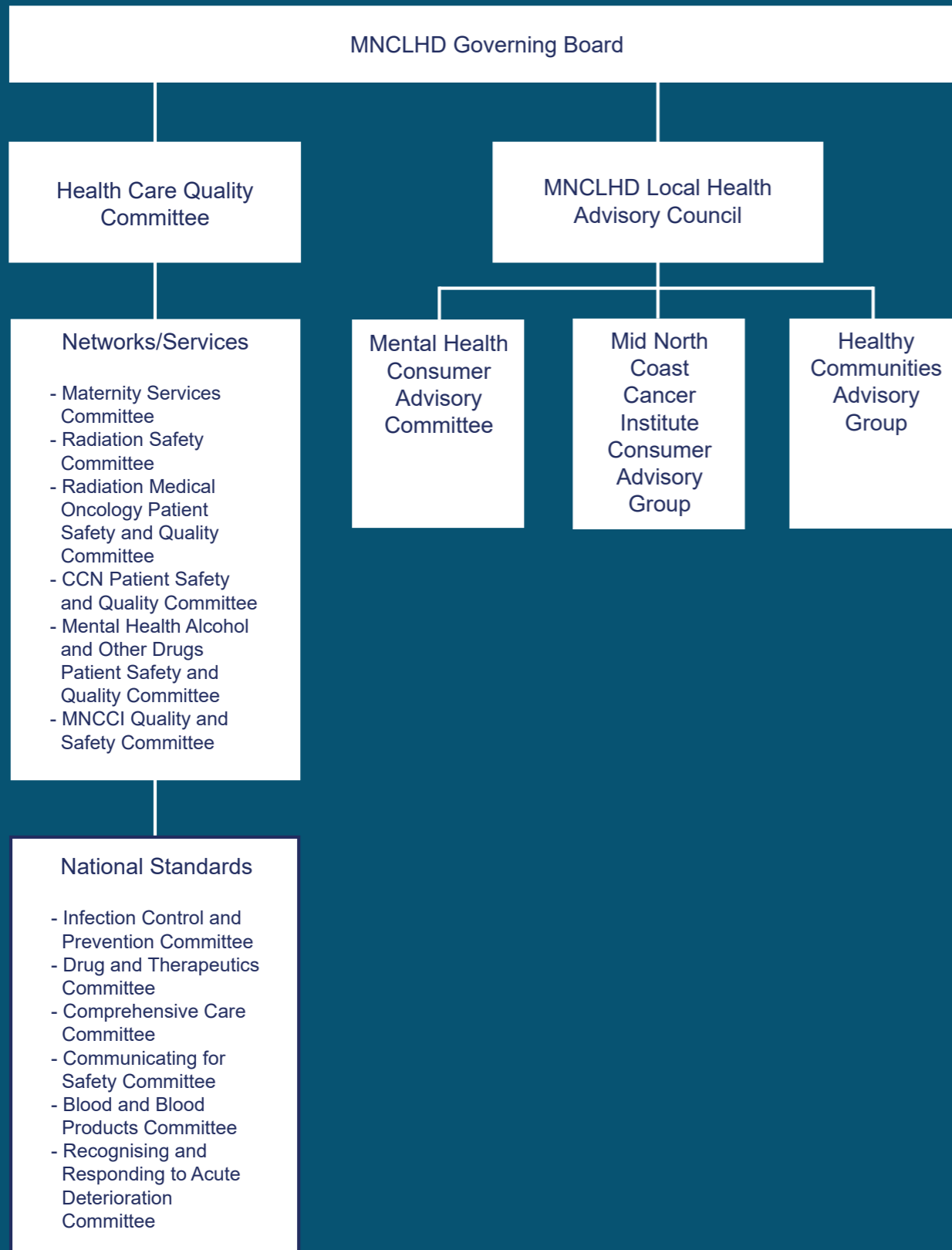
In addition to the governance processes of the HCQC, the Governing Board receives data on key quality measures monthly.

Governance for safety and quality

As reflected in MNCLHD Clinical Governance Framework, a District committee structure and reporting framework provides the overarching governance for patient safety and quality in the MNCLHD and has strong clinician and consumer representation. The peak committee is the Health Care Quality Committee (HCQC) and is a subcommittee of the Board.

The patient safety and quality committees of each clinical network reports to the HCQC, clinical services report on the seven Safety and Quality domains, and the Quality Improvement Strategy Aims.

The Governing Board-endorsed Quality Improvement (QI) Strategy provides guidance on focus areas for patient safety and quality for the MNCLHD outlining four aim statements to guide the monitoring and measurement of safety and quality at clinical service level.



Accreditation

The MNCLHD participates in the Australian Accreditation Scheme and our services are assessed for compliance with the National Safety and Quality Health Service (NSQHS) Standards. These Standards provide a nationally consistent statement of the level of care consumers can expect from health service organisations.

The primary aims of the NSQHS Standards is to protect the public from harm and to improve the quality of health service provision. In June 2022, MNCLHD achieved three-year accreditation status.

From July 2023, mandatory short notice assessments to the NSQHS Standards will replace existing announced assessments. This will ensure hospitals are continuously reflecting on their practices and make improvements where required.

The benefits of short notice assessments are to:

- support continuous compliance with the NSQHS Standards and quality improvement strategies
- transfer the focus of assessments from preparation for assessment to assessment of day-to-day practice
- remove the administrative burden of preparation for accreditation, enabling the workforce to redirect their efforts to other priorities
- change the perception of a Not Met action from 'systems and services failure' to an 'opportunity for improvement'.

The MNCLHD is committed to providing safe quality care to its communities and will continuously work to meet the NSQHS Standards.



Closing the Gap (CTG)

MNCLHD Aboriginal Health Strategic Framework 2023-2033

The MNCLHD Aboriginal Health Plan 2019-2023 was developed to set strategic directions to reduce the gap in health outcomes for Aboriginal people when compared to non-Aboriginal people.

The development of the framework included significant consultation with our Aboriginal team members, partners and community members to ensure it embedded views and voices of our Aboriginal people to improve Aboriginal Health and wellbeing.

The framework has been designed to align with the MNCLHD Strategic Plan 2022-2032 to ensure Aboriginal Health is embedded into our core responsibilities, as everyone's business and will help to drive continued progress and achievement. The Framework will be launched in late 2023 and come into effect in 2024.

Achievements for 2022/23

- Completion of 3-year implementation of Aboriginal Cultural Safety and Security Framework (ACSSF).
- Refresh of Respecting the Difference face to face training in line with NSW Health State direction.
- Implementation of Senior Executive Forum Confirmed Actions to Transform Aboriginal Health.
- Embedded the Aboriginal Cultural, Engagement Self-Assessment Audit tool as core business across the District.
- CTG Innovation Fund 2022-23 received 23 applications; 11 projects focusing on innovation design to improve Aboriginal Health outcomes were successful.
- Aboriginal Health Leadership Collective, established in August 2022, to raise the voice of Aboriginal staff, support the development of emerging leaders, and the further development of existing leaders.

Priorities for 2023/24

- Implement and embed the Aboriginal Health Strategic Framework 2023-2033.
- Embed improved Partnership arrangements as guided by recommendations of Partnership review completed in 2023.
- Embed actions from Senior Executive Forum Confirmed Actions to Transform Aboriginal Health.
- Promote and monitor use of Aboriginal Cultural, Engagement Self-Assessment Audit tool across the District.
- Define and promote the purpose of Aboriginal Health Leadership Collective.



2b. Improvements achieved through priority initiatives over past 12 months

Planned Initiative 1. Coffs Clinical Network Surgical Services Review

In response to a serious adverse outcome in 2021, a review of the support for perioperative clinicians and provision of surgical services across the Coffs Clinical Network (CCN) was undertaken. The aim was to standardise support and care across the Network facilities in providing perioperative services to facilitate safe care with facility role delineation and services.

The CCN Surgical Services review continued to experience a number of barriers in 2022-23 impacting the momentum of the project, including the decision by the external consultant to withdraw from the project, ongoing challenges with furloughing of key stakeholders/staff, and network/workload activity due to a significant increase in activity across CCN.

Progress

Elements of the project completed include:

- gap analysis against the ANZCA Standards of Practice with a focus on perioperative equipment and perioperative processes
- additional equipment has been procured for Macksville District Hospital (MDH) as a result of the review
- development of the CCN Perioperative Handbook and the MDH screening tool outlining elective surgery inclusion and exclusion criteria
- initial engagement with medical officers on a Network governance structure to ensure appropriate anaesthetist and surgical oversight between Coffs Harbour Health Campus (CHHC), MDH and Bellinger River District Hospital facilities (BRDH).



Planned Initiative 2. Supportive and culturally safe health care for Aboriginal Patients – Women’s Business at Coffs Harbour Health Campus (CHHC) emergency department

CCN has an Aboriginal population of 5.8 per cent, compared to 2.9 per cent for the total NSW population. The Aboriginal population experiences significantly poorer health outcomes and has greater risk of developing chronic disease.

The Aboriginal Women’s Business Project in CHHC Emergency Department (ED) aims to enhance Aboriginal health services and care in a culturally safe and supportive way for Aboriginal patients and families. A fundamental goal for CHHC is to improve health services and care for Aboriginal patients and reduce the gap in health outcomes in comparison to non-Aboriginal patients.

Instrumental to the project is the collaboration and partnership approach between the CCN staff, clinicians, Aboriginal Health team, Galambila Aboriginal Medical Service and MNCLHD Aboriginal Health Strategy, Policy and Performance Unit.

The absence of a female Aboriginal Health Liaison Officer (AHLO) in CHHC ED to advocate, support and access health services and care for Aboriginal women was identified as a significant barrier.

Aboriginal Health Liaison Officers (AHLO) and Aboriginal Health Workers (AHW) are vital members in the multi-disciplinary health teams to advocate, support and collaborate with Aboriginal patients on admissions, planning, referral and follow-up, discharge plans for holistic care, and service delivery in the home or community.

In February 2023, an AHLO (female) was appointed to the CHHC ED. This role has become vital in the CHHC ED multidisciplinary team and has valuable links to CHHC in-patient health services and care. The role promotes and supports the embedding of culturally safe practices and service delivery in the CHHC ED to reduce the risk of Aboriginal patients leaving prior to treatments being administered or completed. This in turn, reduces the long-term health impacts or complexity of a person’s health or reluctance to access health services in the future, and will help establish and support an environment that builds capacity for a culturally safe health service.

The AHLO (female) is building cultural capacity, knowledge and skill-based experiences for staff and clinicians working in the CHHC ED. The CHHC ED continues to strive and build on improvements in patient experiences for Aboriginal people with the recent commencement of a staged roll out of the CHHC ED pilot - Footsteps to Health Care for Aboriginal patients.

Planned Initiative 3. Towards zero suicide initiatives

The Mid North Coast has one of the highest suicide rates in NSW.

Environmental and social factors can influence the number of people dying by suicide. COVID-19 and natural disasters have been prominent in the last several years across the Mid North Coast and we are yet to see the potential full impact on the wellbeing of the community from these events. The District is fully committed to the state-wide Towards Zero Suicides initiative under the Premier’s priority to reduce suicides by 20 per cent by 2023.

The District has four funded initiatives:

- zero Suicides in Care initiative
- safe Haven (alternative to Emergency Department drop-in crisis service)
- suicide Prevention Outreach Team (SPOT)
- enhancement of rural counselling role (located in the Aboriginal Specialist Wellbeing service).

Under the Zero Suicides in Care initiative, a suicide care pathway, procedure, and consumer resource have been developed with lived experience input. There is a commitment to Restorative Just Culture (RJC) both at state and district level. Safeside suicide prevention training has been rolled out to Integrated Mental Health, Alcohol and Other Drugs (IMHAOD) staff with a 75 per cent completion rate for current staff. Links to implementation of the Aboriginal Mental Health and Wellbeing Strategy and MNCLHD implementation plan have been created to strengthen efforts in preventing suicides of Aboriginal people and improving cultural safety in services.

Establishment of a strategy to create inclusive services for LGBTIQ+ people has been implemented in IMHAOD to improve the experience and access to services for sexuality and gender diverse people. Two new services in the Hastings Macleay have been established - the Safe Haven and the Suicide Prevention Outreach Team. Both are innovative models of care that seek to provide alternatives to Emergency Departments and reach people who have not traditionally reached out for support from the LHD.

The rural counsellor position is held by an Aboriginal Mental Health Clinician. This role is within the Aboriginal specialist wellbeing service, an Aboriginal led service providing counselling and support. This team has been key in building trust with Aboriginal communities across the District. This includes the establishment of an Elders Reference Group.

Planned Initiative 4. Reducing Aboriginal women smoking during pregnancy

In the Mid North Coast area, the rate of low birth weights for Aboriginal babies is 13 per cent, almost twice the rate for non-Aboriginal babies and greater than the state average (10.9 per cent). Maternal smoking during pregnancy has been consistently related to low birthweight. Smoking rates in Aboriginal pregnant women is a key prevention target across the District.

Health Promotion and Maternity Services continue to collaborate with the Aboriginal Maternal Infant Health Service (AMIHS), Aboriginal Medical Services, and the Aboriginal community to implement evidence informed strategies to support pregnant Aboriginal women to quit.

Key Achievements from the three-year Healthy Pregnancy Implementation Plan (2020-2023) and ongoing strategies to support this priority include:

- launch of the Aboriginal My Quit Journal, a partnership between MNCLHD and Cancer institute NSW and Koori Quitline
- updated intranet and internet pages with smoking and vaping cessation in pregnancy information provide a consistent message to support pregnant women to quit smoking
- access to the First 2000 Days webinar series 'Smoking in Pregnancy' session for clinicians and family caseworkers;
- development and distribution of a quarterly data infographic and newsletter for midwives highlighting current data, research, support options and emerging concerns such as vaping in pregnancy
- tailored smoking and vaping in pregnancy training for midwives and AMIHS staff including workshops facilitated by guest trainers a new annual

- MNCLHD Healthy Pregnancy Action Plan developed highlighting co-designed strategies for delivery, monitoring and reporting
- integration of MNCLHD's Implementation Plan for the NSW Health Reducing the Effect of Smoking and Vaping on Pregnancy and Newborn Outcomes (RSVP) Policy, 2022 within the Healthy Pregnancy Action Plan
- ongoing Nicotine Replacement Support for midwives across the district with support and supporting resources;
- ongoing monitoring of Safer Baby Bundle measures and education of CO Monitoring for staff
- implementation of the Stop Smoking, Start Living inpatient smoking cessation research study is underway across two maternity sites in the MNCLHD (Kempsey and Coffs Harbour). This involves funded Implementation Leads supporting on ward support for maternity staff to identify barriers to current smoking cessation processes and co-develop initiatives to support women in their effort to quit.

The MNCLHD Healthy Pregnancy Implementation Working Group reports on progress for this priority. Representation includes key clinical stakeholders, partner organisations, Aboriginal Medical Services and the Ministry of Health.

The Healthy Pregnancy Implementation Working Group has collaboratively developed the FY23/24 Healthy Pregnancy Action Plan, ensuring smoking during pregnancy remains an Aboriginal Health priority for MNCLHD.



Planned Initiative 5. Emergency Mental Health Acute Addiction Response Team (EMHAART)

Emergency Mental Health Acute Addiction Response Team (EMHAART) Phase 1 commenced February 2023. The service meets patients' needs by having mental health clinicians in the Port Macquarie and Coffs Harbour Emergency Departments on night duty (currently Thursday to Sunday) to improve access to timely care. Since its introduction initial data shows significantly lower wait time and admission rates. Early formal evaluation is being conducted.

Key achievements

- Education programs – weekly sessions that alternate between educating the EMHAART Team and education by the EMHAART Team to other stakeholders.
- Clinical case reviews – twice weekly to review clinical practice and provide opportunity for professional development.
- Clinical supervision – most staff have completed supervision training and all staff have been requested to seek out and provide clinical supervision.
- Referral and Assessment of Mental Health Consumers in MNCLHD Emergency Departments and General Inpatient Wards (MNC-PRO-0255-22) Procedure is in final draft.

3: Improving the patient experience

Partnering with consumers - Governance

The District’s commitment to partnering with patients, consumers, and their families and carers in health decision-making and the co-design of services is a key component of the MNCLHD Strategic Directions and Clinical Governance Framework. The following information highlights District governance structures for oversight of the Partnering with Consumers standard implementation, key initiatives that aim to improve the patient experience, and mechanisms for receiving and responding to feedback about the health service.

The Governing Board, through the Chief Executive (CE) and Senior Executive Team (SET), has accountability for the development and implementation of the Partnering with Consumers for Patient Safety and Quality Framework and associated strategies. Local Health Advisory Council.

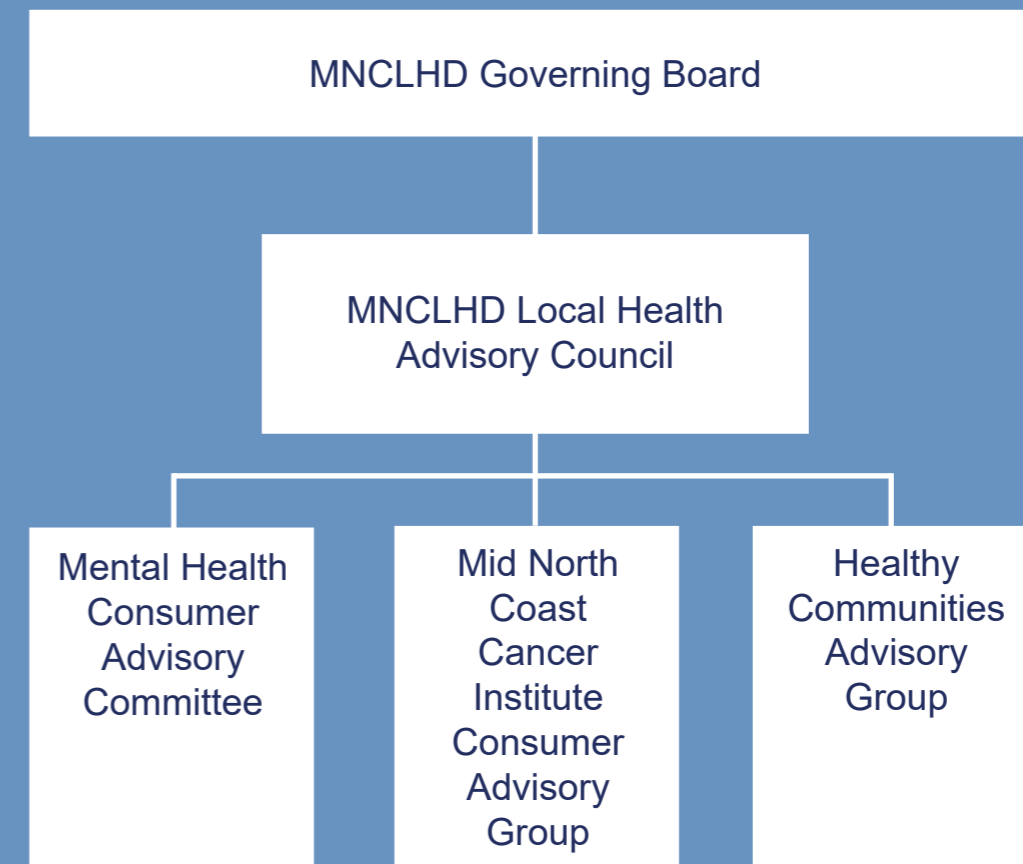
In February 2023, the Governing Board endorsed the establishment of MNCLHD Local Health Advisory Council as a new peak consumer engagement advisory group. The Local Health Advisory Council is an advisory group of the Governing Board, aligned with recommendations and principles of the 2022 MNCLHD Board and Sub Committee Review, NSW Parliamentary Inquiry into Rural and Regional Healthcare published May 2022, associated consultation process led by NSW Regional Health Division completed December 2022 and MNCLHD Strategic Plan 2022-2023.

The Local Health Advisory Council fulfils a District-wide role in providing advice to the Governing Board to support effective coordination and promotion of purposeful engagement with our community, develop strategies to communicate and engage with and receive feedback from communities about local health issues and service planning, to build trust and

relationships with local communities, and to develop communication strategies to keep the community and consumers regularly and appropriately informed and engaged. Membership of the Council reflects Board Members, health service Senior Executive and managers with majority membership comprising Consumer Representatives.

Partnering with consumers for patient safety and quality

MNCLHD Partnering with Consumers for Patient Safety and Quality Framework places the patient at the centre acknowledging their valuable knowledge and perspectives will shape MNCLHD policies, programs and health services into the future. This aligns with the requirements of National Safety and Quality Health Service Standards (NSQHS) Standard Two - Partnering with Consumers, and meets governance requirements as a core program of the MNCLHD Strategic Directions, MNCLHD Clinical Governance Framework and NSW Health Elevating the Human Experience Guide strengthening our focus on patient-centred care by communicating, listening and responding to the voice of the consumer through patient reported measures, patient experience and satisfaction surveys, various community engagement forums and collecting patient stories. In the spirit of collaboration and co-design, the Framework builds upon the existing Partnering with Consumers Program of work and reflects the insights, experiences and wisdom of our teams, our partners at Healthy North Coast (North Coast Primary Health Network), Local Health Advisory Council members and consumer representatives as well as patients, families and carers engaged in our services.



Patient story

Weekend Discharge Coordinator

The Weekend Discharge Coordinator role was created in Port Macquarie Base Hospital to assist in timely discharge of patients over the weekends. This role has assisted numerous patients, but one scenario which included a wide range of stakeholders from the patient, the patient's carer, ward nursing staff, physiotherapy and Medical Consultant stands out as beneficial for the patient.

Weekend Nursing staff highlighted that they had a patient on their ward, who was close to completing criteria required for discharge. Some key criteria had to be addressed prior to being discharged, however being a weekend, this can be difficult due to the limited resources available. The patient had a cognitive impairment which was worsened being out of their normal environment. The patient's carer was engaged to confirm the patient was close to baseline and confirmed that patient would be safe at home and the patient's preference would be to be discharged.

One of the criteria required for discharge was for physiotherapy to review and clear the patient. This was escalated by the Weekend Discharge Coordinator as an urgent review, so this information was available prior a Medical Consultant review. The physiotherapist on duty was able to clear the patient and the information was available when the patient was review by the Medical Consultant.

The discharge Coordinator was able to obtain bloods and results prior to consultant review to provide evidence that this patient was safe to discharge clinically.

The Discharge Coordinator role has created improved rapport and streamlined management which benefits patients. In this scenario a phone call was made to the treating Medical Consultant, who was able to review the patient and confirm the discharge based on the information collected.

If this process wasn't coordinated the patient would of likely stayed as an inpatient until Monday. The benefit to the patient included returning back to their home environment sooner to continue their recovery in more familiar surroundings.

4: A workplace culture that drives safe and quality care

Your CARE Hub

The CARE Collaborative is a small group of staff working to enhance:

- Connection
- Awareness
- Respect
- Empathy

building a positive workplace community.

MNCLHD believe that small acts of gratitude, kindness and compassion have a big impact on us feeling cared about, valued and seen for the contribution we make every day in our varied roles within the healthcare team. To extend our reach as much as possible to provide every member of MNCLHD with a resource to care for their wellbeing, the Your CARE Hub, a customisable online self-care resource providing something for everyone across an extensive range of topics.

When our employees know that they are truly and authentically valued and cared for, they are more able and willing to perform in their roles to the best of their ability.

The mission of the CARE Collaborative is to CARE for our people. This is achieved by the creation and support of a positive, connected and compassionate workplace that not only values the CARE ethos but also elevates and promotes NSW Health CORE Values.

The innovative peer to peer implementation has had a positive response and steady uptake. In addition, to get the word out to staff, we have hosted promotions online and conducted a roadshow to all facilities in the District.

Your CARE Hub aims to promote health and wellbeing which in turn improves productivity and efficiency.

Schwartz Rounds

Schwartz Rounds are a structured group forum where clinical and non-clinical staff meet to discuss the emotional and social aspects of working in healthcare. They are focused on enhancing the wellbeing, compassion and resilience of our healthcare teams while contributing to safe and high-quality care by promoting a human-centred culture. Schwartz Rounds provide an opportunity to take 'time out' to reflect on work in a shared and safe space. Schwartz Rounds are inclusive of all staff and provide the opportunity for healthcare workers to enhance their sense of belonging and significance through sharing their experiences of care and the impact this has on them emotionally, socially, and spiritually.

When our people feel connected, seen and valued, we know that they are more able and willing to be the best they can be in the delivery of healthcare services.

Coffee and Conversation

The Coffee and Conversation Program aims to raise awareness of psychological safety and wellbeing for all MNCLHD health care workers. The Program is part of the wider Wellbeing Check-in initiative that allows staff and managers to learn more about the large range of support services available.

The Health Safety and Wellbeing team visit workplaces in the District each September. This allows staff to speak with one of the team members and access a wide range of helpful staff support resources and while they are there, grab a Coffee and Conversation card and enjoy a complimentary coffee on us.

Transformative Leaders Program

The MNCLHD Transformative Leaders Program continues the culture transformation through leadership. This senior leadership development pathway continues across MNCLHD in 2023 following on from the 'Resilience through Resourcefulness' Senior Leader Forum in 2022. With more than 130 senior leaders attending sessions in four cohorts allocated between Coffs Harbour and Port Macquarie, the program includes eight full day sessions facilitated by Performance Frontiers with small group coaching and an online review planned for late 2023.

Sessions move participants through the exploration of self, team and organisation:

- our shared purpose
- building emotional intelligence as a leader
- oxygen masks first
- caring for ourselves and our teams
- horizontal leadership
- our collective optimal performance
- adaptive communication
- partnering across ecosystems.

Elsa Dixon Aboriginal Employment Program

The Elsa Dixon Aboriginal Employment Grant adopts a number of strategies to develop and support Aboriginal people through the creation of training and employment opportunities. Promoting diversity, innovation and service responsiveness in the NSW workforce, the Elsa Dixon Aboriginal Employment Grant subsidises the salary, development and support costs of Aboriginal employees in public service agencies and local government authorities. The Department of Education-funded program, named in honour of prominent Aboriginal activist Elsa Dixon, is part of the District's commitment to delivering training for Aboriginal students.

The Elsa Dixon program in MNCLHD works in close collaboration with local secondary schools, the Aboriginal community, State Training Services Office as well as the Registered Training Provider and aims to promote workforce diversity and innovation, and improve health outcomes for people by building the Aboriginal workforce to support a better patient experience.

The MNCLHD welcomed 12 new students in the latest intake of its Aboriginal School Based Traineeship Program for 2023. This brings the total number of trainees to 21, representing the largest cohort of trainees across NSW Health.

The trainees are undertaking their two-year traineeships working alongside nursing and administration teams across all health sites. They will combine on-the-job training with formal TAFE studies where they will be undertaking Certificate III level courses and on completion will have achieved nationally recognised qualifications in their chosen fields, contributing to their Higher School Certificate, and have the opportunity to apply for positions within the local health district.



Annual Health Innovation Awards

Category

Excellence in the Provision of Mental Health Services

Project

My Choice

Team

Mental Health Rehabilitation Unit, CHHC

Utilising a holistic co-designed approach, this six-week program moves beyond educating about the effects of using substances to provide the patient with tools to sustain abstinence successfully. The weekly themes promote well-being, including building resilience and mindfulness by addressing the links between 'what I'm dealing with now and what I'll face when I go home'.

My Choice integrates the principles of trauma informed care enabling the client to walk with the clinician on their recovery journey.

Category

Health Research and Innovation

Project

The Tele-Clinical Care (TCC)

Team

Cardiac Study Cardiology Services, PMBH

The Tele-Clinical Care Cardiac study designed by South Eastern Sydney Local Health District and the University of NSW, tests a model of care for people who have a heart condition using a smartphone application paired with wireless devices such as a blood pressure machine, weight scale and an optional oximeter.

These devices are monitored remotely by a team of health professionals in Sydney. The smartphone app and its patient messaging component is an adjunct to usual care in patients who are being discharged home following an acute cardiac event, enabling patient access to safe, high quality and timely services.

Category

Patient Safety First

Project

The Red Flag Project

Team

Hewitt Block, Bellinger River District Hospital

The Bellinger River District Hospital Red Flag Project centres around early recognition and treatment of patients experiencing physical, emotional, social or cultural deterioration.

Patients at risk of deterioration have a laminated red flag placed outside their room ensuring staff are continually alerted to provide close monitoring and assessment of the patient.

The Red Flag Project is a low-cost, high value patient safety initiative.

Category

People and Culture

Project

First 2000 Days Webinar Series 2022

Team

Health Promotion

The First 2,000 Days is a cross-agency collaboration between Bluesky Community Services and the Mid North Coast Local Health District.

Health professionals and service providers were supported to develop skills utilising interactive, virtual platforms to share their expertise and expand service reach and referral.

The webinar series delivered key health topics to 394 attendees from 304 services across 12 NSW Local Health Districts providing attendees with the skills to identify developmental delays and refer to early intervention services.

Category

Transforming the Patient Experience

Project

Getting on Track In Time

Team

Child and Adolescent Mental Health, Port Macquarie

Getting on track in Time (Got It!) provides early intervention to children aged 5 – 8 with behavioural challenges to build social and emotional wellbeing and improve the child's trajectory and mental health outcomes.

This program focused on a collaborative small-school approach involving Greenhill Public School, staff, parents and Aboriginal Elders. Led by an Aboriginal clinician and peer worker, 24 children identifying as First Nations, participated in the program.

Culturally appropriate facilitators contributed to building strong partnerships with parents providing the opportunity to network with other services to support mental health and emotional wellbeing.

Category

Volunteer of the Year

An integral part of our Health family on the Mid North Coast is our volunteers, who give of their precious time and energy to support our hospitals, our staff and our patients.



One volunteer in particular is in the spotlight - Max Heslehurst. A Life Member of Heart Support and Heart Health NSW, Max has been named a finalist in the 2023 NSW Health Awards – Volunteer of the Year category.

For almost two decades Max has supported Port Macquarie Base Hospital patients and their families through their cardiac health journey, providing compassionate and inspirational support to people during their most difficult and vulnerable times. We wish Max the very best for the awards night. He is one of several hundred volunteers in our MINCLHD Health family – every one of them voluntarily giving up their time to help others so next time you pass a volunteer in the corridor, or on the wards, share a kind word with them and let them know they are valued.

Category
Nurse/Midwife of the Year



Josefa or better know to her colleagues as “Pepi” is the lead Registered Nurse for the Infusion Clinic at Wauchope District Hospital.

Pepi provides remarkable leadership and patient centred care at the Infusion Clinic at Wauchope District Hospital. She initially began this work in 2014 when the infusion service was part of the acute care centre.

She led the service as it transitioned to its own entity at Port Macquarie Base Hospital and was instrumental in the effective transition of the clinic to Wauchope District Hospital in early-2020.

Pepi constantly receives a remarkably high standard of feedback from her patients and constantly strives to provide the best possible care.

Category
Corporate/Administrative Employee of the Year



Basil Byrne, a Chartered Accountant, is the Mid North Coast Local Health District Financial Accounting Manager. Basil has shown his dedication to the District in the provision of excellent accounting technical advice, high quality Annual Financial Statements and developing a state-of-the-art Business Intelligence Financial reporting tool.

Basil is a team player and is always willing to step up and support his colleagues.

This was evident during COVID when he assisted the team in completing the monthly COVID return which delivered significant funding to our front-line staff and aided in the ongoing provision of exceptional care to our patients and community.

Jodi Shaw

Jodi consistently demonstrates CORE values in her coordination and logistical support of the Elsa Dixon Aboriginal School Based Traineeship.

Jodi takes a holistic approach and provides person-centred support of the trainees participating in the program. Jodi works collaboratively with education providers, clinical supervisors, parents, and mentors to ensure the best possible outcomes for the trainees.

Jodi strives to continuously improve the trainees experience of the program and consistently demonstrates her commitment to the long term goals of the program of providing supported education pathways and opportunities for local trainees.

Category
Collaborative Leader of the Year



Ali is an inspiration in her role as clinical nurse educator and the extensive innovative projects she has created and embedded to improve the care provided for patients with a mental illness.

Ali shares her innovative ideas with other units in Coffs Harbour and works collaboratively to strengthen the involvement of patients and their families in their care.

Ali strives to create a positive culture to support staff wellbeing and to implement a range of projects to ensure staff feel valued, respected, and supported.

Ali has a passion for mental health nursing and enjoys sharing her knowledge to improve the lives of patients living with a mental illness.

Category
Close the Gap Awards

The Gathang Lullaby Project, a partnership between the Perinatal Infant Mental Health Service, the Djiyagan Dhanbaan (Strong Sister) Movement Group, Djuyalgu Wakulda and Muurrbay, is a lullaby written in the Gathang language.

The lullaby replicates the sounds of nature connecting parent and baby to Mother Earth and assists with bonding, connection and early language development in a culturally safe, relevant and empowering way.

Category
Allied Health Professional of the Year



Robin is an asset to Mental Health Services and has contributed to redefining ward processes, to ensure patients are placed at the centre of their care. Robin brings compassion and dedication to building community connections, to enhance our patient's access to services.

Robin strives to deliver care with respect and dignity that promotes recovery for mental health patients, a marginalised population.

Robin has brought her passion for helping the refugee community, and as an advocate to support their resettlement, into her social worker role. She has used her unique expertise to inspire hope for the refugee community and all the people she has cared for.

Category

Governing Board Chair's Award

Radio therapy Journey Enhanced-
Removing Tattoos

The MNCCI Surface Guided Radiation Therapy (SGRT) workgroup undertook the project of introducing surface guided technology as a new and innovative, non-invasive patient positioning technique with the aim to replace the traditional need of tattoos, which has been shown to negatively affect the psycho-social well-being of cancer survivors. This aligns with patient preferences of a tattoo-less treatment based on international published results of patient surveys.

A retrospective data analysis of tattoo alignment and SGRT setup comparability from past MNCCI breast cancer patients (n90) was conducted to provide local evidence of the feasibility of SGRT use. Results favoured SGRT accuracy, providing conclusions that SGRT is a more than suitable replacement for tattoos for patient positioning in radiation therapy.

As of January 2023, SGRT has become the standard MNCCI positioning technique for eligible breast cancer patients and will be expanded to other patient groups as more results are collated.

Category

ACI Innovation Award

Flying a Nurse Practitioner – six-month Pilot Regional Outpatient Cancer Services
The six-month pilot in regional outpatient cancer services has been established in response to increasing demand and acuity of patients requiring outpatient treatment.

The role targeted four service gaps within the Mid North Coast Cancer Institute, a telephone triage program, symptom and urgent review clinic, nurse practitioner led treatment room reviews and emergency department fast track service.

Evaluation of the pilot provided statistical significant evidence that the service increases hospital avoidance for patients who are currently receiving active systemic treatment.

Category

North Coast School Base Apprentice/
Trainee of the year award

Tayla Hiscock recognised for outstanding achievement & commitment to studies winning North Coast School Base Apprentice/Trainee of the year award. Tayla is completing a nursing traineeship as a part of her senior studies.

Elsa Dixon School Based Trainees are an ongoing priority at Kempsey District Hospital where staff facilitate the indigenous school-based trainees into various disciplines throughout the hospital to foster pathways for these students into careers in health. Over time this contributes to Aboriginal Health Workforce targets.

Category

Allied Health Professional of the Year 2022

Jessica Trembath, Social Worker, MNCLHD Perinatal and Infant Mental Health Service (PIMHS)

The MNCLHD is very proud that Jessica was awarded Allied Health Professional Leader of the Year, 2022. Jessica is the sole perinatal and infant mental health clinician for Hastings-Macleay region. Jessica has pioneered PIMHS and been instrumental in restructuring the service from a case management model, which serviced very few families, to a consultation and liaison model.

Leading to increased access to specialist services for parents and babies and built capacity for staff in the perinatal sector. In line with the First 2000 Days, Jessica is passionate about early intervention and prevention.



Jessica's commitment to innovation led to the development of The Gathang Lullaby Project, a Close the Gap initiative, that produced a Lullaby sung in local Aboriginal language.

Category

Keeping People Healthy

Project

The Gathang Lullaby Project

Team

Perinatal and Infant Mental Health, CHHC

The Gathang Lullaby Project, a partnership between the Perinatal Infant Mental Health Service, the Djiyagan Dhanbaan (Strong Sister) Movement Group, Djuyalgu Wakulda and Muurrbay, is a lullaby written in the Gathang language.

This is the first project of its kind. The historical record for Gathang language is, unfortunately, sparse (muurrbay.org.au). The Gathang Lullaby project will assist in preserving and revitalising the Gathang language for Indigenous and nonindigenous Australians for generations to come.

The lullaby replicates the sounds of nature connecting parent and baby to Mother Earth and assists with bonding, connection and early language development in a culturally safe, relevant and empowering way.



5: Review of performance against the previous financial year NSW Ministry of Health key performance indicators under the MNCLHD Service Agreement

Legend

- Performing - performance is equal to or better than target
- Under Performing - performance is less than target and greater than or equal to tolerance
- Not Performing - performance is less than tolerance

Strategic Outcome 1: Patients and carers have positive experiences and outcomes matter			
Measure	Period	Target	YTD 2022-23
Overall Patient Experience Index (Number): Adult admitted patients (Quarterly results)	Jul22 - Dec22	8.7	8.89
<i>Overall Patient Experience Index refers to the rating given by consumers of their experience in our hospitals</i>			
Overall Patient Experience Index (Number): Emergency Department (Quarterly results)	Jul22 - Dec22	8.6	8.6
<i>Overall Patient Experience Index refers to the rating given by consumers of their experience in our Emergency Departments</i>			
Patient Engagement Index (Number): Adult admitted patients (Quarterly results)	Jul22 - Dec22	8.5	8.72
Patient Engagement Index (Number): Emergency Department (Quarterly results)	Jul22 - Dec22	8.5	7.95
Patient Engagement Index refers to the rating given by consumers of how engaged they feel in their care and treatment in our emergency departments. What is impacting the result and other insights: Patient engagement and patient experience indicators are generated through collation of responses to select questions within Bureau of Health Information Patient Survey Program. Various factors influence these results including increased Emergency Department activity across facilities coupled with workforce shortages.			
What we are doing to improve the result: Our commitment to improving the experience of our patients, families and carers is defined as a priority within the MNCLHD Strategic Plan. Patient Experience Officer roles play a critical role in improving the experience of community members accessing care through Emergency Departments. Future strategies include evaluation of the above models as part of our Partnering with Consumers Framework Implementation Plan.			
Mental Health Consumer Experience: Mental Health Consumer with a score of Very Good or Excellent (%) (Quarterly results)	Jul22 - May23	80	69
Mental Health Consumer Experience measures how our mental health patients feel about their experience while in our care. Mental Health Directorate review results and develop strategies to improve consumer experiences.			

Strategic Outcome 2: Safe care is delivered across all settings			
Measure	Period	Target	YTD 2022-23
Emergency Treatment Performance (ETP) – Admitted (% of patients treated in ≤4 hours)	Jul22 - May23	50.00	31.3
MNCLHD is working on strategics to improve timely discharges on the wards, addressing staff shortages and other strategies to improve this target.			
Emergency Department extended stays: Mental Health presentations staying in ED > 24 hours (Number)	Jul22 - Jun23	0.00	94
MNCLHD has implemented Emergency Mental Health Acute Addiction Response Team (EMHAART) to support patients who are admitted to emergency departments for their mental health.			
Emergency Department Presentations Treated in Benchmark Times - Triage 1	Jul22 - Jun23	100	100
Emergency Department Presentations Treated in Benchmark Times - Triage 2	Jul22 - Jun23	95	72
Emergency Department Presentations Treated in Benchmark Times - Triage 3	Jul22 - Jun23	85	71
When people present to the Emergency Department, they are triaged based on the urgency of their illness or injuries they have. Triage 1 is the most urgent. Triage 1 to 3 have recommended timeframes. The timeframes are measured from the time of triage to been seen by a doctor or nurse. The Emergency Departments have had significant staff shortages, increase in the acuity of patients attending the services. Numbers are consistent across the state and the Ministry of Health have acknowledged the hard work the MNCLHD Emergency Departments.			
Transfer of Care (TOC) - Patients transferred from ambulance to ED ≤30 minutes (%)	Jul22 - Jun23	90	82.6
Transfer of Care is a measure of the time taken to access our hospitals when a person arrived by ambulance.			
Potentially preventable hospital services	Jul22 - Jun23	25	25.4
This is the proportion of Emergency Department presentations or admissions to hospitals for conditions where hospitalization was potentially preventable with appropriate individualised health interventions and early disease management delivered in the primary care and community-based care settings for example measles, tetanus.			
Hospital acquired pressure injuries (Rate per 10,000 episodes of care)	Jul22 - Jun23	6.4	5.8
A pressure injury is damage to your skin or soft tissue as a result of pressure or friction during hospital admission. We measure the rate of pressure injuries so we can develop strategies to stop them occurring.			
Falls-related injuries in hospital - resulting in fracture or intracranial injury (Rate per 10,000 episodes of care)	Jul22 - Jun23	6.7	5.2
These are injuries that happen when someone falls while at our hospitals. We measure these injuries so we can investigate and improve our processes to stop them happening.			
Healthcare associated infections (Rate per 10,000 episodes of care)	Jul22 - Jun23	103.6	81.2
These are infections people get while receiving care in our hospitals for a different health condition. We measure these so we can develop ways to reduce the number of healthcare associated infections that happen under our care.			
Hospital acquired respiratory complications (Rate per 10,000 episodes of care)	Jul22 - Jun23	24.6	22.2
Respiratory complications are conditions that include respiratory failure and respiratory distress that may develop in people during hospitalisation. We measure these so we can develop strategies to stop them occurring.			
Hospital acquired venous thromboembolism (Rate per 10,000 episodes of care)	Jul22 - Jun23	7.7	6.5
Venous Thromboembolism is a condition where a blood clot forms in the veins, primarily in the legs, groin or arms. This condition can happen when your blood cannot circulate properly. Precautions can be taken to reduce the risk of them occurring during hospitalization and therefore such events are monitored.			
Hospital acquired renal failure (Rate per 10,000 episodes of care)	Jul22 - Jun23	2.5	0
Renal failure is a condition where your kidneys stop working and are not able to remove waste and extra water from your blood or keep your body chemicals in balance.			

Hospital acquired gastrointestinal bleeding (Rate per 10,000 episodes of care)	Jul22 - Jun23	10.4	7.5
Gastrointestinal bleeding is bleeding that is occurring in your gastrointestinal tract (from your mouth to your rectum).			
Hospital acquired medication complication (Rate per 10,000 episodes of care)	Jul22 - Jun23	12.8	4.2
A medication incident is an event that may cause or lead to inappropriate medication use or patient harm. We measure these incidents to help us improve medication usage for our patients, and to ensure they don't occur.			
Hospital acquired delirium (Rate per 10,000 episodes of care)	Jul22 - Jun23	44	39.5
Delirium is a change in mental state that causes confused thinking and reduced awareness.			
Hospital acquired incontinence (Rate per 10,000 episodes of care)	Jul22 - Jun23	4.3	1.2
Hospital acquired endocrine complications (Rate per 10,000 episodes of care)	Jul22 - Jun23	21.4	11.7
Endocrine complications include low blood sugar levels requiring treatment. It also includes malnutrition, when protein levels in the body drop while in hospital			
Hospital acquired cardiac complications (Rate per 10,000 episodes of care)	Jul22 - Jun23	38.6	22.9
A cardiac complication is a problem with the heart			
3rd or 4th degree perineal lacerations during delivery (Rate per 10,000 episodes of care)	Jul22 - Jun23	402.2	346.7
A perineal laceration is a tear that occurs during childbirth. We measure the numbers of tears that happen in our hospitals so that we can develop strategies to prevent them from occurring.			
Hospital acquired neonatal birth trauma (Rate per 10,000 episodes of care)	Jul22 - Jun23	108.4	99.7
Neonatal birth trauma is an injury to a newborn baby during childbirth. Injuries may include bruising, swelling or a broken bone.			
Overdue elective surgery patients – Category 1	Jul22 - Jun23	0	0
Overdue elective surgery patients - Category 2	Jul22 - Jun23	0	101
Overdue elective surgery patients - Category 3	Jul22 - Jun23	0	578
Elective Surgery Overdue represents the number of patients experiencing a delay in having their surgery based on the urgency of their surgery and the recommended timeframe. Category 1 is the most urgent. What we are doing to improve the result: Meeting with each team to understand their patient's needs. Liaising with private and metropolitan facilities to develop solutions to reduce waiting times.			
Discharge against medical advice for Aboriginal inpatients (%) (Quarterly results)	Jul22 - May23	0	1.9
Unplanned Hospital Readmission: all planned admissions within 28 days of separation - All (%)	Jul22 - Jun23	6.8	6.5
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.			
Unplanned Hospital Readmission: all planned admissions within 28 days of separation (%) - Aboriginal persons	Jul22 - Jun23	5.5	6.5

What we are doing to improve the result:			
Developing and implementing programs such as 'Deadly Footsteps' to address the gaps in the services to address discharge against medical advice and unplanned readmissions. Collaboration between Public Health Networks, Aboriginal Medical Services and:			
Mental Health: Acute Seclusion Rate (per 1,000 bed days) (Quarterly results)	Jul22 - May23	5.1	2.6
Mental Health: Acute Seclusion Duration - (Average hours) (Quarterly results)	Jul22 - May23	4	9
Mental Health: Frequency of seclusion % (Quarterly results)	Jul22 - May23	4.1	1.5
Acute Seclusion is the confinement of a patient at any time of the day or night alone in a room or area from which free exit is prevented. While seclusion can be used to provide safety and containment at times, we recognise it can also be a source of distress for the patient, staff and support persons.			
What we are doing to improve the result:			
MNCLHD are progressing the new Emergency Mental Health Acute Addiction Response Team (EMHAART). The service aims to deliver highly skilled and specialised intake and assessment clinical care that aims to improve early identification of risk factors for restrictive practice. The outcomes will include improved experience and outcomes for consumers by addressing needs through improved care planning starting early in the episode of care			
Acute Seclusion is the confinement of a patient at any time of the day or night alone in a room or area from which free exit is prevented. While seclusion can be used to provide safety and containment at times, we recognise it can also be a source of distress for the patient, staff and support persons.			
Mental Health: Acute post-discharge community care - follow-up within 7 days (%)	Jul22 - May23	75	68.4
Acute Post Discharge Community Care refers to the percentage of mental health consumers that receive a call from a Community Mental Health contact within seven days of discharging from one of our facilities.			
Mental Health: Acute readmission within 28 days (%)	Jul22 - May23	13	16.2
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.			
Mental Health: Involuntary patients absconded from an inpatient mental health unit - Incidents type 1 and 2 (rate per 1,000 bed days) (Quarterly results)	Jul22 - May23	0.8	1.69
Involuntary patients absconded measures patients under an involuntary mental health order leaving an inpatient mental health unit inappropriately.			
Electronic discharge summaries sent electronically and accepted by General Practitioners (%)	Jul22 - Jun23	51	82.3
Electronic Discharge Summaries Completed refers to the percentage of discharge summaries that are completed electronically and forwarded to patients' GPs to assist in ongoing care.			
Virtual Care: Non-admitted service provided through virtual care	Jul22 - Jun23	18.9	21.0
We deliver Health Care services through phone or video to our patients.			

Strategic Outcome 3: People are healthy and well			
Measure	Period	Target	YTD 2022-23
Mental Health Peer Workforce Employment - Full time equivalents (FTEs) (Quarterly results)	Jul22 - May23	6.1	9.5
Mental health peer workers are employed specifically for their lived experience of mental illness, to work in roles such as peer support workers, consumer advocates and recovery support workers.			
Smoking During Pregnancy at any time - Aboriginal Women (%)	Jul22 - Jun23	44.1	47.8
Smoking During Pregnancy at any time - Non Aboriginal Women (%)	Jul22 - Jun23	12.9	10.3
Get Healthy Information and Coaching Service - Get healthy in pregnancy referrals (YTD results released quarterly)	Jul22 - Jun23	288	465
The Get Healthy Information and Coaching Service refers to the number of women referred to our specialist program aimed at improving women's health during their pregnancy.			
Children fully immunised at one year of age (12 month period with results released quarterly)	Jul22 - Jun23	95	92.4
We measure the percentage of children who have received all of their scheduled vaccines at one year of age			
Hospital Drug and Alcohol Consultation Liaison - Number of consultations (YTD results released quarterly)	Jul22 - Jun23	2034	1689
Hospital and Drug Alcohol Consultation refers to the number of referrals we make to our specialist drug and alcohol team.			
Hepatitis C Antiviral Treatment Initiation - Direct acting by District resident (YTD results released quarterly)	Jul22 - Mar23	200	95
We measure the number of treatments given to people suffering from Hepatitis C			
What is impacting the result and other insights:			
Nationally there is a much lower demand for hepatitis C treatment than expected. This situation is similar across all NSW Local Health Districts.			
What we are doing to improve the result:			
The Big Blue Van mobile clinic is gaining momentum and we are now accessing Residential Community Corrections sites from Port Macquarie to Tweed which prior to now has been a hidden population.			
Aboriginal paediatric undergoing Otitis Media procedure (number)	Jul22 - Jun23	5	6
What is impacting the result and other insights:			
Timely identification of Aboriginal paediatric patients in the need of Otitis Media procedures/ specific ear nose throat (ENT) procedures.			
An ENT doctor commenced in December 2022 to focus Aboriginal Patients requiring Otitis Media procedures. The doctor will run clinics to identify patients to be included on surgical list and will perform the procedures. Noting in September 2023 a list of 4 patients was completed.			
Pregnant Women Quitting Smoking - By second half of pregnancy (%)	Jul22 - May23	31.4	38.36
NSW Health First 2000 Days Implementation Strategy - Delivery of the 1-4 week health check (%) (Quarterly results)	Jul22 - Mar23	85	82.7
We provide early engagement with families in the postnatal period to maximise ongoing child and family health service uptake, participation in child health checks from birth to 4 years, and to support improved child development outcomes.			

Childhood Obesity: Children with height and weight recorded (%) (Quarterly results)	Jul22 - Jun23	70	69
Measuring a child's height & weight helps us know whether a child is growing well, and we can identify children who are at risk of poorer health over the long term.			
Domestic violence routine screening - routine screens conducted (%) (Quarterly results)	Jul22 - Dec22	70	72.1
Domestic Violence Routine Screening measures the number of early identification and intervention activities completed and asks about the patient's safety in relationships and the safety of their children.			
BreastScreen participation rates - Women aged 50-69 years (%) (Two-year result released monthly)	Jul22 - Jun23	55	51.3
BreastScreen participation rates - Women aged 70-74 years (%) (Two-year result released monthly)	Jul22 - Jun23	55	59.5
Breast Screen participation rates refers to the percentage of women aged between 50 - 74 years who are screened using mammography for early detection of unsuspected breast cancer in women.			

Strategic Outcome 4: Our staff are engaged and well supported			
Measure	Period	Target	YTD 2022-23
Workplace Culture - People Matter Survey Culture Index - Variation from previous survey (%)	2021/22	-1	5.88
Take action - People Matter Survey - Take action as a result of the survey - Variation from previous survey (%)	2021/22	-1	3.45
Staff Performance Reviews - Within 12 Months (%) (12 month period with results released monthly)	Jul22 - Jun23	80	83
Recruitment: average time taken from request to recruit decision to approve/decline/defer recruitment (business days)	Jul22 - Jun23	10	9.9
Aboriginal Workforce Participation - Aboriginal workforce as proportion of total workforce at all salary levels (bands) and occupations (%)	Jul22 - Jun23	3	5.34
Employment of Aboriginal Health Practitioners (Number)	Jul22 - Jun23	1	0
The Mid North Cost Local Health District Aboriginal Health Practitioner Framework has been developed and endorsed and recruitment is in process to fill the positions.			
Staff Engagement and Experience - People Matter Survey Racism experienced by staff. Variation from previous survey (%)	2021/22	5	-12.5
Staff Engagement - People Matter Survey Engagement Index - Variation from previous survey (%)	2021/22	-1	-0.51
Compensable Workplace Injury Claims (% change over rolling 12-month period) (12-month period with results released monthly)	Jul22 - Jun23	0	-93

Strategic Outcome 5: Research and innovation, and digital advances inform service delivery			
Measure	Period	Target	YTD 2022-23
Research Governance Application Authorisations - Site specific within 60 calendar days - Involving greater than low risk to participants - (%)	Jul22 - Jun23	75	94
Ethics Application Approvals - By the Human Research Ethics Committee within 90 calendar days - Involving greater than low risk to participants (%)	Jul22 - Jun23	75	56



6: Future safety and quality priorities: Next 12 months

Planned Initiative 1: Revisiting the Basics for High Quality Care across the Coffs Clinical Network

The identification and communication of patient risks are the bedrock to building a person-centred care plan. In the last quarter of 2022-23, there has been an increase in the number of incidents resulting in harm to patients from falls and pressure injuries. Investigations into these incidents have identified opportunities to revisit key patient safety programs to reduce harm for patients.

The key patient safety programs to be focused on in 2023-24 include:

- falls Screening, assessment and prevention management;
- pressure injury assessment and prevention management
- communicating for safety – clinical handover and communication of patient risks.

Intentional patient rounding to support regular purposeful communication with patients and/or their carer or family and addresses the personal needs of the patient.

Planned Initiative 2: North Coast Youth Vaping Taskforce

North Coast Youth Vaping (NCYV) Taskforce: leading a community-informed approach to protect young people from the harms of e-cigarette (vape) use. E-cigarettes (vapes) have become increasingly popular among Australians since the early 2000s. In recent years the uptake of vaping has flowed over to our most vulnerable, particularly young people (under 18).

Planned Initiative 2: North Coast Youth Vaping Taskforce

North Coast Youth Vaping (NCYV) Taskforce: leading a community-informed approach to protect young people from the harms of e-cigarette (vape) use.

E-cigarettes (vapes) have become increasingly popular among Australians since the early 2000s. In recent years the uptake of vaping has flowed over to our most vulnerable, particularly young people (under 18).

In 2022 Australian National University global evidence report found that e-cigarette use can be harmful to health, particularly for non-smokers and youth. The NSW Chief Health Officer has identified reducing the harms of e-cigarettes as a key priority for NSW Health.

Across the Mid North Coast regional communities have reported a significant escalation in youth vaping, particularly in our school settings.

The 2022 NSW Population Health Survey indicates a rapid increase in the use of e-cigarettes by young people. In the past three years the proportion of young people aged 16-24 years who:

- have ever used an e-cigarette (or Vape) has more than doubled from 21.4 per cent in 2019-20 to 43.2 per cent in 2021-22
- are daily or occasional users has more than tripled from 4.5 per cent in 2019-20 to 16.8 per cent in 2021-22.

Planned Initiative 3: Safety and Quality Essentials Pathway

The MNCLHD has partnered with the Clinical Excellence Commission to deliver the Safety and Quality Essentials Pathway which aims to build capability across the NSW Health workforce in patient safety and quality improvement. The program is designed to provide training at three levels – Foundational, Intermediate and Adept, and offers tailored programs to suit the level of expertise and experience of everyone.

The MNCLHD Clinical Quality, Redesign and Innovation team commenced implementation of the program in collaboration with sites and services across the LHD. A 'Board to the bedside' approach has seen the completion of Foundational training by the MNCLHD Governing Board and a train the trainer model has been adopted where local leaders from each team across all sites and services are trained as Safety and Quality Change Leaders.

Fifteen participants have completed Safety and Quality Change Leader Train the Trainer workshops across Bellingen, Kempsey, and Macksville hospitals. The newly trained Safety and Quality Change Leaders, have commenced facilitating the Foundational Level training, consisting of a 30-minute presentation which aims to raise awareness of the six dimensions of quality. These presentations are followed by a reflective session where teams identify and discuss their areas of success and opportunities for improvement.

More than 200 MNCLHD staff have completed the face-to-face Safety and Quality Essentials Pathway Foundational training with numbers anticipated to be closer to 400 by the end of 2023. Engagement and interest from stakeholders across all MNCLHD sites and services has been inspiring and demonstrates the local commitment to improving safety and quality for our healthcare consumers.

Future priorities include:

- safety and Quality Change Leader Train the Trainer workshops will commence at Port Macquarie Base Hospital and Coffs Harbour Health Campus in November 2023 with plans to implement the Foundational training throughout 2024
- intermediate level training includes Introduction to Improvement Science eLearning and Readiness to Lead for Safety and Quality eLearning and both Learning Pathways are currently available for emerging local leaders of safety and quality
- the MNCLHD Applied Safety and Quality Essentials Pathway Program is designed for local leaders of safety and quality with a focus on workplace application to build local capability and lead continuous improvement. This program will be delivered locally through the Clinical Governance Unit and consists of four modules delivered over a 12-month period, commencing February 2024.

Planned Initiative 4: Recruitment and retention of the workforce

A team of four managers from both the Nursing and Midwifery directorate and facilities travelled to Ireland and England in late June on a recruitment drive for the MNCLHD district.

The team comprised:









- Janette Mills, Nurse Manager Workforce and Strategy
- Jo Campbell, Acting Nurse Manager Early Career Development;
- Chantel Baker, DDON Bellingen Hospital
- Shaun Loone, NUM Transit Lounge Coffs Harbour Health Campus.

The MNCLHD worked with an international recruitment agency who sent approximately 350 CVs for review pre journey. Of these, some 320 applicants were interviewed over two days in Dublin, two days in London and a very full day in Manchester.

After interviews, 220 conditional letters of offer were extended to candidates offering permanent residency to assist in filling MNCLHD nursing vacancies. Of these 208 were initially accepted and the team has been working on mapping these candidates to vacant positions across the district.

Planned Initiative 5: Digital Communications Strategy 2023-2028

The Mid North Coast Local Health District (MNCLHD) Communications and Strategic Relations Directorate play a pivotal role in the coordination of the MNCLHD Governing Board and the functions of media, fundraising, complaints, Ministerials and official District events. In collaboration with key stakeholders, our objective is to deliver tailored strategic information across multiple platforms to support our people, our services and programs, health consumers and the wider community.

	<p>Social media</p> <p>We collaborate by engaging with key stakeholders through the Digital Communications Advisory Committee (DCAC) to establish social marketing goals and standards, research target audiences and tailor marketing and program strategies. The Communications and Strategic Relations Directorate create and curate accessible, evidence-based content to increase health literacy and use a variety of multimedia to increase social media engagement.</p>		<p>The Pulse</p> <ul style="list-style-type: none"> • Curate accessible and culturally appropriate news for everyone to understand, regardless of their ability, location and experience. • Positively profile District services to support consumer confidence.
	<p>Digital signage</p> <ul style="list-style-type: none"> • Create and curate accessible, engaging, evidence based content to increase health literacy. • Utilise video, graphics and sound where appropriate to deliver a visually enhanced program. • Include Arts in Health, mindfulness and visually relaxing content for consumer enjoyment. 		<p>Corporate intranet and District internet including specialty web platforms</p> <p>Develop accessible, engaging, evidence-based content to support clinical services, corporate communications and increase health literacy, keep our people, health consumers and the wider community updated on the latest health news through The Pulse the MNCLHD's newsletter and deliver online programs that increase access to vital health information.</p>
	<p>Patient Entertainment System (PES)</p> <p>Develop evidence-based content to increase health literacy and deliver a broad suite of health-related multimedia content via the Your Health Link TV program. Support health outcomes through the development of HealthTube 'video on demand' clinical information and healthy lifestyle channel and establish a mindfulness and relaxation channel integrating Arts in Health content to reduce patient anxiety and increase wellbeing.</p>		<p>Music on hold</p> <p>Focus on delivering vital health service/program information and healthy lifestyle messages.</p>
	<p>Podcasts</p> <p>Develop inclusive, accessible, evidence-based content to increase clinical, corporate and community knowledge and deliver content to selected audiences across multiple platforms.</p>		<p>MNCLHD health literacy programs</p> <p>Keep our people, health consumers and the wider community updated on the latest health information, services and programs. Invest in creative ways to engage and connect our community to the right information at the right time to improve health outcomes and maintain a multi-platform approach for program delivery.</p>



Mid North Coast Local Health District
Governing Board Submission

Appendices

Annual MNCLHD Patient Safety and Quality Attestation Statement signed by the Board Chair

A mandatory requirement of the National Standards is to submit an annual Patient Safety and Quality Attestation Statement to our accrediting organisation by 30 September each year.

The MNCLHD Attestation is to be signed on behalf of the Governing Board by the Chair and the Chief Executive and submitted on 20 September 2023 demonstrating their commitment to safety and quality.

SUBMISSION INFORMATION	
Submission title:	<i>Clinical Governance Attestation</i>
Submitted by:	Teresa Howarth, Acting Director, Clinical Governance
Sponsoring Board Member:	N/A
Meeting for discussion:	9 August 2023
Proposed discussion time allocation:	5mins
Additional attendees for meeting (if required):	None
Attachments:	<i>Evidence Summary</i>
Confidential:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
SUBMISSION OVERVIEW	
Summary:	<p>On a yearly basis, the Governing Board is required to attest that it complies with its responsibilities around Governance, Leadership and Culture, Action 1.1 and 1.2 of the National Safety and Quality Health Service (NSQHS) Standards. The Attestation is in the form of a written affirmation to MNCLHD accrediting agency (Australian Council for Healthcare Services (ACHS)). The Attestation is due to be submitted by 30 September 2022. The annual completion of the Attestation is assessed by ACHS during the accreditation assessment.</p> <p>A list of evidence of how MNCLHD Governing Board meets NSQHS Actions 1.1 and 1.2 is attached along with Attestation for signing by the Governing Board Chair and Chief Executive</p>
Focus area alignment:	<i>Focus Area 5 - Streamlined processes that support safety and best practice</i>
Resource / organisation implication:	N/A
Consultation to date:	Evidence was reviewed in consultation with various Governing Board sub/committees in preparation for the accreditation assessment
RESOLUTION / OUTCOME SOUGHT	
That the Governing Board:	<p><i>Approves the following recommendations/actions: (list below)</i></p> <p>Attest that it complies with its responsibilities around Governance, Leadership and Culture, Action 1.1 and 1.2 of the National Safety and Quality Health Service.</p>

Mid North Coast Local Health District
Governing Board Submission



This attestation statement is made by **Mr Peter Treseder**

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

For and on behalf of the governing body titled **Mid North Coast Local Health District Governing Board**

Mid North Coast 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. 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*).

Mid North Coast Local Health District
Governing Board Submission



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

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

Signed 

Position **Governing Board Chair**

Date **09.08.2023**

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

Signed 

Position **Chief Executive**

Name **Stewart Dowrick**

Date **14.08.2023**

Schedule of health service organisations covered by this attestation statement

Name of health service organisation	Address
Mid North Coast Local Health District	Morton St, Port Macquarie, NSW, 2444



List of Evidence

National Standard Action 1.1

The governing body:

- h. provides 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**

Evidence

- a. Health Care Quality Committee (HCQC) and other Governing Board Sub committees
- b. Directorate Patient Safety and Quality Committees reporting to (HCQC)
- c. Patient Safety and Quality- Agenda item on Governing Board Meeting
- d. MNCLHD Health Innovation Awards
 - Governing Board Orientation Package
 - Cultural Transformation Program commenced with the Executive Team and Senior Leaders.
 - Development of the MNCLHD Strategic Plan

- i. provides leadership to ensure partnering by the Organisation with patients, carers and consumers**

- a. Local Health Advisory Group (peak consumer forum) as an Advisory Group for the Governing Board
- b. Site based Aboriginal Advisory Groups for service and project works
- c. MNCLHD Partnering with Consumers for Safety and Quality 2021-26 inclusive of a Framework, Consumer Voice Guide, Patient Story Toolkit.
- d. Approved development of culturally safe environments across various sites
- e. Supported MNCLHD Consumers to participate in Health Consumers NSW Training and the NSW Patient Experience Symposium
- f. Partnership Mid North Coast Aboriginal Health Accord - involving MNCLHD, Healthy Communities North Coast, Galambila, Durri and Werin Aboriginal Health Services.
- g. Clinical Network Operational Aboriginal Health Partnerships committees with Durri and Galambila Aboriginal Health Services

- j. sets 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**

Evidence

- MNCLHD Strategic Plan 2022-32
- MNCLHD Clinical Governance Framework
- MNCLHD Partnering with Consumers for Patient Safety and Quality Framework



- Strategic documents are available on the intranet, in the Orientation Booklet and at Orientation
- Publication of the MNCLD Safety and Quality Account on the Intranet/Internet

- k. endorses the Organisation's current clinical governance framework**

Evidence

- MNCLHD Clinical Governance Framework endorsed by Governing Board April 2019

- l. Ensures 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-**

Evidence

- a. Health Services Act 1997 (Note relevant sections: Part 2 – Local Health District Board, and Part 3 – Functions of Local Health Districts)
- b. Corporate Governance Compendium (Relevant section 3 – Roles of Boards and Chief Executive)
- c. Corporate Governance Compendium (Relevant section 3 – Roles of Boards and Chief Executive)
- d. Clinician and manager Position Descriptions- Inclusive of role and responsibilities for safety and quality.
- e. Governing Board Orientation Manual May 2021

- m. Monitors the action taken as a result of analyses of clinical incidents**

Evidence

- Health Care Quality Committee Patient Safety Quality Performance Report
- Patient Safety and Quality Program Report- summary of Serious Adverse Event Reviews (SAER) and associated trend analysis
- KMPG RCA Recommendation Implementation Reviews
- SAER Recommendation Progress Report to HCQC and Internal Audit & Risk Board Sub Committees
- Clinical Governance Directorate report
- Risks identified and managed according to the Risk management Framework and monitored at the various Governing Board sub-committees

- n. reviews reports relating to, and monitored the Organisation's progress on, safety and quality performance**

Evidence

Mid North Coast Local Health District Governing Board Submission



- Health Care Quality Committee Patient Safety Quality Performance Report Monthly
- Health Care Quality Committee Patient Safety and Quality Service Reports
- Health Service Performance Report Monthly
- Safety and Quality Account submitted yearly to the Ministry
- Bureau of Health Information Healthcare Quarterly and Patient Survey Program Reports – analysis and associated action plans
- Monitoring of Hospital Acquired Complications and the establishment of governance structures for the oversight and quality improvement.

National Standard Action 1.2

The Governing Body ensures that the Organisation's safety and quality priorities address the specific health needs of Aboriginal and Torres Strait Islander people.

Evidence

- MNCLHD Aboriginal Health Report Card (Annual Report)
- MNCLHD Aboriginal Health Dashboard, 2019, 2020 and the 2021
- MNCLHD Affirmative Action Strategy
- Mid North Coast Aboriginal Cultural Safety and Security Framework and Implementation Plan
- MNC Aboriginal Cultural Safety and Security Framework Governance Committee
- Closing the Gap (CTG) Board Subcommittee
- Aboriginal Patient Story at each CTG board Subcommittee meeting
- Aboriginal Health Plan 2019-23
- Mid North Coast Aboriginal Health Accord 2020-2023
- Aboriginal Interagency Meetings in Port Macquarie, Kempsey and Coffs Harbour where MNCLHD is represented by Aboriginal Health Staff.
- Membership of all National Standards Committee a person who identifies as Aboriginal
- Designated positions on the Governing Board and Senior Executive team for Aboriginal people
- MNCLHD Aboriginal Workforce Plan - data performance for employment is monitored at 2 Board Sub committees, that is Closing the Gap and People and Culture.
- Aboriginal Health Impact Statement Process and register
- MNCLHD Aboriginal staff identification badges
- Aboriginal Health Impact Statements embedded as core to policy development framework.
- NSW Health Services Aboriginal Cultural Engagement Self-Assessment (Audit) Tool GL2020_006.
- Implementation of NSW Policy Directive PD2012_042 - Aboriginal and Torres Strait Islander People – Recording of Information of Patients and Clients
- Auditing of Inpatient Reporting of Unknown Aboriginal Status- reporting to Network Health Reform Committee, Communicating For Safety Standard and CTG Committee



Mid North Coast
Local Health District