



Western NSW Local Health District

# Safety and Quality Account

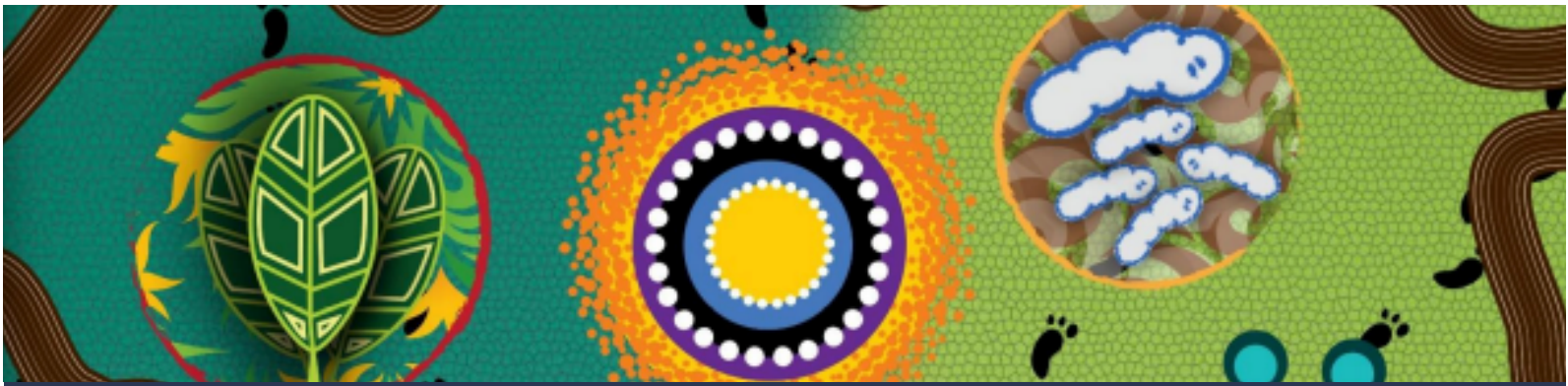
2022-2023



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ARTWORK: Jasmine Sarin Proud Kamilaroi and Jerrinja woman who grew up predominantly on the South Coast in Nowra (Jerinja and Yuin country) and Wollongong (Dharawal country) and with country influences from Coonabarabran in Central West NSW (Kamilaroi country).

### **Acknowledgement to Country**

Western NSW Local Health District respectfully acknowledges the Traditional Owners of the Country throughout Western NSW, and their continuing connection to land, water and community.

We pay our respect to Traditional Custodians, our Elders both past and present and acknowledge the Aboriginal people of the nations that we have the privilege to live and work on.

We share and celebrate the rich history of Aboriginal culture, and recognise the diverse and proud Aboriginal nations across our District



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**MARK SPITTAL**  
CHIEF EXECUTIVE



**MATTHEW IRVINE**  
BOARD CHAIR

# Welcome

On behalf of Western NSW Local Health District (WNSWLHD), we are delighted to share with you the Safety & Quality Account for 2022-2023.

This document exemplifies our dedication to prioritising safety and quality in all our endeavours. Our core values of Collaboration, Openness, Respect and Empowerment inspire us to continually strive for the best outcomes for our patients and communities.

As we reflect on our accomplishments and plan for the future, we remain committed to our vision of promoting healthier rural people and thriving communities. Our purpose, to provide exceptional healthcare to the people of Western NSW is the foundation of this commitment.

Over the past year, WNSWLHD have achieved significant milestones in quality and safety and only made possible through the dedication, skill and care of the staff within our District. Our accomplishments are evident in the successful rollout of the Applied Safety & Quality program, our focus on improving workplace culture, and the implementation of programs aimed at bridging the Aboriginal health gap.

By creating opportunities for rural patients to access quality coordinated care, we are making a positive impact on health and wellbeing across our region.

Our ongoing focus on the meaningful engagement strategy within the District continues to place a greater emphasis on consumer and community engagement throughout the region. Our objective is to empower and involve the public in the planning, design, delivery, and evaluation of services in these areas. The district is implementing key systems that will enable us to partner more closely with our consumers more than ever before. Our aim is to continually demonstrate our commitment to improving and consistently delivering integrated and accessible care that is responsive to the health and wellbeing of all our consumers.

WNSWLHD is deeply appreciative to our dedicated and committed staff who work tirelessly alongside our consumers to deliver high-quality and safe healthcare services throughout our district. We are eagerly anticipating the accomplishments our district will achieve over the upcoming year.

# About Us

Geographically, we are the largest of all 15 LHDs in NSW. We cover almost 250,000km<sup>2</sup> and home to more than 276,000 people.

Our health services include facilities in more than 40 geographical locations. These facilities offer an extensive range of services including mental health, dental, allied health, public health, Aboriginal health and multicultural health services.

Western NSW LHD has a workforce of 7,716 with approximately 5.2% who identify as Aboriginal.

**38 INPATIENT  
FACILITIES**

**3 RURAL REFERRAL  
HOSPITALS**

**4 PROCEDURAL  
HOSPITALS**

**6 COMMUNITY  
HOSPITALS**

**25 MULTIPURPOSE  
SERVICES**

**50 COMMUNITY  
HEALTH CENTRES**

**23 COMMUNITY  
MENTAL HEALTH  
SERVICES**

**14 INPATIENT  
MENTAL HEALTH  
DRUG AND ALCOHOL  
UNITS**

## ● Our Vision

Healthier rural people, thriving communities

## ● Our Values

Collaboration, Openness, Respect and Empowerment

## ● Our Purpose

To provide exceptional healthcare to the people of Western NSW







Debbie Beahan one of our Aboriginal Health Practitioners and Kurt Waites at the 2022 NAIDOC celebrations in Dubbo

# Annual Plan

The District 2022-23 Annual Plan replaces the former Annual Priorities and is Western NSW LHDs new approach to delivering key priorities.

Directorates and teams are able to develop annual plans that link to the District 2022-23 Annual Plan and additionally reflect local team and Directorate key priorities. Our annual plan has a clear focus on delivery and simplification to achieve real outcomes.

Annual Actions	What we are going to do	Progress
<p>Develop a District approach to continue to improve health outcomes through work in community development, health promotion &amp; early intervention.</p>	<ol style="list-style-type: none"> <li>1. Complete diagnostics and review of health needs and current Health Promotion activities and areas of investment.</li> <li>2. Develop future directions paper.</li> <li>3. Develop implementation plan to deliver the new approach to improve health outcomes.</li> </ol>	<p></p> <p></p> <p>Health promotion team has been re-aligned to the Aboriginal Health and Wellbeing Directorate, with work to continue on future directions.</p>
<p>Implement key service redesign and improvements to better meet demand for our services</p>	<ol style="list-style-type: none"> <li>1.Cardiology</li> <li>2.Maternity</li> <li>3.Drug and Alcohol design</li> </ol>	<p></p> <p></p> <p>The commencement of the Dubbo Drug and Alcohol Residential Rehabilitation Centre and the selection of the service provider remains in progress .</p>

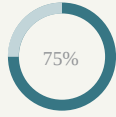






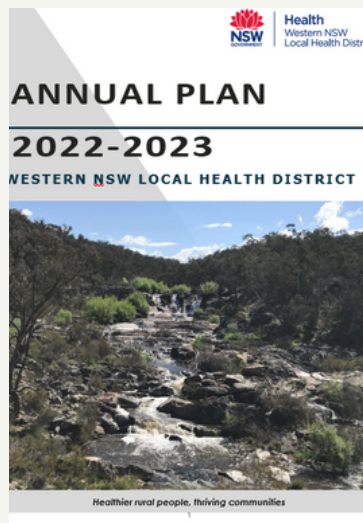
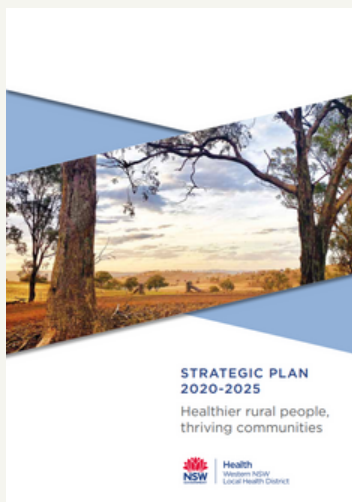
Safety and Quality Account 2022-2023

Annual Actions	What we are going to do	Progress
<p>Deliver gains in health outcomes for Aboriginal peoples through ongoing delivery of the Improving Aboriginal Health Strategy 2018-2023 (is currently undergoing further evaluation) and NSW Aboriginal Mental Health and Wellbeing Strategy 2020 – 2025.</p> <p>Continue our District’s cultural improvement journey through implementation of the 2022 - 2024 Innovate Reconciliation Action Plan.</p>	<ol style="list-style-type: none"> <li>1. Continue the implementation of the Aboriginal implementation strategy.</li> <li>2. Continue to implement and progress state-led Aboriginal health policies, strategies and initiatives.</li> <li>3. Co-Design mental health service planning, delivery and monitoring with Aboriginal people and communities.</li> <li>4. Deliver holistic care that responds to Aboriginal people.</li> <li>5. Deliver culturally safe, trauma informed quality public mental health services.</li> <li>6. Build and sustain the Aboriginal mental health and wellbeing workforce.</li> <li>7. Design and commence implementation and reporting of the Reconciliation Action Plan.</li> </ol>	
<p>Implement our Financial Sustainability Plan</p>	<ol style="list-style-type: none"> <li>1. Review the current plan and reframe a version of the priorities and timing. Obtain re- approval and re-engage with internal stakeholders.</li> </ol>	<p>Vehicle fleet transformation – mandatory telematics project implementation to be completed by December 2023. Procurement reform is in progress.</p>

Annual Actions	What we are going to do	Progress
<p>Develop and implement a District Workforce Strategy to meet organisational need</p>	<p>1. Develop LHD level workforce strategy- priorities and actions (Workforce Enabler for the Strategic Plan).</p>	
<p>Translate value based care initiatives into clinical services and practices that deliver positive patient health and experience outcomes</p>	<p>1. Evaluation of the High Risk Foot Service (HRFS) in Dubbo to inform an effective model of care for spread to other centres.</p> <p>2. Analysis of clinical variation data to identify opportunities for targeted VBHC initiatives relevant to the LHD.</p> <p>3. Develop a framework for implementation of Value Based Healthcare (VBHC) across clinical services; including the enhancement &amp; spread of existing Leading Better Value Care (LBVC) initiatives.</p> <p>4. Collaborative Commissioning.</p> <p>5. Integrated Care Strategies</p>	   <p>Collaborative commissioning - Care Partnership Diabetes is progressing. Some actions are anticipated to be completed in the 23-24 Financial year.</p> 

Safety and Quality Account 2022-2023

Annual Actions	What we are going to do	Progress
<p>Deliver priority capital development</p>	<ol style="list-style-type: none"> <li>1. Cowra redevelopment</li> <li>2. Blayney redevelopment</li> <li>3. Bathurst MRI</li> <li>4. Key worker accommodation</li> <li>5. Canowindra Health One</li> </ol>	<div style="text-align: center;">  <p>75%</p> </div> <p>All activities on track with minor changes to timelines due to external dependencies.</p>
<p>Deliver our community engagement strategy</p>	<ol style="list-style-type: none"> <li>1. Deliver Community Engagement Platform</li> <li>2. Deliver 'Place-Based Approach' package</li> <li>3. Develop Sub-Regional Health Planning Committees</li> <li>4. Key worker accommodation.</li> </ol>	<div style="display: flex; flex-direction: column; align-items: center;">     </div>



# Year in Review

47,302 times  
people stayed overnight in  
one of our hospitals

Patients received virtual  
care 32,551

8,032,329kms travelled by staff

Facebook posts 821 Instagram  
and Twitter 479

3443 babies born  
in our hospitals

Our patients were seen in an outpatient setting  
926,285 times

The amount of times  
WNSWLHD posts appeared  
on someones screen 8.9  
million

203,198 people  
presented to our  
emergency departments

79% of Admitted patient feedback rated the care they  
received as excellent.

WNSWLHD is 2nd in the state  
with starting Emergency  
Department treatments on  
time.

23,982 Patient visits to  
our dental clinics

# Research in WNSWLHD

The Western NSW Local Health District (WNSWLHD or District) Research Office was developed in 2018 and has now been operational for five years. The last 12 months of activity within the Research Office has been another year of productivity and achievements.

## About the Research Office?

In early 2023, the Research Office transitioned to the leadership of the District's new Chief Medical Officer, Professor Mark Arnold. Our Research Office team now includes the Ethics and Governance Unit, the District's Library Service and the newly funded Clinical Trials Support Unit (CTSU). Currently there is a total of 9 staff in our team.

## Research ethics and governance:

- We had ongoing leadership and commitment to research ethics and governance. The Greater Western Human Research Ethics Committee (GWHREC) reviewed a total of 51 applications, with an average time between submission and final decision of 60.8 days (NSW state benchmark = 90 days), indicating extremely efficient ethical review processes available to staff and colleagues across the region. The research governance team reviewed a total of 58 Site Specific Applications (SSAs), with average days for decision totalling 45.4 days (NSW State benchmark = 60 calendar days) of which only 7.8 days represented the handling time in the Research Office. This again indicates efficiency in assisting projects to get off the ground in our facilities.
- The Research Office supported a total of 22 GWHREC meetings in the last 12 months and provided ongoing support to our ethics committee members. This included the annual in-person gathering held in Dubbo in March 2023.
- The Ethics Committee is in the process of applying to NHMRC for certification which will allow it to review applications for research taking place in other states under the National Mutual Acceptance (NMA) Scheme.



# Research

## Research grants, output and other opportunities:

- Staff from the District were involved in a total of 179 peer-reviewed research publications; however this total will likely change as publication in literature takes time.
- The Research Office held its third PITCHit event in June 2023, which is an internally developed grant that aims to provide dedicated clinicians a chance to win part of \$75,000 of philanthropic and sponsored seed funding. A total of 28 project ideas were received, and a total of 7 projects were invited to pitch their ideas to a judging panel. The judges awarded 4 projects with funding to develop and implement their research ideas in the next 12-18 months. The 2019 PITCHit projects were all successfully supported to complete their projects in the last 12 months – all leading to positive impacts in the health and wellbeing of the region and our staff.
- In the last 12 months, WNSWLHD staff submitted a total of 5 (2 TRGS and 3 ACI) research grant applications; 5 District-led grants and were involved with 3 (TRGS known) co-led grant applications. To date, total District-led funding applied for was \$946,094.51 (excl ACI grants that can receive up to \$30,000) and total funding awarded for District-led research grants was \$302,130.00 (1 TRGS Round 6)
- A total of 3 District staff were accepted onto the 2022 HETI Rural Research Capacity Building Program participants – a key program for the Research Office to help build capacity and develop a research culture in the LHD.

## Research education, training and advocacy

- The Research Office has been facilitating monthly Virtual Research Interest Groups (VRIG) since 2019 it was co-developed and provides support for monthly Aboriginal Research Interest Groups (ARIG). Typically, between 8-20 staff attend these monthly meetings and they have become a platform for our clinician researchers to feel supported, part of a larger 'team' and know where to access further education.
- In 2023, WNSWLHD partnered with the Rural Research Collaborative Learning Network (RR-CLaN), which is a rural led initiative that aims to provide high-quality research education and training to healthcare staff working in rural, regional and remote areas. This consortium brings together 10 rural and regional LHDs from around NSW, plus 5 Health Networks from Far North Queensland, to share research knowledge through collaborative education, and has to date delivered 6 sessions.
- The Research Office provide key administrative support for a state-wide committee called the NSW Rural Health Research Alliance – a fundamental platform for building rural research capacity across the seven rural LHDs.

# Research

## District Library Services:

- The District Library Service evolved from being base hospital services working in isolation to a District service in 2021 and continues to perform to a high standard for our staff, supplying 1399 articles and performing 60 literature searches during 2022-23.
- Library staff also provided information education sessions for 156 staff and students covering a variety of clinical and research topics.

## Clinical Trials:

- In the last 12 months, the District was successful in being awarded significant funding for Western NSW as part of the Rural, Regional and Remote Clinical Trials Enabling Program (R3) funded by the Medical Research Future Fund. This funding aims to expand the scope and number of trials across the region until 2027.
- The Clinical Trials support unit has employed a manager, admin and governance officer and business manager. The second wave to recruitment is underway.

## Sharing and celebrating our research successes:

- The District supported the Western NSW Health Research Network to host another successful symposium in Dubbo in October, which was the first in-person event since the global pandemic. Over 200 staff attended with over 65 abstract presentations, workshops and keynote speeches.
- The Research Office supported the annual Western NSW Health Researcher of the Year awards, which awarded six recipients a total of four awards from 19 nominations, including four staff winning awards from the District. This also included a \$1000 prize awarded for the Aboriginal Researcher of the Year.
- In February 2023, the Research Office developed a monthly e-news sharing platform called Research Matters which shares research opportunities, news and recently published papers to all staff and partners.



# Achievements against priority initiatives over the past 12 months - updates





# Reconciliation Action Plan (RAP)

## June 2023 – June 2025

To deliver a framework for non-Indigenous staff to build relationships with Aboriginal and Torres Strait Islander peoples, partner organisations, patients, families, and carers the 2nd RAP has been established. WNSWLHD has committed within this action plan to work collaboratively to achieve the common goal of marked improvements of health outcomes for Aboriginal and Torres Strait Islander people based on the needs identified by our Aboriginal Community.



### Fundamentals:

Our actions will be based on the fundamentals of Opportunity, Respect & Relationships.

Our vision will become a reality by working together to create and maintain respectful relationships with Aboriginal people

### Key strategies:

We will value the contribution of Aboriginal culture to overall health and wellbeing and undertake true co-design of services in partnership with Aboriginal people.

We will ensure that Aboriginal patients, family and carer experience is at the centre of what we do.



### Acknowledgment of past actions:

To achieve this vision we must accept and acknowledge past actions, the harm caused to the health and wellbeing of Aboriginal people, and the impact that this harm continues to have on Aboriginal people and communities today.

## Our Achievements so far.....

- Introducing cultural protocols across all facilities and services
- Delivering Aboriginal and Torres Strait Islander Arts, Signage, and Cultural Gardens to 18 facilities
- The District has pledged a public statement of commitment to Reconciliation, and we have developed a successful Aboriginal School Based and Full Time Trainee program with 49 School based students and 10 full time Aboriginal adult trainees employed in the last 12 months.
- Increasing Aboriginal and Torres Strait Islander staff employment from 3.4% in 2014 to 7.0% in 2022
- Increasing representation of Aboriginal and Torres Strait Islander staff in leadership roles
- Facilitating cultural immersion experiences for our Board and Executive Leadership Team
- Celebrating NAIDOC Week and Reconciliation Week across all facilities.

## Marang Dhali

Post the disruption of COVID-19 delaying all face-to-face programs, several trained Marang Dhali Facilitators have managed to re-engage their communities to participate in 9 Marang Dhali Eating Well programs, with 195 occasions of service, over 7 sites, since April 2022. Programs are currently running in Bathurst, Bourke and Narromine with one more scheduled prior to the end of the financial year.

To assist with the re-engagement of facilitators, Health Promotion hosted their annual Marang Dhali Eating Well professional development Yarning Day on 9th March 2023 in Dubbo. Here attendees were able to yarn about past programs, successes and barriers and plan future programs.

Through ongoing consultation with facilitators, a need was expressed for more easy, healthy and affordable recipes. The new Marang Dhali Eating Well cookbook was launched at the Yarning Day (see image). The redevelopment of this cookbook was the final step in the Marang Dhali innovation process. The cookbook is a comprehensive guide to cooking healthy family meals on budget and also includes nutrition information for participants. Since distribution began in March, the cookbook has been extremely well received by the facilitators and has already had some great feedback from participants in the program.



For further information about the Marang Dhali Eating Well program please contact Health Promotion Officer Jessie Parish – [jessie.parish@health.nsw.gov.au](mailto:jessie.parish@health.nsw.gov.au)

## Improving Workplace Culture

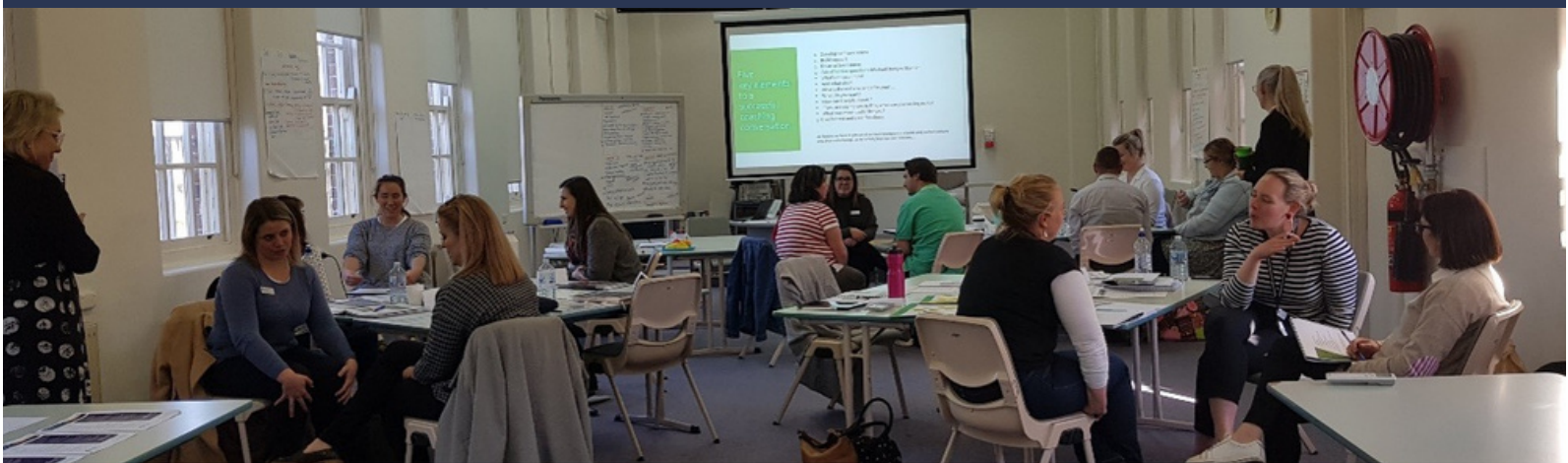
The Organisational Development Unit (ODU) has been working to build leadership capability both across the organisation and within specific workforce cohorts, over the 2022-2023 financial year. Various delivery models have given support to leaders and managers and provided opportunities to develop skills and gain experience.

In-facility mentoring has provided tailored, one on one education to new managers, a mentoring program has brought new and experienced leaders together across the District and a series of workshops have brought people from various backgrounds together to focus on the first three domains of the six NSW Health Leadership and Management Framework.

Team development sessions have supported leaders to foster positive workplace culture. A pilot development and succession program has been implemented across rural sector sites, focusing on the future sustainability of the Health Service Manager role. Each of these strategies has been designed with key stakeholder input, and feedback from participants and their managers has been positive. A new leader/ manager orientation program has also been developed to welcome new people to the organisation, help them to create key relationships and equip them for their role in the District. This will commence in the second half of 2023.



Karen Smith, Di Kubowicz, Jacqui Chapman and Laurin Allen,  
Organisational Development Unit



## Rural Kids Care Co Ordination Service

The Rural Kids GP's service has supported over 100 children and families since February 2022. This service continues to grow in strength by bridging the gap between tertiary and local services. Since February the Rural Kids GP's service has worked closely with families requiring predominantly tiered 3 involvement. This is the highest tiered support that can be provided. This requires coordination of services between local facilities, local service providers and tertiary facilities.

Whilst the evaluation of the service continues the feedback from families has demonstrated the positive impact coordinated care has had on their health care journey. Families have also described the quality of their care has improved, with some families stating they would not have engaged in care if it was not for the support provided through this service.

### Wellbeing Nurse Co Ordinator's

Over the past 12 months the wellbeing nurse program has continued to grow in strength. Whilst embedding the role within 43 schools, the Wellbeing Co Ordinator's have established their roles as part of the school team.

The partnership supports the relationships with families and teachers to ensure the child's health and wellbeing is everyone's goal.

Over the past 12 months the LHD Wellbeing Nurses have developed a triage tool to support timely responses to referrals. This triage tool has been recognised by Ministry of Health and is looking to be implemented as part of the NSW operational guidelines

## Safe Haven



The concept of a safe haven for people experiencing a mental health distress was born from the recognition of a need for a community service that allowed people to discreetly and confidentially discuss their distress with an experienced peer support worker.

- 8 months on, data shows the combined services at Parkes & Dubbo, has received over 1200 visits
- 37% of people reporting they would not be accessing health service support if not for Safe Haven.
- All visitors are offered the chance to speak with a mental health clinician, with only 3 visitors requiring referral to Emergency Departments

# Applied Safety and Quality Program



Tracey Drabsch and Karla Allen. Two of the Applied Safety and Quality faculty

Last year, our District saw the first cohort of the Applied Safety & Quality Program commence in partnership with Far West Local Health District. Despite critical staff shortages and the ongoing challenges of covid, the participants have completed the 12 month program.

The ultimate aim of the program is to increase staff capability to influence the safety and quality of the care and/or service provided by their local service.

The diverse group of clinical and non-clinical staff learnt, explored and applied skills, knowledge, everyday behaviours and mindsets in order to excel in quality, safety and continuous improvement.

The program has resulted in 10 quality improvement projects and participants have expressed an interest in undertaking further quality improvement work and supporting future participants of the Applied Safety & Quality Program and colleagues in their local areas of work.

The 2023 cohort has started and we look forward to their achievements.

## What was the participants feedback?

“Having a variety of different disciplines involved in the program gave me a new insight into how quality and safety are influenced by other colleagues in health.”

“All facilitators have great skills & knowledge & provided great examples which showed us how to apply the knowledge”

“I have gained so much knowledge on Improvement Science and the strategies involved in the planning and execution of a quality improvement project”

## What will the participants do differently as a result of this learning ??



Promote psychological safety within my workplace



Be aware of bias affecting my project and work



Trying to incorporate end users in the process and solution development



2022/2023 Applied Safety and Quality program faculty Emma Wirth and Alecia Marr

"The CEC would like to recognise WNSWLHD's leadership and innovation in being one of the first NSW Health entities to deliver their inaugural Adept-level Applied Safety and Quality Program. Of particular note is the proactive approach WNSWLHD has undertaken to foster a collaborative partnership with Far West Local Health District (FWLHD) in the design and delivery of the program locally.

We would also like to recognise the program sponsorship of Adrian Fahy, and the leadership of Emma Wirth and Alecia Marr, as pivotal factors to the success of this first cohort. Finally, we acknowledge your diverse district-wide faculty, who have facilitated the application of learning."

Adjunct Professor Michael C. Nicholl Chief Executive Clinical Excellence Commission

# Improving the Patient Experience

## *Meaningful Engagement Strategy*



David Honeysett, Joan Treweeke, Sara Smith. Place based engagement in Goolooga

Community stakeholder meeting to co-design a mental health and wellbeing brochure on mental health services and supports. Design materials will be in an easy read version and translated to local language.

# Meaningful Engagement Strategy

The Meaningful Engagement Program for Western NSW LHD considers how to engage the many communities across the region in the co-design and delivery of services and ultimately, how to partner with communities to support ownership of their own health outcomes.

Through this program we want to provide meaningful opportunities for consumers and community representatives to select how, where and when they want to engage.

Consumer and community engagement is the process of involving the public in the planning, design, delivery and evaluation of services. Meaningful community engagement expands on more traditional methods of community engagement methods by seeking to collaborate with consumers and carers and facilitate partnerships with the community.

To achieve stronger engagement, we need to create and maintain social licence with rural communities. Social licence is a contract with the community – it is the acceptance that is granted to an organisation by the community and the trust that the organisation will act in line with their interests. We need to credibly engage with communities across the region, actively listening to their needs and adopting consistent co-design in the planning and delivery of health services. This requires regular, meaningful engagement and the development of partnerships with a number of local and regional groups, organisations and individuals.

Why is consumer and community engagement important?



The community is a partner in achieving better health and better healthcare.



Planning services in partnership with consumers and the community is known to be current best practice.



Consumers and community members can help us build services that are well understood and more easily accessed by those who need them.



Consumers and the community share information with health services that build a better picture of health needs.



We can develop a shared understanding of challenges and opportunities.





# Meaningful Engagement Strategy

The Meaningful Engagement Program supports community engagement through;



## Place based approach within local communities

- building skills and resources to support local co-design and engagement activities
- 10 locations adopted the place based approach as part of pilot
- 7 other locations have voluntarily adopted a place based approach.
- 19 Health Councils remain in operation, largely in the south of the LHD
- Supporting health service staff to undertake community engagement with resources and co-design training.

## Sub-regional committees

- Focusing on the needs and challenges of the sub-region and the issues affecting people who live, work and use services across the catchment.
- Two pilot committees:  
Northern :Bourke, Brewarrina, Lightning Ridge, Goodooga, Collarenebri and Walgett  
Central West: Dubbo, Narromine, Peak Hill, Trangie and Wellington
- Membership reflects diversity of community and members are connected to other community groups or activities.
- Representatives from:
  - PHN
  - Regional NSW
  - Department of Education
  - Three Rivers Regional Assembly
  - LHD Executives and Board

## Northern Sub-Regional Health Planning Committee

Identified community priorities include:

- Rheumatic fever community awareness project
- Community led health promotion activities
- Navigating and supporting access to services
- Community designed approach to public health messaging
- Mental Health Drug and Alcohol Outreach planning



## Engage Western NSW Health

The online engagement platform offers community members another way to engage. Engage Western NSW Health will reach out to a broader audience, share and gather information and support local engagement activities.

# Improving the Patient Experience

## Kinchela Boys Home - Truth Telling Sessions



Kinchela Aboriginal Boys Home (KBH) was a 'institutional home' run by the NSW Government for over 50 years (1924 – 1970) to house Aboriginal boys who were forcibly removed from their families and became known as members of the Stolen Generation.

WNSWLHD executive leadership group had the privilege to host and participate in sessions held within our district on the Kinchela. The sessions involved hearing directly from Kinchela Boys Home survivors and connecting with their stories.

With a greater understanding of what Reconciliation means for Australia in the context of healing through truth telling, the WNSWLHD Executive team walked away with an improved understanding of trauma informed care and how to apply this in everyday practice, and service delivery improvement.

These sessions were not just an experience and journey for WNSWLHD staff a cultural immersion experience and journey for the staff that attended but also a crucial part of the survivors healing process through these truth telling opportunities .

## Next Steps for WNSWLHD



Reflection on self, service and district.



Reflection on how we currently understand and treat survivors of the Stolen Generation.



What we can do as a district to provide appropriate service responses to improve the health outcomes of the survivors of the Stolen Generation, their families and their communities.



# Workplace Culture that drives Safe and Quality Care



Artwork completed by the MPS residents at Tottenham. It is their depiction of Dancing Brolgas in the Tottenham Bogan catchment area

# People Strategy

We want our staff to be the best version of themselves they can be. The People Strategy was devised to ensure the LHD addresses the fundamental importance of our people and has three key themes



Addressing immediate shortages and building our future workforce



Supporting talented people to thrive



Creating a more positive workplace.

In 2022 we spoke to people at every level across the LHD to understand and identify our workforce challenges and develop a program of more than 45 initiatives to address the true needs of our workforce. The initiatives within the People Strategy look to address the immediate staff shortages particularly in our rural and remote sites, reduce high turnover in critical roles, address gaps in key leadership capabilities and improve behaviours to enhance team effectiveness.



Some of the key outcomes in the first 12 months of the People Strategy have been:

- Enhanced New Graduate Nursing/Midwifery numbers.
- Commencement of the Candidate Engagement team to attract and retain skilled migrant workers.
- Commencement of Centralised Recruitment to streamline recruitment to rural and remote sites.
- Inaugural Allied Health New Graduate program
- Incentive payments for 'Hard to Fill' roles.
- Establishment of the Centre for Rural Education, Simulation and Training (CREST) centre in Wellington.
- Grow your own strategies such as scholarships, cadetships, training packages, transition to practice to EN/RN/RM and Aboriginal Health Workers to Aboriginal Health Practitioners.

# Review of performance against 2021-2022 NSW Health KPI

A hospital-acquired complication (HAC) refers to a complication for which clinical risk mitigation strategies may reduce (but not necessarily eliminate) the risk of that complication occurring.

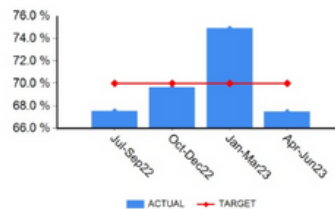
NSW Health has identified 16 agreed high priority complications which all clinicians, managers, executive leaders and working groups work collaboratively to reduce.

Ongoing performance is reviewed monthly through WNSWLHD Health Care Quality Committee and Board Meetings along with at local Patient Safety and Clinical Quality committees with actions for improvement identified.

## NSW Health Outcome 1: Keeping people healthy through prevention and health promotion

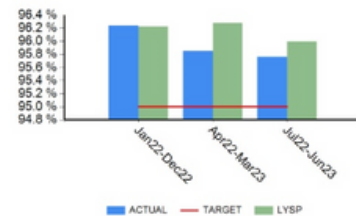
**MS1102 Childhood Obesity: Children with height and weight recorded**

Apr-Jun23	Target	Variance	% Var	Perf	LY
67.5 %	70.0 %	-2.5 %	-3.6 %	⚠️	66.4 %



**SPH012 Children fully immunised at one year of age (%)**

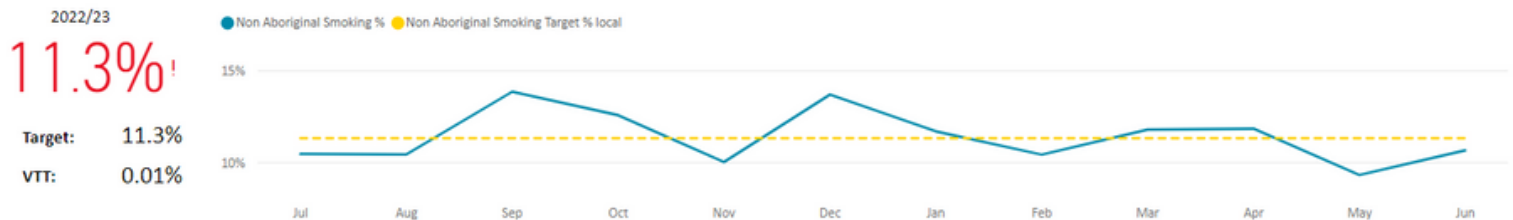
Jul22-Jun23	Target	Variance	% Var	Perf	LY
95.8 %	95.0 %	0.8 %	0.8 %	✅	96.0 %



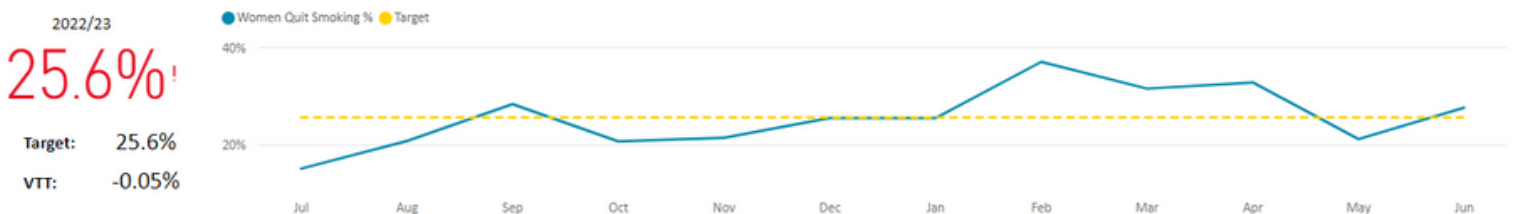
**Smoking during pregnancy - At any time: Aboriginal Women (%)**



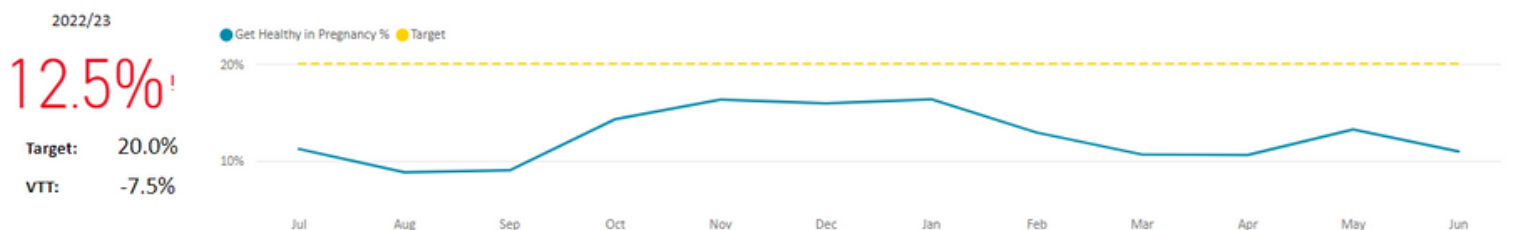
**Smoking during pregnancy - At any time: Non-Aboriginal Women (%)**



**Pregnant Women Quitting Smoking: By second half of pregnancy (%)**



**Get Healthy in Pregnancy Referrals: (%)**

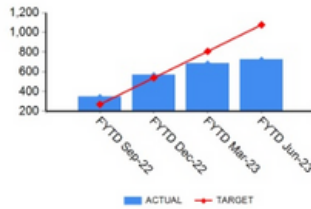


# Review of performance against 2021-2022 NSW Health KPI

## NSW Health Outcome 1: Keeping people healthy through prevention and health promotion

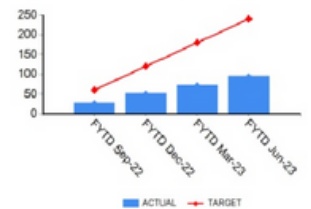
PH-015A Hospital Drug and Alcohol Consultation Liaison - Number of consultations (% increase)

FYTD Jun-23	Target	Variance	% Var	Perf	LY
725	1,076	-351	-32.6 %	✘	1,076



PH-014C LHD residents initiating Hepatitis C direct acting antiviral treatment (number)

FYTD Jun-23	Target	Variance	% Var	Perf	LY
95	240	-145	-60.4 %	✘	86

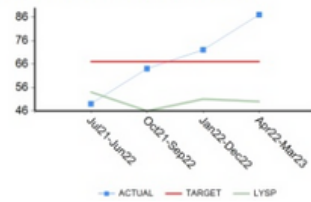


KS2410 Aboriginal paediatric patients undergoing otitis media procedures (number)

Apr22-Mar23	Target	Variance	% Var	Perf	LY
87	67	20	29.9 %	✔	50

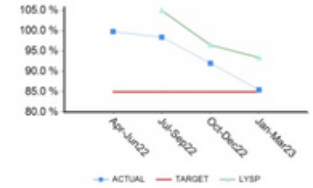
  

YTD	Target	Variance	% Var	Perf	LY
22/23	Target = 29				



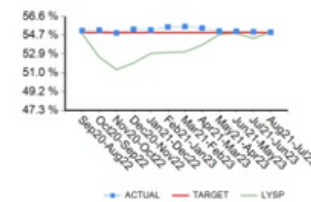
KPI21-02 NSW Health First 2000 Days Implementation Strategy - Delivery of the 1-4 week health check (%)

Jan-Mar23	Target	Variance	% Var	Perf	LY
85.5 %	85.0 %	0.5 %	0.6 %	✔	93.4 %



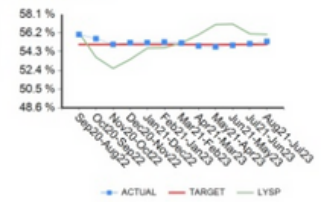
SSA140 Breast Screen Participation Rate - All women 50-69 years

Aug21-Jul23	Target	Variance	% Var	Perf	LY
55.0 %	55.0 %	0.0 %	0.1 %	✔	55.1 %



SSA140 Breast Screen Participation Rate - All women 70-74 years

Aug21-Jul23	Target	Variance	% Var	Perf	LY
55.3 %	55.0 %	0.3 %	0.6 %	✔	56.0 %



## NSW Health Outcome 2: People can access care in out of hospital settings to manage their health and wellbeing

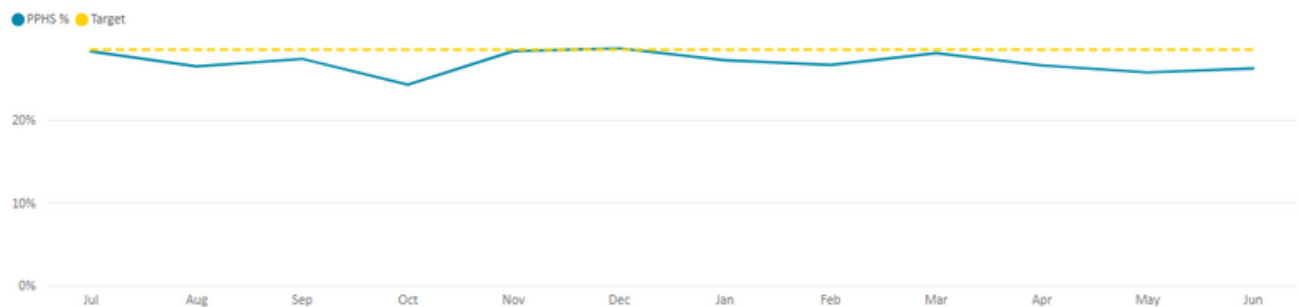
### Potentially Preventable Hospital Services (PPHS %)

Proportion of Emergency Department attendances or Admitted patient bed days for people with conditions where hospitalization or ED visit is potentially preventable.

2022/23  
**27.0%** ✓

Target: 28.5%

VTT: -1.5%

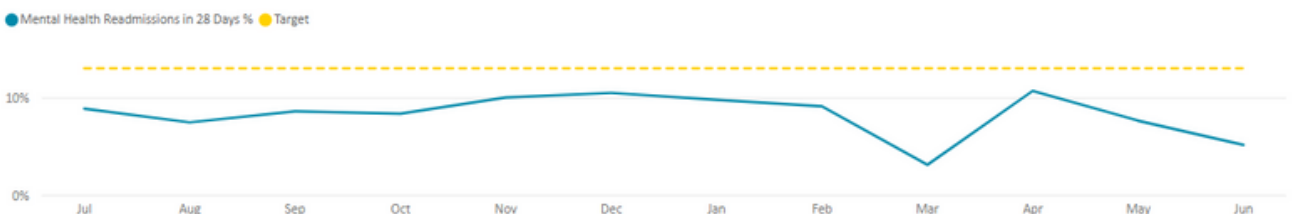


### Mental Health - Acute Readmission - Within 28 days (%)

2022/23  
**8.1%** ✓

Target: 13.0%

VTT: -4.9%

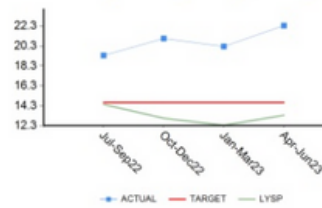


# Review of performance against 2021-2022 NSW Health KPI

## NSW Health Outcome 2: People can access care in out of hospital settings to manage their health and wellbeing

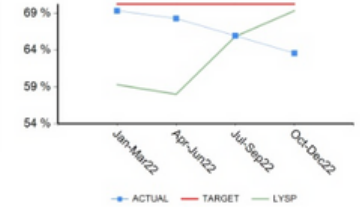
**KMH202 Mental Health Peer Workforce Employment – Full time equivalents (FTEs) (Number)**

Apr-Jun23	Target	Variance	% Var	Perf	LY
22.3	14.6	7.7	52.7 %	🟢	13.3
FYTD Jun-23	Target	Variance	% Var	Perf	LY
20.5	14.6	5.9	40.2 %	🟢	13.3



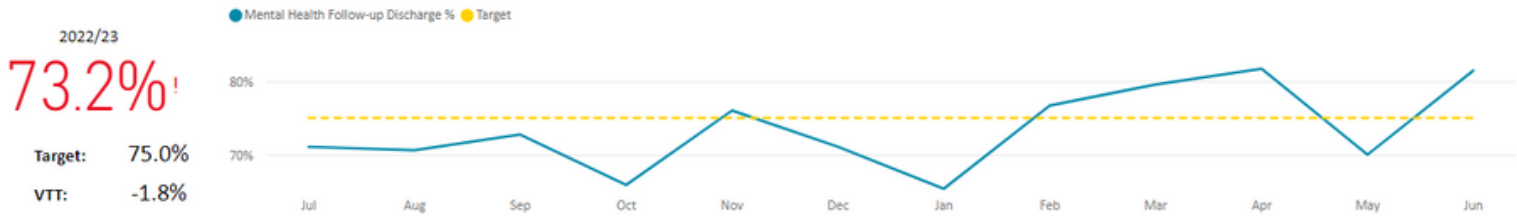
**KF-005 Domestic and Family Violence Screening - Routine Domestic Violence Screens conducted**

Oct-Dec22	Target	Variance	% Var	Perf	LY
63.3 %	70.0 %	-6.7 %	-9.5 %	🟡	69.1 %
FYTD Dec-22	Target	Variance	% Var	Perf	LY
64.6 %	70.0 %	-5.4 %	-7.8 %	🟡	67.3 %

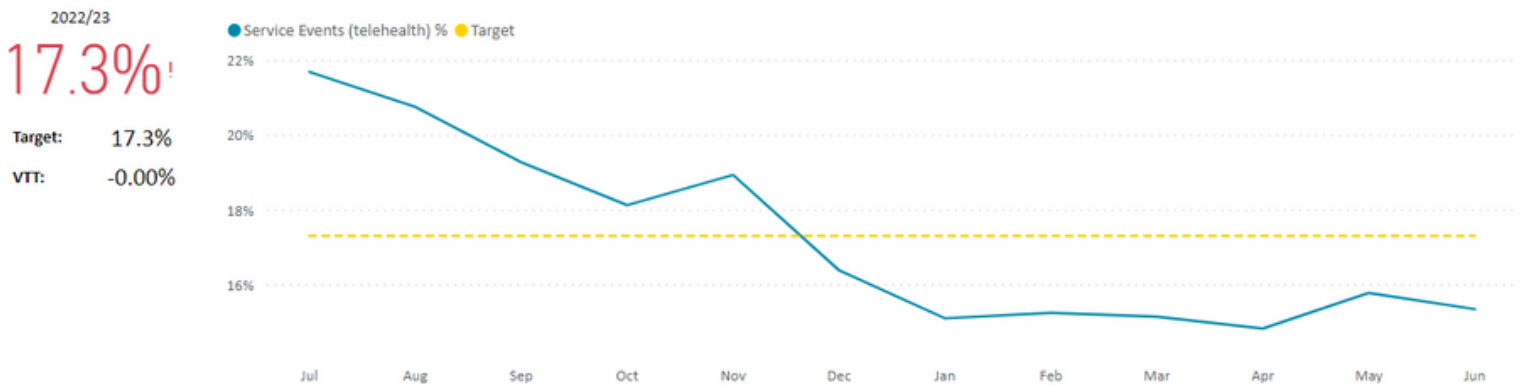


From Jul21 onwards, Maternity services is included in Domestic Violence routine screening definition. This has resulted in a noticeable increase in the overall screening rate.

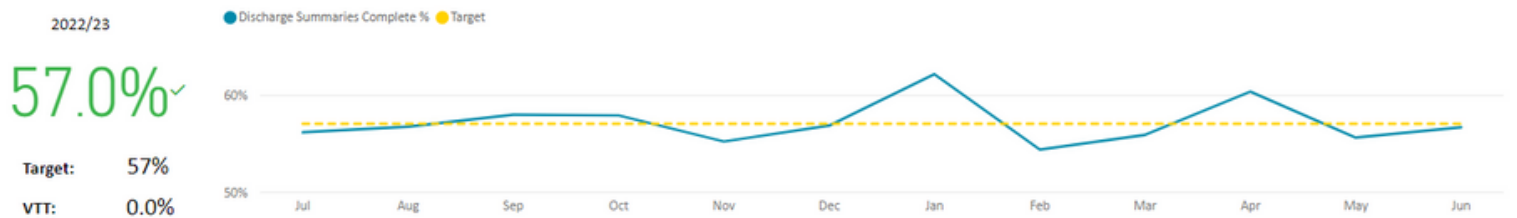
**Mental Health - Acute Post-Discharge Community Care - Follow up within seven days %**



**Telehealth Service Access – Non-admitted services provided through telehealth (%)**

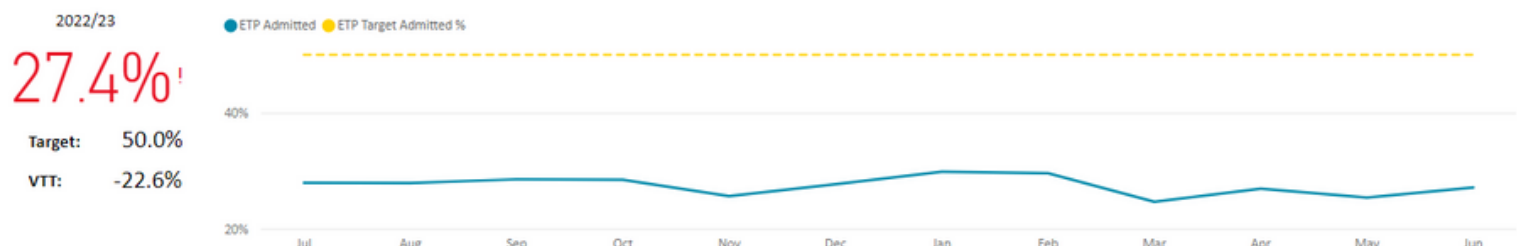


**Electronic Discharge Summaries Completed - sent electronically to state clinical repository (%)**



## NSW Health Outcome 3: People receive timely emergency care

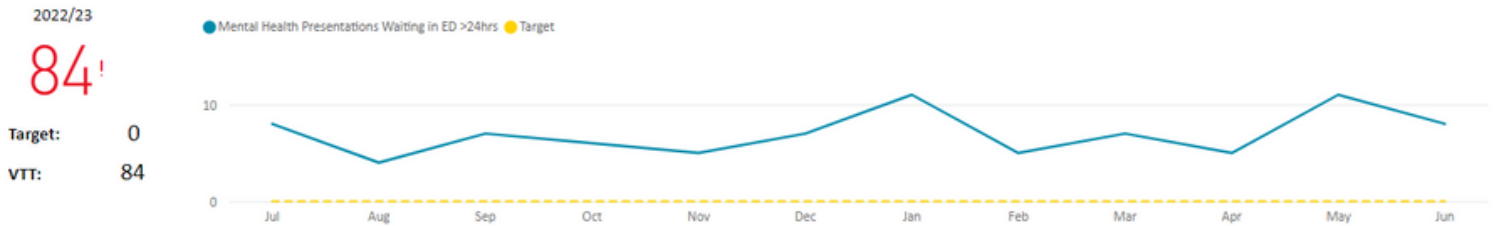
**Emergency Treatment Performance ADMITTED: Patients with Total time in ED <= 4hrs (%)**  
Data Source: eMR (FirstNet)



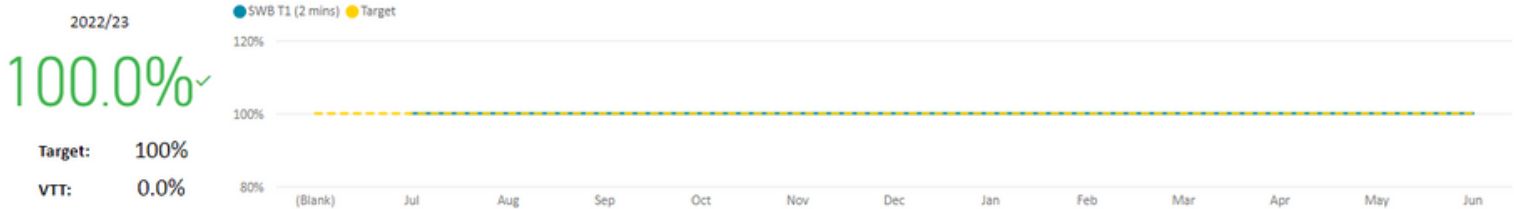
# Review of performance against 2021-2022 NSW Health KPI

## NSW Health Outcome 3: People receive timely emergency care

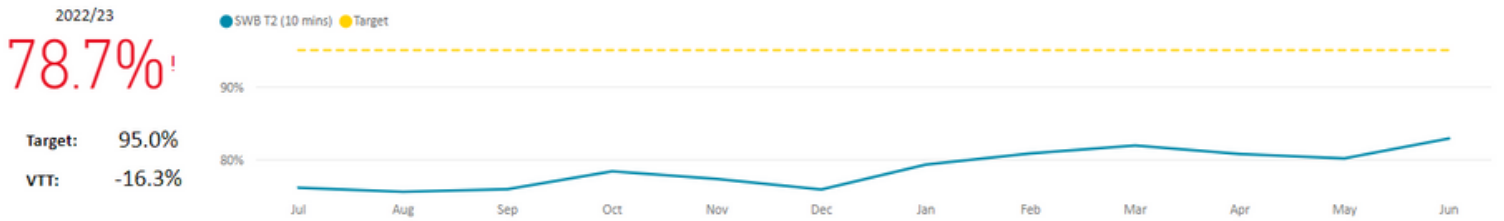
Mental health Emergency Department Extended Stays: Presentations staying in ED >24 hours (Number)



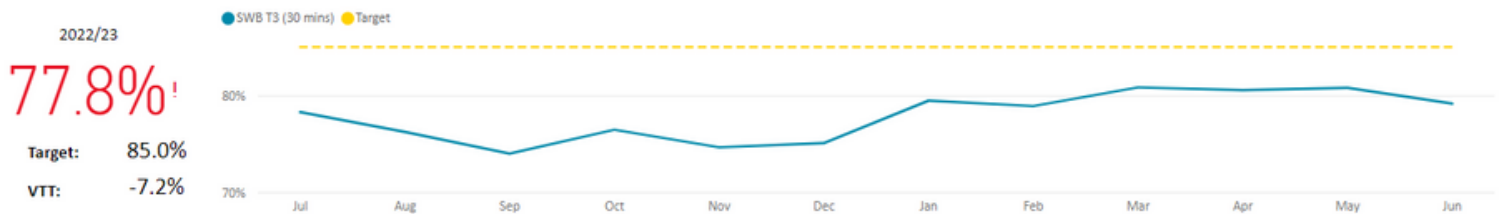
Seen Within Benchmark (SWB) Triage 1 (2 minutes) %



Seen Within Benchmark (SWB) Triage 2 (10 minutes) %

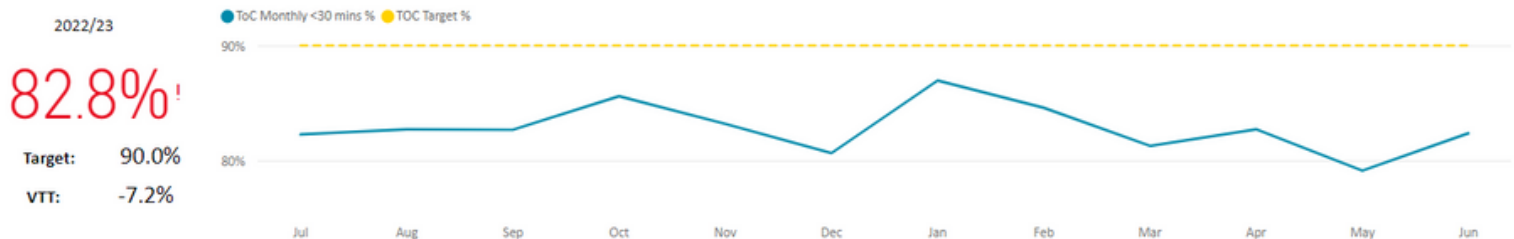


Seen Within Benchmark (SWB) Triage 3 (30 minutes) %



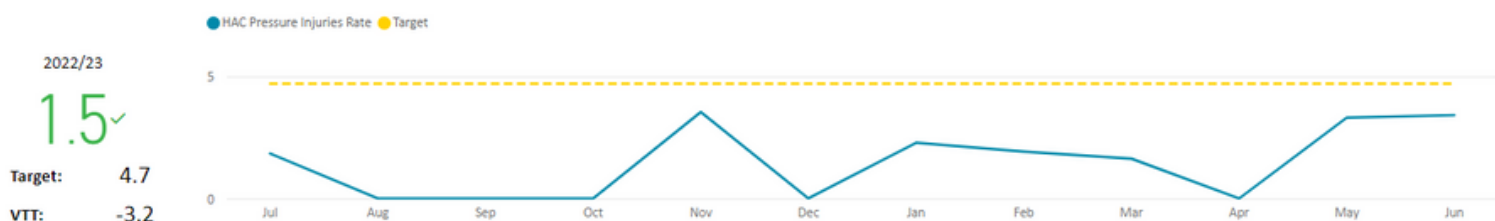
Transfer of Care – patients transferred from Ambulance to ED <= 30 minutes (%)

Data Source: Transfer of Care Reporting System (NSW Ambulance)



## NSW Health Outcome 4: People receive high-quality, safe care in our hospitals

Hospital Acquired Pressure Injuries (rate per 10,000 episodes of care)

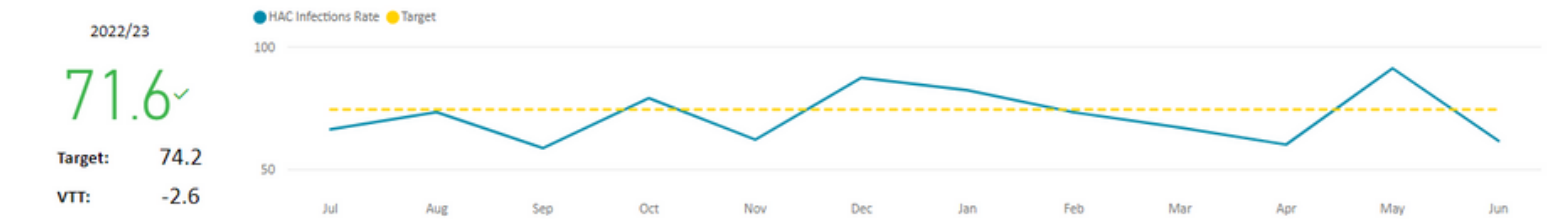




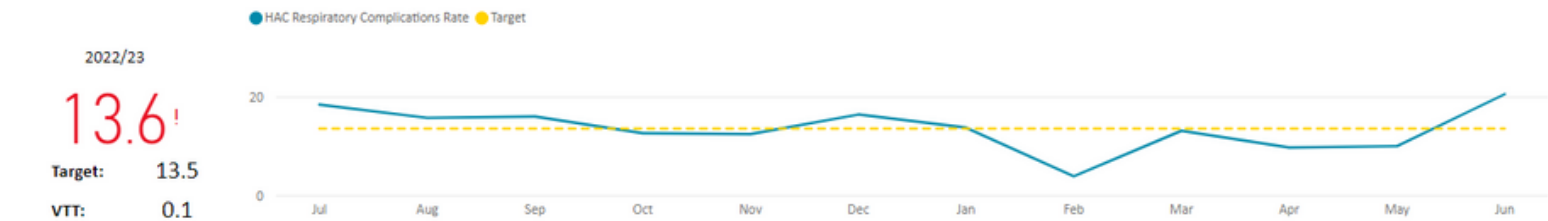
# Review of performance against 2021-2022 NSW Health KPI

## NSW Health Outcome 4: People receive high-quality, safe care in our hospitals

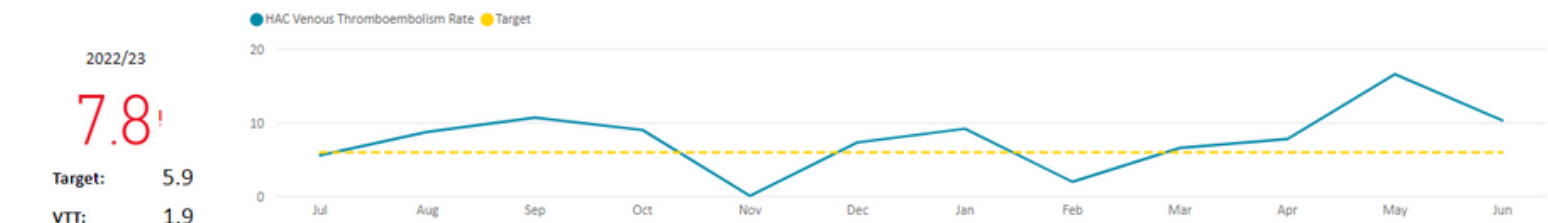
Healthcare Associated Infections (rate per 10,000 episodes of care)



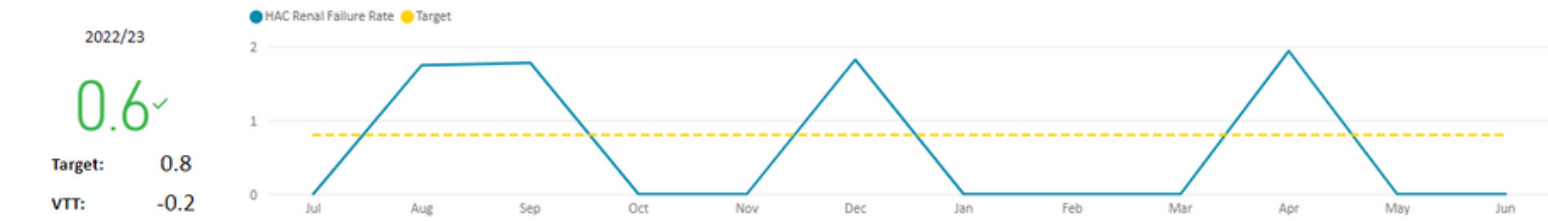
Hospital Acquired Respiratory Complications (rate per 10,000 episodes of care)



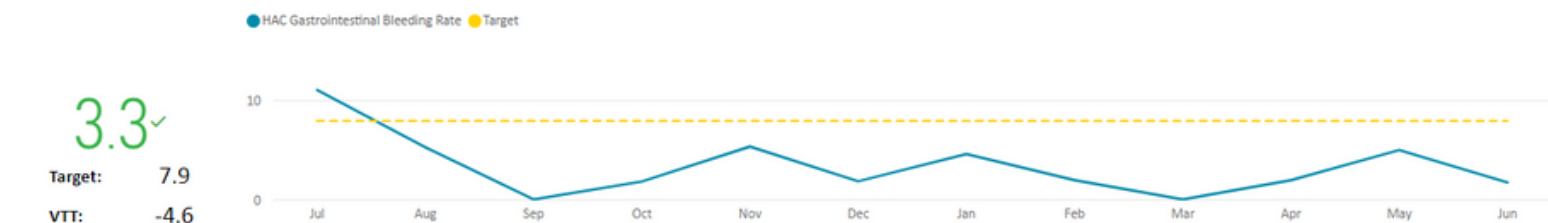
Hospital Acquired Venous Thromboembolism (rate per 10,000 episodes of care)



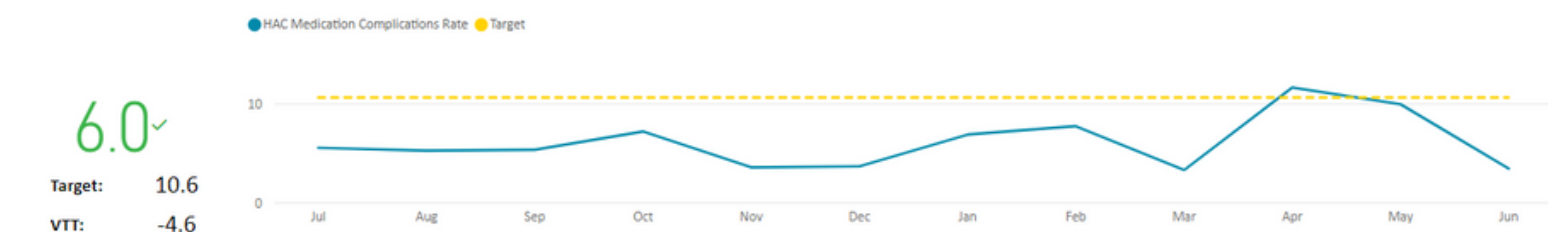
Hospital Acquired Renal Failure (rate per 10,000 episodes of care)



Hospital Acquired Gastrointestinal Bleeding (rate per 10,000 episodes of care)



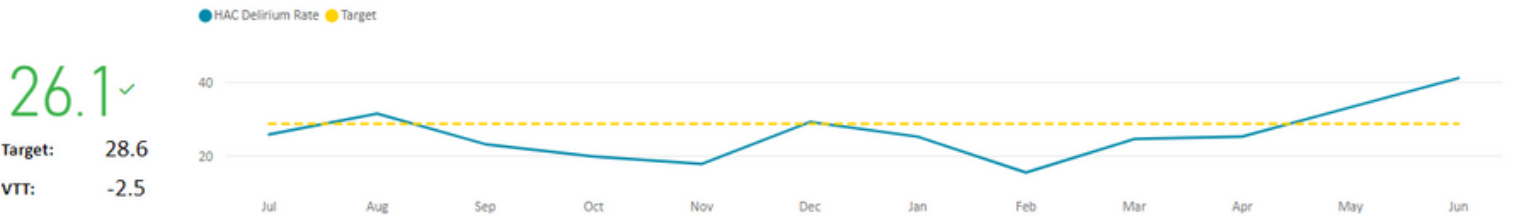
Hospital Acquired Medication Complications (rate per 10,000 episodes of care)



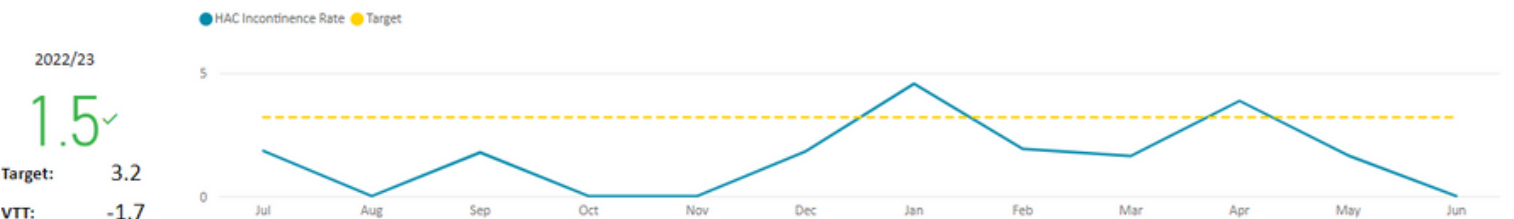
# Review of performance against 2021-2022 NSW Health KPI

## NSW Health Outcome 4: People receive high-quality, safe care in our hospitals

Hospital Acquired Delirium (rate per 10,000 episodes of care)



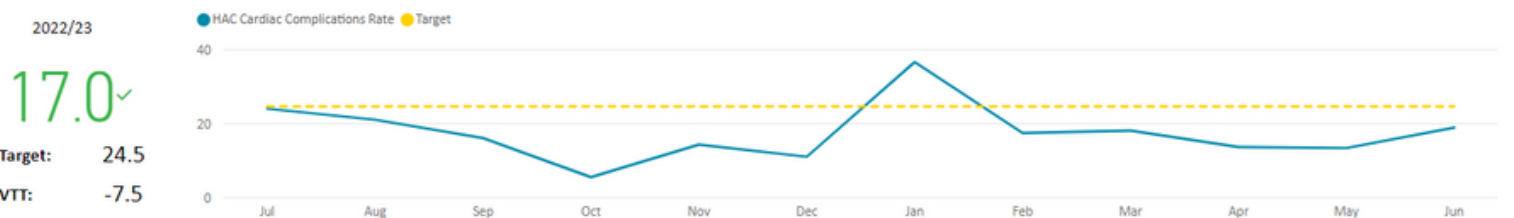
Hospital Acquired Incontinence (rate per 10,000 episodes of care)



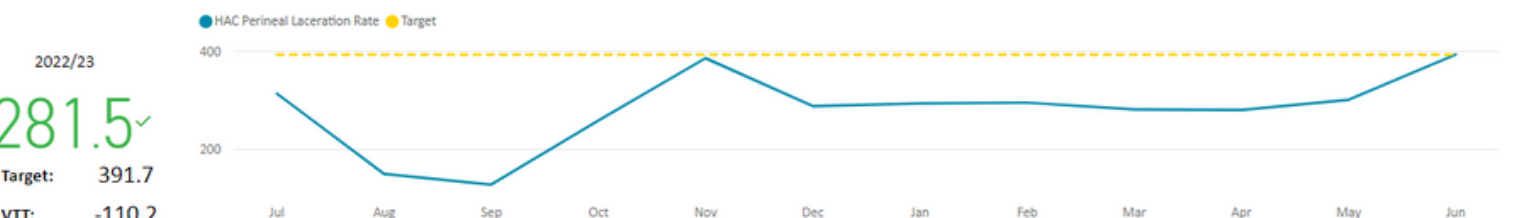
Hospital Acquired Endocrine Complications (rate per 10,000 episodes of care)



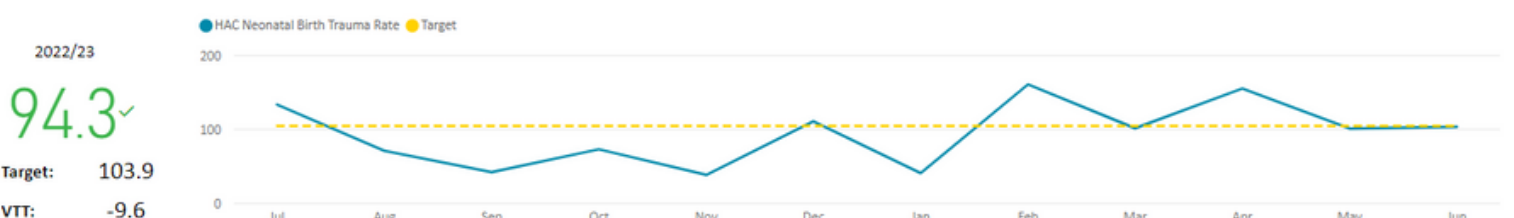
Hospital Acquired Cardiac Complications (rate per 10,000 episodes of care)



Third or fourth Degree Perineal Lacerations During Delivery (rate per 10,000 episodes of care)



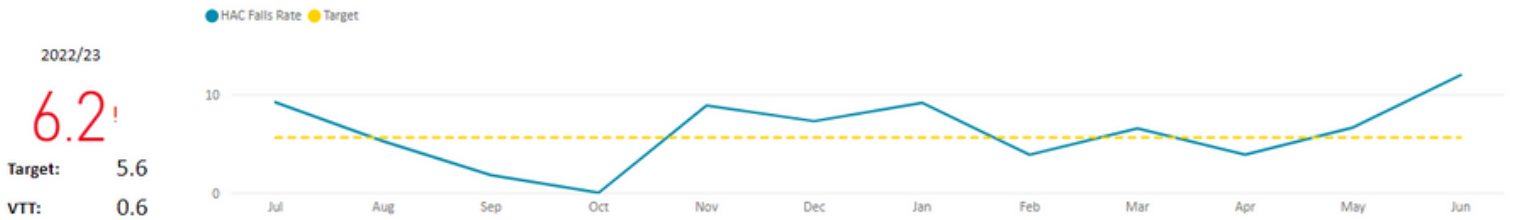
Hospital Acquired Neonatal Birth Trauma (rate per 10,000 episodes of care)



# Review of performance against 2021-2022 NSW Health KPI

## NSW Health Outcome 4: People receive high-quality, safe care in our hospitals

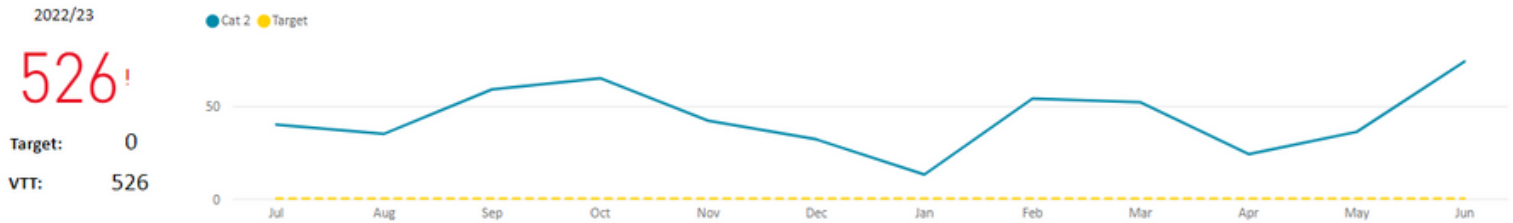
Falls-Related Injuries in hospital resulting in fracture or intracranial injury (rate per 10,000 episodes of care)



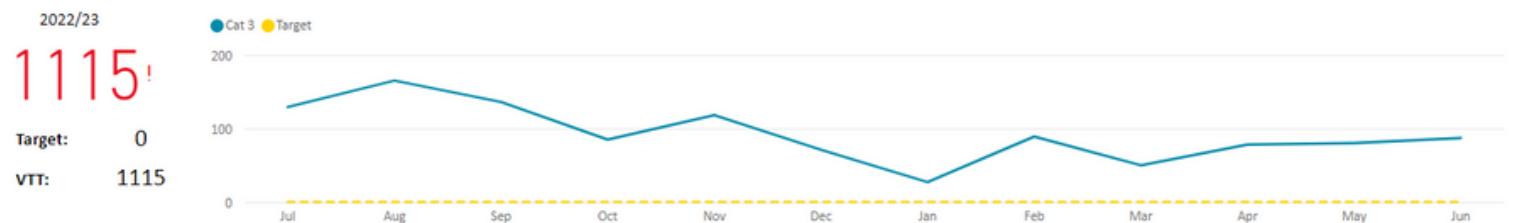
Elective Surgery - Number of patients who were NOT seen within the recommended time frame for their category at the time of surgery (Cat 1)



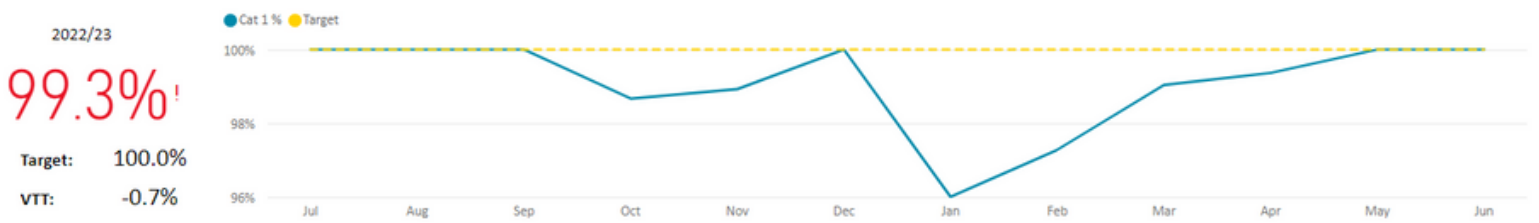
Elective Surgery - Number of patients who were NOT seen within the recommended time frame for their category at the time of surgery (Cat 2)



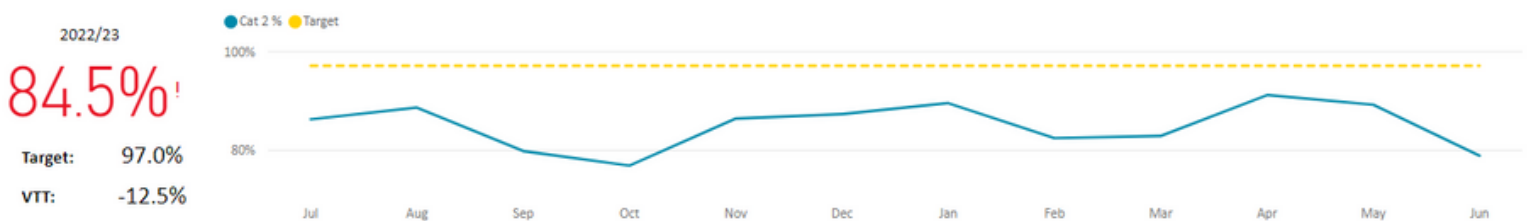
Elective Surgery - Number of patients who were NOT seen within the recommended time frame for their category at the time of surgery (Cat 3)



Elective Surgery Access Performance: Elective Surgery Patients Treated on Time Category 1 %



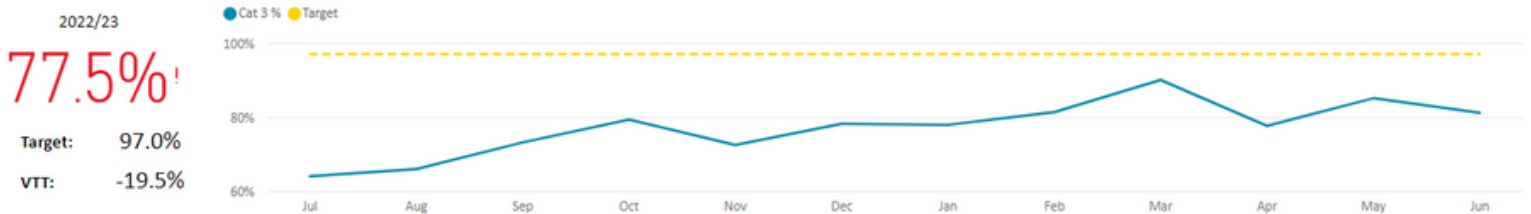
Elective Surgery Access Performance: Elective Surgery Patients Treated on Time Category 2 %



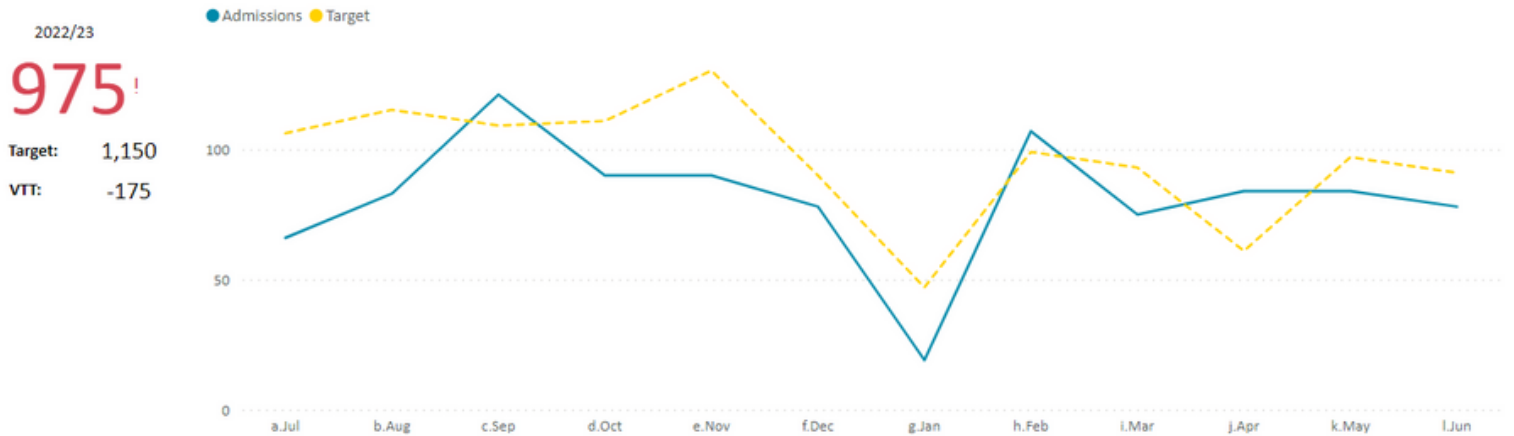
# Review of performance against 2021-2022 NSW Health KPI

## NSW Health Outcome 4: People receive high-quality, safe care in our hospitals

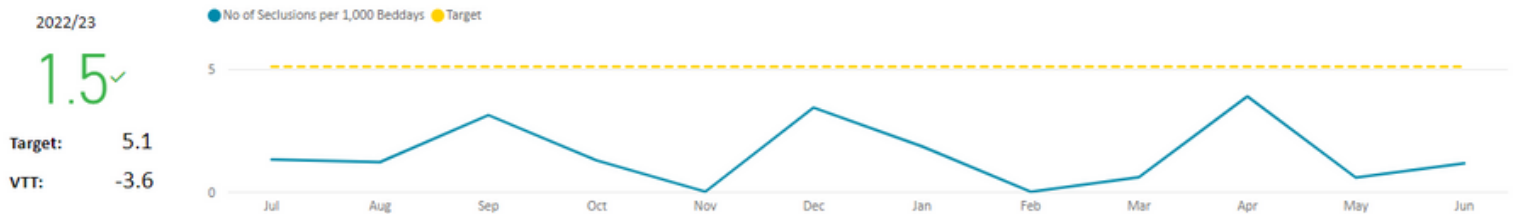
Elective Surgery Access Performance: Elective Surgery Patients Treated on Time Category 3 %



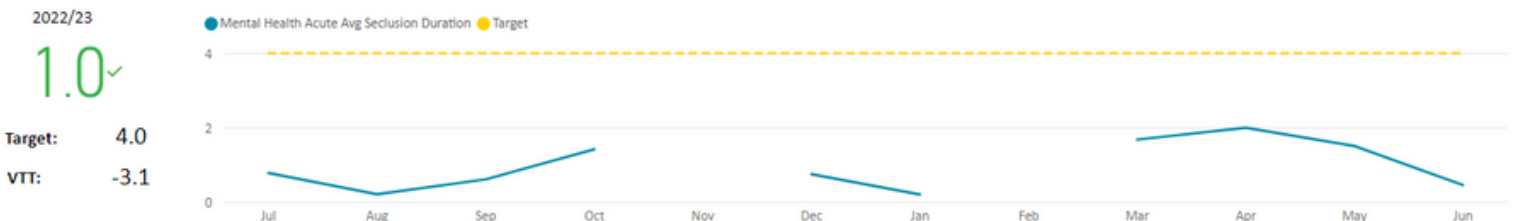
Paediatric Admissions from Elective Surgery Waiting List (number)



Mental Health Acute Seclusion Occurrence - Episodes (per 1,000 bed days)



Mental Health Acute Seclusion Duration - Average (hours)



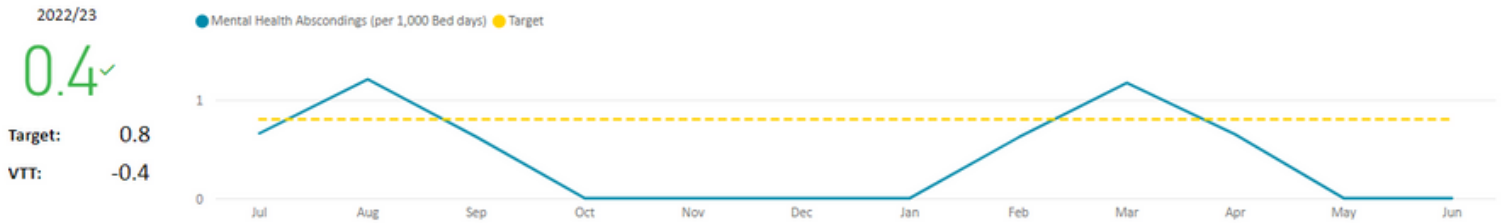
Mental Health Acute Frequency of Seclusion %



# Review of performance against 2021-2022 NSW Health KPI

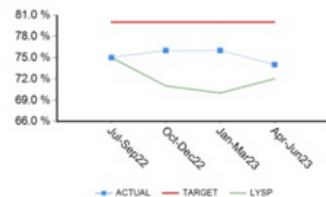
## NSW Health Outcome 4: People receive high-quality, safe care in our hospitals

Mental Health - Involuntary Patients Absconded (per 1,000 bed days)

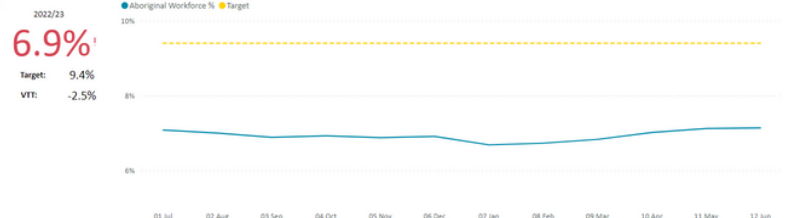


KS3202 Mental Health Consumer Experience: Mental Health consumers with a score of Very Good or Excellent (%)

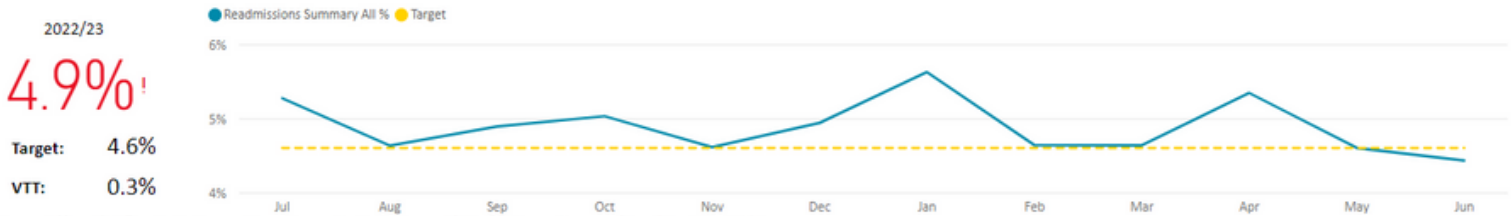
Apr-Jun23	Target	Variance	% Var	Perf	LY
74.0 %	80.0 %	-6.0 %	-7.5 %	⚠️	72.0 %



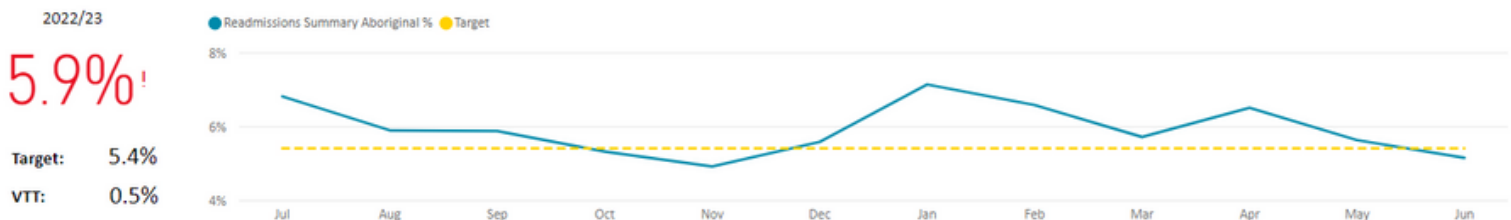
WNSW LHD Aboriginal Workforce Participation



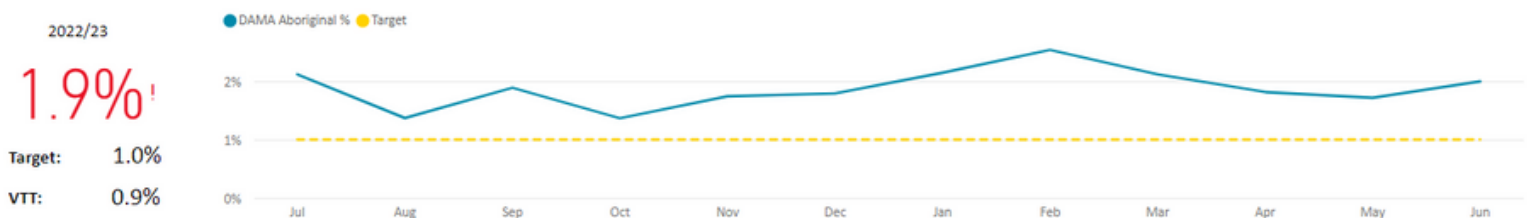
Unplanned Hospital Readmissions: all unplanned admissions within 28 days of separation All (%)



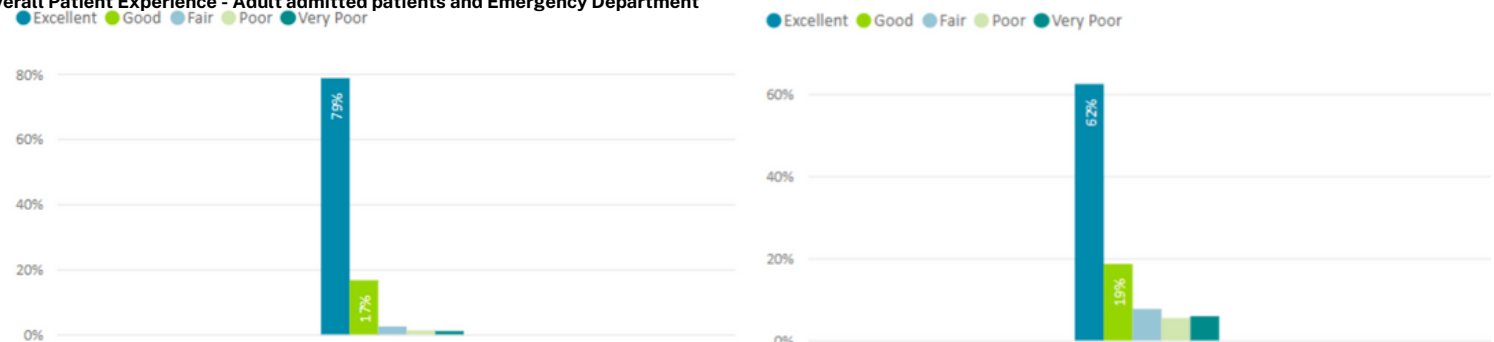
Unplanned Hospital Readmissions: all unplanned admissions within 28 days of separation Aboriginal (%)



Discharged against Medical Advice for Aboriginal Patients (%)



Overall Patient Experience - Adult admitted patients and Emergency Department



# Review of performance against 2021-2022 NSW Health KPI

## **NSW Health Outcome 5: Our people and systems are continuously improving to deliver the best outcomes and experience**

The data for a number of the following KPI is sourced from the annual NSW People Matter Employee Survey which seeks to obtain information from employees about their experience and perceptions of a range of workplace issues and practices, including management and leadership, service delivery, employee engagement, diversity and inclusion, public sector values, and unacceptable conduct.

<b>Workplace Culture - People Matter Survey Culture Index</b> - Variation from previous year (%)	61% in 2021 and 60% in 2022
<b>Take Action - People Matter Survey</b> - Take action as a result of the survey - Variation from previous year (%)	41% in 2021 and 41% in 2022
<b>Staff Engagement - People Matter Survey Engagement Index</b> - Variation from the previous year (%)	65% in 2021 and 54% in 2022
<b>Staff Engagement and Experience - People Matter Survey - Racism experienced by staff</b>	7% in 2022
<b>Staff Performance Reviews</b> - within the last 12 months (%)	56.69% - 3,474 out of 6,128 eligible employees
<b>Recruitment</b> - Average time taken from request to recruit to decision to approve/decline/defer (business days)	5.3 Business Days
<b>Employment of Aboriginal Health Practitioners</b> (Number)	17 Practitioners currently employed
<b>Compensable Workplace Injury</b> - Claims	Reduction of 0.45 per 100 FTE from 21/22 to 22/23
<b>Research Governance Application Authorisations</b> - Site specific within 60 calendar days - Involving greater than low risk to participants (%)	42 Days
<b>Ethics Application Approvals</b> - By the Human Research Ethics Committee within 90 calendar days - Involving greater than low risk to participants (%)	84 Days

# Future Safety and Quality Priorities



Some of the team from the newly developed Dementia Awareness and Support Team.

The new team will support people living with dementia and their support persons to enable them to lead an active and meaningful life and support them through the health system.

## MHDA Gradstart Revitalising the Workforce

In order to address the challenges of providing a skilled mental healthcare workforce, while improving outcomes for consumers, staff wellbeing, and mental health nursing culture the MHDA Gradstart revitalising the workforce project commenced. By redesigning the new graduate program, and incorporating scenario-based learning, simulation, reflective practice, planned skill development and establishing a partnership with the University of Notre Dame Australia, this work sets our district apart from others in Australia and offers greater value to successful applicants. The comprehensive approach to recruitment and retention will enhance service delivery for the future and supports the professional development of both new and existing staff. This work embraces collaboration, fosters innovation, demonstrates creativity and adaptability, and a commitment to improving MHDA. The project has improved patient outcomes by attracting and retaining, the best applicants, and developing highly skilled new graduate nurses, leading to enhanced quality of care. Innovative approaches like scenario-based learning and reflective practice have empowered nurses, increasing confidence and enhancing practice. Partnership with the university provides external commitment and academic rigor. Our program is developed to meet the needs of our community, and has cultural competence embedded improving experiences for Aboriginal people and disadvantaged groups, addressing health inequities.





# PharmAssist: Elevating the Pharmacy Technician Role in Medication Safety

The PharmAssist project was developed to evaluate the impact of integrating appropriately trained pharmacy technicians on the completion of a best possible medication history and patient friendly discharge medication list on the cardiovascular and medical wards at Orange Hospital between January 1st to May 31st 2023.

Pharmacy technician training resources were developed to provide a structured framework to the service model and delivery. The technician developed a roster to allocate time to the service whilst maintaining baseline roles and responsibilities. The technician developed a mentor/mentee relationship with the ward pharmacist on the medical and cardiovascular wards and assisted with admission and discharge tasks according to factors such as the number of discharges and/or patient need(s). The technician spent a total of 40 hours on the wards over a five month period of time, assisting with 18 patient friendly discharge medication lists, undertaking 28 best possible medication histories on admission and assisting six patients with webster pack education. Nine of these interventions took greater than 30 minutes which is a significant amount of time saved for the ward pharmacist.

A collaborative pharmacy approach to patient care via an extension of the traditional technician role can function to improve medication management at the transition of care. Whilst the provision of pharmacy services on the wards is not a new concept, this project represents the beginning of a new pathway for pharmacy technicians to play a role in medication reconciliation and the provision of discharge services such as webster pack education on transfer of care.



Jennifer Culverson, Cassey Ford, Anne Reynolds from the PharmaAssist team

# Hepatitis C - Cure is within your reach

This project highlights how mobility, point of care technology and Nurse led models of care improves access to Hepatitis C Virus (HCV) testing and treatment. Collaborations with key stakeholders, provided access to at risk populations using the Mobile Van Service. POCT provides reliable, finger stick testing with results in 20min - 1 hour. The Nurse Practitioner completes assessment if positive and provides script for direct acting antivirals same day.

Since March 2022; 193 POC tests attended, of which 24 were PCR positive (12.4% prevalence). Of these, 21 have been scripted (87.5% treatment rate). Demographics showed 70% of people identified as Aboriginal or Torres Strait Islander, 17 people were homeless, 65% of people reporting current or past injecting practices. 93 had a history of past HCV infection and 47 people were previously treated for HCV.

Innovative technology with a mobile and collaborative team highlights that testing and treatment can be achieved in this often seen as 'hard to reach' population. This testing modality is highly acceptable to participants. Mobility is required to reduce the geographical disadvantage as well as providing culturally appropriate care around this very stigmatised but curable illness.



## Welcome Baby to Bourke

To welcome our babies back into the Bourke community a cultural ceremony with families and communities was established. The ceremony focusses on alleviating the cultural disconnection experienced by Aboriginal women from not birthing on country, and establishing a cultural connection for babies and children.

The Welcome Baby to Bourke Ceremony is facilitated by Aboriginal Elders and Health staff and includes a traditional welcome, a formal welcome and a presentation of the children to the community. The whole family are involved and supported by other community members and importantly acknowledged by our Aboriginal Elders which provides the carriage for strengthening family capacity.



The number of babies registered to attend the ceremony has increased from 32 in the first year to 35 in the second year. Results from the initial evaluation highlighted the need for older children to have a special welcome ceremony and, in the second year, 137 older children (3yrs – 21yrs) were Welcomed to Bourke with involvement from the Bourke community of both Aboriginal and Non-Aboriginal people.

The Welcome Baby to Bourke ceremony continues to thrive and aligns with the WNSWLHD Closing the Aboriginal Gap Action Plan.





## Remote Mobile CT Service

The aim of this project was to deliver access to Computer Tomography (CT) to residents of remote communities in the North West reaches of our LHD. The innovative solution was to provide a CT scanner mounted in dedicated housing on a rigid truck, creating the first mobile CT scanner in NSW and the first servicing hospitals in Australia. The project was first proposed in 2011 by Dr Albert Gutmann, funding was secured and led to an order being placed in December 2020. In May 2023 the mobile CT scanner was delivered to the LHD and commenced its rotations between Cobar, Walgett and Bourke MPS's. The service increases access to a critical diagnostic service, by providing a CT within the community, decreasing anxiety, discomfort and financial burden associated with long travel times (8hour round trips). It's a technology-led innovation that provides equity of access to high-end diagnostics for patients living in remote communities and will help clinicians diagnose, manage, and treat acute and chronic health.

From concept to implementation the stakeholders involved was endless. Without collaboration both internal and external to the LHD the project would not have been able to be delivered. It required open input from many stakeholders to realise what was possible and importantly work out how we could overcome the barriers that were presented.

Introducing this service recognises and respects: -The difficulties that remote communities face in accessing high quality health care -wherever possible, to provide health care "on country" for Aboriginal communities.

This project empowers patients living rurally to choose to access a vital test locally without being worried about the burden of travel. It enables rural GPs to better consider the immediate health needs of the patient rather than the impact of travel.

# WNSWLHD Governing Body Attestation Statement

Submission of this attestation statement annually is a pre-requisite to accreditation of the organisation being assessed against the National Safety and Quality Health Service Standards. The WNSWLHD Chief Executive and Board Chair for WNSWLHD signed the Attestation Statement in August 2023.

## Western NSW Local Health District



This attestation statement is made by Mr Matthew Irvine

*Name of office holder/member of Governing Body*

Holding the position/office on the Governing Body Chair, Western NSW Local Health District Board

*Title of officeholder/member of Governing Body*

For and on behalf of the governing body titled Western NSW Local Health District Board

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

Western NSW Local Health District

*Health service organisation name (the Organisation)*

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

## Western NSW Local Health District



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.

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

Chair, Western NSW Local Health District Board

Date

08/08/23

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

Signed

Position

Chief Executive, Western NSW Local Health District

Name

Mark Spittal

Date

08/08/23

Counter signed by Health Care Quality Committee Sub Committee of Western NSW LHD Board Chairperson:

Signed

Position

Chairperson, Health Care Quality Committee

Name

Amanda O'Brien

Date

10/07/2023

Thank you for taking the time to read this 2022-2023 Safety and Quality Account.

We are proud to share with you the achievements made in the last 12 months and the work we will continue to progress to provide world class rural health care.

We value your feedback on this Safety and Quality account and please let us know what information you would like included in the future.

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