

Nepean Blue Mountains
Local Health District



Safety and Quality Account

Reporting on 2022/23
Future priorities 2023/24

November 2023

www.nbmlhd.nsw.gov.au



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

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

We celebrate their strength and enduring connection to culture.

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Our Commitment to Safety & Quality



Message from Board Chair and Chief Executive

The 2022-23 year has seen the continued transformation of our clinical services and facilities. Earlier this year at Nepean Hospital we opened our brand-new emergency department. Our staff worked tirelessly throughout the complex move and we are incredibly thankful for their efforts in safely relocating the department while continuing to provide high quality care for our community.

We have continued to strengthen our consumer input. Our new Strategic Plan was focused on consumer participation in its development and the result is a robust plan that will guide our services and facilities for the next five years.

Simple improvements such as the extension of the Nepean Cancer and Wellness Centre's pathology hours as well as expanding our video interpreting service, has supported an improved experience for our consumers.

In Oral Health, we achieved the best performance in the state for our NSW Primary School Mobile Dental Program. More than 59 primary schools were visited and more than 16,000 children were offered the dental preventative services in our District.

Our achievements have been characterised by the leadership of our former Chief Executive, Kay Hyman who recently retired after 12 years of dedicated service. Kay had a remarkable ability to foster collaboration, engage stakeholders, and advocate for patient-centric care. Thank you to Kay for her leadership and dedication.

Even more achievements are on showcase in this Account for the 2022-23 financial year, along with insights into our future projects planned for the 2023-24 financial year.

Together, with our extraordinary team of clinicians, doctors, nurses, administration staff and executive we are committed to achieving better health for our community.

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

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

Message from Dr Nhi Nguyen Chairperson, Health Care Quality Committee

It is hard to believe that it has been over three years since the declaration of a worldwide pandemic. Throughout that period, the dedicated staff across the NBMLHD continue to strive each day to provide the highest quality care for patients and their carers. It has not been without its challenges. Despite the recognised workforce challenges which are not unique to our local health district, there has been a lot of excellent achievements. These achievements are across the whole district as well as all disciplines.

As Chairperson of the Health Care Quality Committee (HCQC) of the Board of Nepean Blue Mountains LHD, I am pleased to endorse the 2022-2023 Safety and Quality Account. The accreditation process at the end of the reporting period provided an opportunity for all staff to reflect on our governance, reporting and monitoring structures. It was a timely reminder for all that the policies, procedures and auditing process provide a foundation on which we can continue to deliver the highest quality, evidenced based and safe care for our patients.

The active involvement of our Health Consumer Representatives supports the staff of the LHD to prioritise care to deliver outcomes which are important to our patients and their carers.

Reflecting on the feedback from our staff allows us to continue to provide a work environment which supports our staff to do their jobs to their best ability.

I take the opportunity to thank all our staff who work hard every day. I would like to also thank our newly retired Chief Executive, Kay Hyman, who led our organisation with care and compassion for both our patients and all staff. The provision of health services to our community takes a commitment from all of us. We are stronger as the sum of individuals and we each can and do make a difference in our various roles each and everyday.

Health Consumer Representative Program

Health Consumer Representatives play an important role in the patient care continuum from presentation to discharge and beyond. The NBMLHD Consumer Representative program (“the Program”) has continued to fearlessly collaborate with clinicians and executives alike during the last 12 months bringing lived experience, knowledge and skills into the healthcare conversation.

COVID has continued to place pressure on the broader NSW Health system. The flow on impacts for patient-centred care have presented ongoing challenges with face-to-face engagement across the District. The wonders of modern technology have allowed the Program to operate unabated.

The Health Consumer Representatives developed hashtag [#consumerdriven](#) is a primary focus for our ongoing Program involvement. Highlights for the Health Consumer Representatives cohort include:

- Participation in the NBMLHD National Safety & Quality Health Service Standards Accreditation process, focusing on Standard 2 “Partnering With Consumers”. Great feedback has been received from the Standard 2 Assessor about the NBMLHD Program.
- Health Consumer Representatives membership of the NBMLHD Disability Consumer Council. The Council’s primary role is to act as the peak community body in relation to systemic matters affecting the Disability Inclusion and Service Provision of the District.
- Maintaining monthly Health Consumer Representative coordinated Consumer Workshops using available technology platforms, face to face engagement, or a combination of both. These meetings are working on revising the NBMLHD Consumer Engagement Framework and input into Patient Experience Survey questions.
- Broad engagement in NBMLHD Governance Committees, patient safety and quality and consumer reference groups to bring a patient focused lens on the District’s healthcare services.
- Increased use of social media engagement, including podcast interviews with senior executives and clinicians to broaden the awareness of HCR involvement across the District and reinforce the importance of consumer engagement in healthcare.
- Ongoing consumer engagement in key NSW Health initiatives, including the use of virtual care in the delivery of healthcare services.
- Review of key NBMLHD policy and service documentation, including the review contribution of the Get Involved Health Consumer Representatives.
- Recruitment of new Health Consumer Representatives across the District.
- Continued input into the Nepean Hospital Redevelopment Consumer Committee for Stage 2.

“Being a Health Consumer Representative in the NBMLHD is a fantastic way to contribute to the safe, high quality and uncompromised delivery of patient healthcare.”

Matt Roger
Health Consumer Representative



“We have developed and maintained a strong partnership with the NBMLHD healthcare services and staff.”

Julie Russell
Health Consumer Representative

District overview

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

Population snapshot

7.6%	projected population increase by 2033	4.7%	of the District population identify as Aboriginal and Torres Strait Islander
5	top health issues cancer, circulatory disease, respiratory disease, injury & poisoning, mental disorders	5,000	approximate number of births to residents recorded each year
11%	population over 70 years of age	9,719	km ² size of the District with 387,316 residents calling it home
20%	community members were born overseas	14%	community members speak a language other than English

Seventy per cent of our 6,647 dedicated staff reside locally, either in the local health district, or its surrounding postcodes.

Presentations to the Emergency Department	Elective surgeries	Babies born
139,924	12,841	4,434
Admissions to hospital	Community and outpatient occasions of service	Emergency surgery procedures
85,094	1,266,961	8,569

Data source: Cerner and iPM



2022-2023 Report



Safety and Quality Processes and Systems

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

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

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

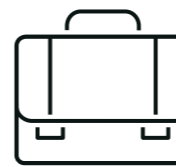
The NBMLHD committee and reporting structure provides the overall governance for safety and quality. The mapping of



1

NBMLHD Board

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



2

Health Care Quality Committee

The Health Care Quality Committee is the peak safety and quality committee for NBMLHD and is a sub-committee of the Board. The Committee is chaired by a member of the Board with a membership of senior facility and service representatives, Board members, Executive, clinicians, consumers, and Clinical Governance Directorate.



3

Clinical Governance Directorate

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



4

Patient Safety and Quality Managers (Business Partners)

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

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



5

National Standard Governance Committees

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



6

Facility and Service Patient Safety and Quality Committees

Facility and Service PS&Q Committee meetings are held regularly and report to the District's Health Care Quality Committee. This helps to monitor and continuously improve the quality and safety of health care and service provision.

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



7

Facility and Service Patient Safety and Quality Plans

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



8

Morbidity and Mortality Meetings

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

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

Snapshot of Achievements

Summary of achievements that have improved Quality and Patient Experience

Allied Health

Occupational Therapy

The Occupational Therapy outpatient assessment clinic was introduced to provide support to people in the local health district to access the National Disability Insurance Scheme (NDIS).

This clinic has demonstrated a 92.5% acceptance rate compared to the national average of 75.5%. This access results in less likelihood of hospitalisation, less likelihood of experiencing crisis and better quality of life for our community.

Safety and quality planning processes are managed through the allied health team leader meeting and departmental meetings.

Research

Research Strategy & Implementation Plan

The Research Strategy & Implementation Plan was officially launched in December 2022. The Plan supports existing research and further develops the District as a research-focused organisation. This lays the foundation for developing and implementing evidence-based best practice to drive innovation in systems and care across NBMLHD, driven by and tailored to community needs and expectations.

Blue Mountains

Australasian Rehabilitation Outcomes Centre Certificate of Achievement awarded to Blue Mountains District Anzac Memorial Hospital for Excellent Outcomes in Stroke NSW Public Rehabilitation Service.

Nepean Hospital, Division of Women & Children's Care

The move of services to Building A in June 2022 brought with it improved care options for women in labour.

Increased access to waterbirth and other, natural women centred therapies are supporting pain relief in labour. New services established include:

- The Early Pregnancy Service within the Women's Acute Assessment Unit (WAAU) for follow up appointments after women have presented to either their GP or Emergency Department.
- Level 1 Women's operating theatres which allows better access and a streamlined service for women who are having an elective or emergency lower segment caesarean section.
- Neonatal Services has improved space enabling family centred care. Part of this improved consumer partnership includes the 'Maternity Stay' initiative where mothers board on the ward after discharge to remain close to their babies who are in Neonatal Intensive Care (NICU) or Special Care Nursery (SCN). For inpatient mothers, partners are able to stay and be included in the postpartum period.

Virtual Care

- Successful application to the Sustainable Futures Innovation Funding grant by our Virtual Care service and Multicultural Health. The grant is supporting the implementation of video interpreting in Women and Children's outpatient services with equipment. It is anticipated a reduction in kilometres travelled and carbon emissions saved will be realised from reduced interpreter travel. 36 episodes of video interpreting were conducted in the first 3 months of use.
- Portable Visionflex devices implemented in Primary Care and Community Health provide high quality images that are livestreamed from the patient and their supporting clinician to specialty care.
- The Telestroke initiative was expanded to include inpatient units of Lithgow and Blue Mountains Hospital to improve timely access to specialised treatment for patients.
- myVirtualCare patient surveys collected voluntarily and anonymously at the end of consultations have helped services understand and improve care delivery.



Safety & Quality planning processes and governance

- Video interpreting has expanded to a number of additional services. This has increased patient access to interpreters, supporting the evidence-based approach of an improved experience compared to telephone interpreting.

Oral Health

Oral Health has achieved the best performance in the NSW Primary School Mobile Dental Program with more than 59 primary schools visited and more than 16,000 children in the District offered the dental preventative services.

Planning & Safety & Quality Processes

Development of the NBMLHD Strategic Plan 2023-2028

The strategic outcomes and key objectives in our new Strategic Plan align to *Future Health: Guiding the next decade of care in NSW 2022-2032*. Future Health is the roadmap to achieve NSW Health's vision. Our Strategic Plan outlines how our District will contribute to achieving the goals described in Future Health. These are linked to six strategic outcomes:

1. Patients and carers have positive experiences and outcomes that matter
2. Safe care is delivered across all settings
3. People are healthy and well
4. Our staff are engaged and well supported
5. Research and innovation, and digital advances inform service delivery
6. The health system is managed sustainably.

Extensive consultation throughout the development of the plan and additional workshops helped inform the work in progress and actions against each strategic outcome and key objectives.

Coordination of annual operational planning for the District

Each year our facilities and services develop an operational plan. These annual operational plans identify the key actions and initiatives the service intends to implement to enhance the care they provide to their patients. These plans also demonstrate how services are working to support the implementation of the Strategic Plan and other priority objectives. They also contribute to the organisation's future priorities.

Operational plans have been updated to align with the deliverable actions in the NBMLHD Strategic Plan 2023-2028.

Updates on these actions are reported quarterly through executive leadership teams to the NBMLHD Board. As part of the governance processes, actions identified as 'at risk' or 'missed timeframes', are reviewed to understand and address barriers to delivering actions.

Clinical Governance Framework

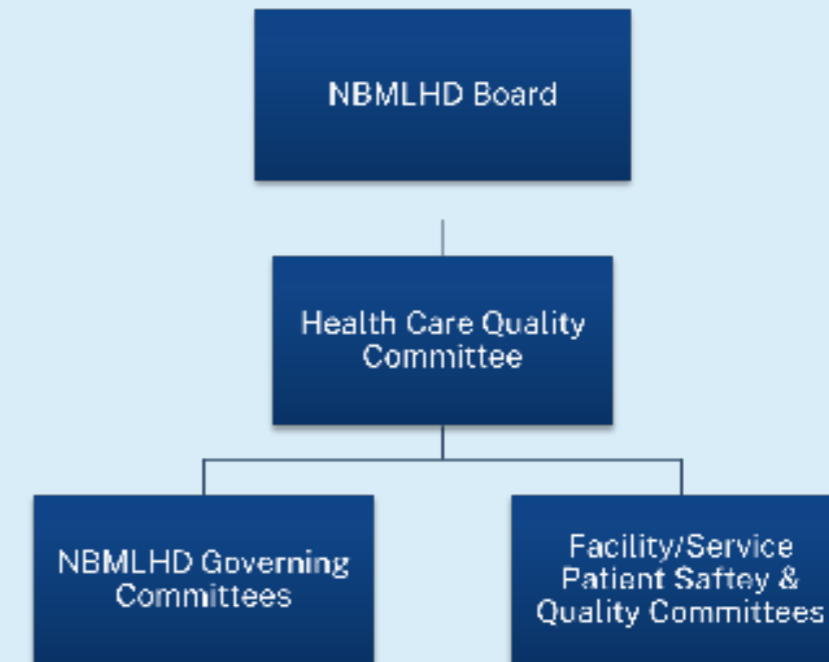
The framework ensures patients and consumers receive safe and high-quality health care by describing the elements that are essential to achieve integrated corporate and clinical governance systems.

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

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



Patient Safety and Quality Governance Structure



Roles and responsibilities

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

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

Group	Role	Who
Patients and Consumers	• Partners in the delivery of care. They are confident that clinicians and the organisation will deliver safe high quality care.	• Patients, Clients, Consumers, Carers
Non-Clinical Staff	• Identify and participate in opportunities for continuous quality improvement. Work effectively in a team. Communicate respectfully to patients, carers and colleagues. Report incidents and near misses. Be aware of responsibilities and various systems of reporting.	• Administration, Cleaning, Security, Maintenance & Technical staff, Support services
Clinicians	• Work in clinical teams and with patients to deliver and continuously improve safe, high-quality care. They maintain their skills and performance and are confident their colleagues and the organisation will support them in their delivery of safe, high quality care.	• Nurses, Doctors and Allied Health clinicians of all specialities and levels
Managers	• Leads and coordinate the workforce and implement well designed systems for the delivery of care.	• Directors Of Nursing, Clinical Leads, Heads of Dept, Operations Managers, Nurse Managers, NUMs, Team Leaders, Health Service Managers, Allied Health Managers, After Hours Managers
Governing Bodies	• Establish strategic and policy frameworks, lead organisational culture, oversee management performance, monitor organisational accountability.	• NBMLHD Board, Board Subcommittees, Chief Executive, Tier 2 Executive, General Managers, Service Directors

Achievement through Priority Initiatives

In 2022/2023 we implemented many projects and initiatives to improve patient safety and quality of services.

Oral Health

- Reduced the number of patients outside the maximum recommended wait time from 40% to less than 2%.
- Achieved 105% of the full year dental activity target.
- Digital dentistry established as a mainstream mode of treatment for patient care making Nepean Centre for Oral Health one of the only public dental facilities in NSW that provides this modality of dental care.
- Location of first CEREC CAD/CAM electives for University of Sydney students offered under the supervision of Oral Health staff.

Surgery and Anaesthetics Nepean

Aboriginal Outreach Program

- Improved access to Ear, Nose & Throat (ENT) services for Aboriginal children aged <16years with Greater Western Aboriginal Health Service. Six children a day reviewed with surgery proceeding on 9 children since February 2023.

Enhanced recovery after surgery (ERAS)

- Reduced length of stay from 29 days to 18 days through National Surgical Quality Improvement Program (NSQIP).
- Adopted preadmission education, preoperative glucose loading, early mobilisation, and early removal of lines to reduce rates of infection.

Population Health

Pilot Body Positive Library Research Project

- Established a body positive library in April 2022 with the aim of reducing the stigma of children living above a healthy weight. Picture books for children 5-11 years were chosen as an engaging way to address body positivity and weight-related stigma.

Leading Better Value Care

- Established Value Based Healthcare Executive Steering Committee.

Chronic Wounds Initiative

- District Chronic Wounds governance model established.
- Chronic Wounds Working Group formed with representation across all LHD services and facilities.
- Comprehensive self-assessment against Ministry of Health Standards for Wound Management as well as consumer consultation completed.
- Chronic Wounds Action Plan endorsed and submitted to the Agency for Clinical Innovation and Ministry of Health in March 2023.
- The Leading Better Value Care Chronic Wounds Initiative has moved into implementation phase.
- Over the next 2 years, the Action Plan will be implemented and will improve care for consumers in the District who suffer from a chronic wound or are at risk of developing a chronic wound.

Statewide Initiative for Diabetes Management

- Established Joint Diabetes Governance with the Nepean Blue Mountains Primary Health Network.
- Completed review of local data to determine target cohorts; stakeholder consultation; and diabetes service and project mapping for the Nepean Blue Mountains region.
- Local LHD and Primary Health Network Diabetes Strategy and Implementation plan was endorsed and submitted to the Ministry of Health in June 2023.

Allied Health

Outpatient Neurology Exercise Group “Safe n Strong”- Blue Mountains Hospital

- Established Safe n Strong service for people with neurological conditions or complex orthopaedic conditions. The group sees outpatients as part of a 8-week rolling program with the senior Rehabilitation Physiotherapist and an Allied Health Assistant.

Medical Division

Renal Services

- Opened the first night shift in a public hospital inpatient dialysis unit in NSW to provide extra capacity to dialyse patients in our community.
- Providing haemodialysis treatments at night frees up patient days for activities that matter most to them, improving their quality of life. This also allows for longer treatment sessions that are known to improve clinical outcomes.
- Since the commencement of night shift, not only do patients have additional options for treatment times, but new patients can also be accommodated within the service at short notice.

Endoscopy

- First Endoscopy Clinical Nurse Consultant employed to establish an efficient Direct Access Colonoscopy service for our local community.

Primary Care and Community Health

My Care Plan

- My Care Plan was developed in consultation with consumers to promote consumer-led goal setting and action planning specific to the multidisciplinary services provided by Community Health Care.
- A working group reviewed forms that were to be completed for new clients. Four forms were integrated, reducing nine pages to a two-page document which would also enable increased workflow efficiencies, improved user engagement as well as compliance with both the revised Aged Care Standards and the National Safety and Quality Healthcare Service Standards.
- A trial of the My Care Plan form commenced with feedback from CHC staff and consumers to be collected. This collective evaluation will be analysed and used to guide future My Care Plan implementation. (Standard 5/ Healthy People and Communities).

Emergency to Community Program

- Clients who presented to the Emergency Department more than 10 times in the previous 12 months were referred to the program. As of June 2022, 73% of participants showed a reduction in Emergency Department presentations following intervention.

Overall number of Emergency Department visits for participants reduced from 761 visits to 565 visits, a reduction of 36%.

Medical Imaging

Lithgow MRI

- MRI service commenced in December 2022. To date, over 1,000 patients have been scanned and the first general anaesthetic list was completed in May.
- Service has decreased wait times for patients, and provided access within their LGA with positive feedback received verbally and in writing.

Cancer Services

- Survivorship Clinic implemented for patients who have undergone treatment for head and neck cancers. This clinic provides support & follow up to this cohort of patients who are often socially isolated and lacking supports.
- Centre's pathology hours extended to accommodate consumer needs. Consumers fed back that usual business hours were restrictive to those who were working during their treatment.

Mental Health

Pride week grand rounds and academic seminar.

- An LGBTQIA+ themed Grand Rounds and Academic Seminar was conducted in February 2023 during Pride week. Each event had over fifty attendees in person/virtually and facilitated discussions that might otherwise be difficult to have.

Patient and Consumer Experience

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

Oral Health

- Introduced Patient Reported Experience Measures as a commitment to providing enhanced patient centred care. Patient survey feedback is used to inform improvements to the patient experience. Evaluation of results are provided to the Safety and Quality committee which has consumer representation.
- Implemented Patient Reported Outcome Measures, a form completed by clinicians as part of their initial consultation and at the end of treatment. It is used to help guide clinicians in treatment planning and to understand if the dental care received helped improve a patient's quality of life. Evaluation of results are provided to the Safety and Quality committee which has consumer representation.

Blue Mountains & Springwood Hospitals

Refurbished Blue Mountains and Springwood hospitals' Palliative Care Suites. Aboriginal artists were commissioned to create indigenous artwork for Palliative care setting.

Surgery and Anaesthetics Nepean

Timely access to theatre processes were reviewed after the division identified negative patient feedback trends. Previously, patients seen in Emergency and presenting 'next day' for a procedure waited many hours for a bed and treatment. Now, patients who present for 'next day' surgery have easy access to the day only unit each morning and are managed through the emergency list. The Division of Surgery have seen an enhanced patient experience and a decrease in complaints regarding access.

Population Health

Video Interpreter Project

As a partnership between our Multicultural Health Service, Virtual Care team, Western Sydney Local Health District Health Care Interpreter Service, and Deaf Connect, a 12% increase in the provision of video interpreting has been recorded between 2022 and 2023. A 20% decrease in the use of telephone interpreting has been recorded for the same period.

Leading Better Value Care (LBVC)

- The Community & Integration Directorate had a strong focus on consumer input in service and program design which has been well supported by the Community Engagement Manager and the Aboriginal Health Unit.
- Within the LBVC Chronic Wounds initiative, one-to-one consumer interviews inform the District Chronic Wounds action plan. Consumer interviews were conducted with people of diverse backgrounds and included Aboriginal people.

Division of Women's and Children's, Nepean Hospital

A birth buzzer has been introduced after feedback from consumers said they felt overwhelmed with multiple people entering the birth room. Previously the birth and emergency buzzer sound was the same. Now, when the birth buzzer sounds, only the midwife in-charge responds to help reduce the number of people in the space.





Mental Health

Advance Statements

After a rigorous co-design process, in collaboration with the Social Policy Research Centre at the University of NSW, Mental Health launched a procedure and co-designed form for the use of Advance Statements for people who may require emergency treatment/support for a mental health concern. This aligns with Standard 2: Partnering with Consumers, particularly the Criterion: Partnering with patients in their own care.

Strategic & Planning Office

Nepean Redevelopment

As part of the Nepean Redevelopment, the Consumer Engagement Project Working Group monthly meetings are held to seek consumer input into the design and functional requirements of new facilities. This includes providing updates in relation to upcoming works, surveys through social media and supporting a codesign approach in specific areas.

Allied Health and Disability

Disability Consumer Council

Established the Disability Consumer Council to provide a forum for people with disability to have their say about improvements and changes in health care. Members have contributed to the Disability Improvement Action

Plan, provided feedback regarding access within the new Nepean Emergency Department and Building A, participated in International Day of People with Disability celebrations and advised regarding Patient Feedback and Complaints processes.

My Health My Communication

This consumer collaboration project with Dare Disability is improving communication in health for people with intellectual disability and acquired brain injury. Consumers have worked with hospital staff to develop and refine communication tools to assist transitions into health care. The project is now entering the evaluation stage.

Consensus Guidelines for Best Practice in Dementia Assessment, Treatment and Support

Between January and May 2023, a Delphi study was conducted with dementia health care, research and lived experience experts to identify key recommendations and priorities for future dementia services. In total, 42 dementia experts participated in the study, including 20 individuals with lived experience of dementia. Fifty-seven priorities and 10 considerations were derived from participants' recommendations under four overarching themes related to service delivery, education/training, research and building design/location. Study outcomes are currently being integrated into a new model of care being designed for the Cognitive Disorders Clinic at Nepean Hospital.

Nepean Emergency Department

Left at Own Risk/Did Not Wait Project

10% of patients that present to Nepean Emergency Department Left at Own Risk or Did Not Wait for treatment. It was identified that there is no way of measuring the experience or reasons why patients Left at Own Risk or Did Not Wait. In partnership with GoShare, Nepean ED developed a survey that is sent out to patients that Left at Own Risk or Did Not Wait to identify why and develop interventions that may improve the patient experience and reduce the occurrence.

Medical Imaging

Patient Satisfaction Surveys

Patient satisfaction surveys are now delivered using a QR code to increase response rates and support better data collection. Results will be used to inform Quality Improvement projects. This replaces current paper-based satisfaction surveys at Blue Mountains, Lithgow and Nepean Hospital Medical Imaging, Nuclear Medicine and PET Departments. Results will be used to inform quality projects for sites and modalities.

Interventional Radiology Ward Rounding

Inpatient ward rounding has seen patients reviewed post procedure to ensure their clinical progress is monitored by the Radiology team. Patients can ask questions about their procedure and provide feedback on their experience. This information is collated and areas for improvement acknowledged, addressed, and presented at relevant meetings. Improvement in procedural pain management has been a result of rounding and feedback.

Research

Consumer and community involvement and engagement in research at NBMLHD

- The first strategic aim of the inaugural Research Strategy and Implementation Plan is partnering with the community to undertake research that is inclusive, engaging, accessible and addresses an expressed local need. A small project to understand what research is important to the NBMLHD community has commenced.
- A research focussed consumer and community engagement policy is set to be developed in the next 12 months.
- Two consumer representatives have been welcomed to the Board Research Subcommittee.

Lithgow Health Service

- To strengthen engagement with the Aboriginal and Torres Strait Islander community, meetings were held via the Koori' Café which included eye checks and flu vaccinations.

- Community members were also involved in planning artwork for the facility, garden planting and development of a memorial garden.
- The HappyorNot Consumer Feedback system is rotated around Lithgow Hospital and has been located at the entry of the Inpatient Unit 1 March 2023 to 31 May 2023. There were 239 responses received with a Happy Index of 78, 79% (189) were happy and 21% (40) were unhappy. There is also opportunity for written feedback and this is acted upon immediately.

Drug & Alcohol

A patient survey developed and endorsed by the Drug & Alcohol Aboriginal Advisory Committee has been implemented by the Aboriginal Health Practitioner which seeks to find out why Aboriginal patients Discharged Against Medical Advice (DAMA) from the Inpatient Ward. Feedback is used to increase understanding of individual needs of Aboriginal clients, and to reduce rates of DAMA through increased collaboration. Since the recruitment of the Aboriginal Health Practitioner, there has been a significant decrease in DAMA with only one in the last quarter.

Intensive Care Unit (ICU)

CARE Project - ICU Family Support Bundle

A patient and family feedback project conducted from August 2022 to January 2023 saw a total of 123 surveys returned from 795 discharges, a 15% response rate. Results showed that although patients and families were overall very satisfied with the care provided in ICU, an area of improvement was the communication between the medical team and families.

To improve the experience of ICU patients and their families, an ICU CARE bundle is being developed. This bundle consists of four projects which cover the span of the patient journey:

- Patient admission to the ICU
- Care during ICU
- End of life care
- Discharge from ICU

A workplace culture that drives safe and quality care

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

Blue Mountains & Springwood hospitals

Fidelity Simulation Training Unit

A high-fidelity simulation training unit at Blue Mountains Hospital with the capacity for video recording and debriefing has been established. The unit trains multidisciplinary teams on topics across the life span including newborns, paediatrics, and adult patients. The facility can now offer the Australian College of Critical Care Nursing Adult and Paediatric Advanced Life Support training across the District and through the electronic training system.

Drug & Alcohol

A funding grant to improve service delivery through staff completion of LGBTQIA+ training was received, with the long-term goal of the service becoming Rainbow Tick accredited. A learning package was completed by 22 staff and recommendations for enhancing and embedding LGBTQIA+ inclusion into practice have been submitted to the Drug & Alcohol Diversity Working Group.

Allied Health

Occupational Therapy

The Occupational Therapy new graduate Clinical Mentor program enhances the traditional Allied Health supervision model, providing a clinical mentor as well as a supervisor. The clinical mentor provides near-peer

learning to early career clinicians while supervisors are often a senior clinician who supervises the new graduate through their rotations over the two-year period. Clinical mentors change each rotation and are often only a few years ahead of the early career clinician. This allows them to have someone that they can seek assistance or advice from about routine clinical matters in each new clinical area while still providing the stability of a single supervisor to support their overall career development. New graduates report the program has helped them feel well supported, less intimidated to ask questions, ensures their supervision covers more than just routine clinical issues, and provides them a support person to escalate more complex matters to senior staff.

Clinical Psychology Registrar Program

A Clinical Psychology Registrar program was established in partnership with Mental Health and Drug and Alcohol Services. This is the first of its kind in NSW. Commencing in April 2023, the program provides quality training to new graduate clinical psychologists to meet requirements of the Psychology Board of Australia to become an endorsed clinical psychologist. This program enables support, education and supervision for the registrar to support their development of practice competencies and ensure safe clinical practice. The program also addresses workforce challenges in psychology and improved access to quality clinical psychology services for consumers.

Dalmarri Workshop

To promote a culturally safe environment for our Aboriginal staff and patients across the District, and



enhance relationships and wellbeing amongst allied health staff across the District, Dalmarri was engaged to provide an onsite educational workshop incorporating storytelling and painting. Completed works are proudly displayed throughout the District, located with the teams who participated on the day. The paintings have also been made into Microsoft Teams backgrounds to generate cultural discussions. In a three month follow up evaluation, 100% of attendees reported increased knowledge of Aboriginal culture, 94% reported that they had applied Aboriginal cultural learning in the workplace, and 89% reported this workshop led to cultural discussions with colleagues and/or patients.

Nursing & Midwifery Directorate

Implementation of the Mentoring in Midwifery Project

The pilot program, Mentoring in Midwifery, is giving student midwives support, confidence, and education in the midwifery field by pairing them with a dedicated mentor. A reciprocal learning relationship is developed between a midwife and midwifery students to allow them to grow and feel supported, while also staying in the profession long-term. Since launching in March 2022, the pilot program has recruited 30 mentors and matched them with 20 student midwives. Students spend one year with their experienced and compassionate mentor who helps them with opportunities for connection, learning, growth and support.

Population Health

Inclusion Collaborative Seeding Grants Program

The Inclusion Collaborative provides seeding grants to support projects that help to create more inclusive health care services and reduce stigma for consumers, patients, and staff. Grants awarded include capability building initiatives for staff such as the delivery of LGBTQIA+ inclusive learning packages for staff and a forum on the provision of culturally appropriate care for Islamic patients. Though small, the grant program supports initiatives that can build the capacity of our staff to provide safe and appropriate care for all of our patients.

Research

Launch of the inaugural NBMLHD Research Strategy & Implementation Plan

At NBMLHD excellence in clinical care is underpinned by an emerging culture of research excellence and engagement across the health system. The Research Strategy & Implementation Plan was officially launched in December 2022 to support existing research and to further develop the District as a research-focused organisation. This will lay the foundation for developing and implementing evidence based best practice to drive innovation in systems and care across NBMLHD, driven by and tailored to community needs and expectations.

2022-2023 Performance

Review of Performance against
2022-2023 NSW Health KPIs

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

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

Child Safe Standards

We are committed to being a Child Safe organisation. We actively implement systems and processes to reflect Child Safe Standards.

Primary Care & Community Health

- Dedicated physiotherapy hours have been added to Out of Home Care multidisciplinary clinics. This continues to provide effective identification and response to vulnerable children who are living in foster care arrangements (Standard 5).
- Actions against the District Violence Abuse and Neglect (VAN) Redesign Action Plan continue to be progressed under the governance of the Children Young People and Families Executive Steering Group. Priorities for the next 12 months include:
 - District-wide service development to ensure consistent 24/7 response to domestic and family violence, sexual assault, and child protection
 - completion of the implementation of the Safe Wayz program
 - implementation of the Aboriginal Action Plan
- The 2023 District VAN Self-Assessment tool will be completed and submitted this year. It responds to Strategic Direction: 1.3 Promote and protect the health of marginalised and vulnerable populations.
- Funding has been used to enhance clinical service provision for clients and their families experiencing violence, abuse and neglect. This has also contributed to strengthening leadership and governance for responding to clients experiencing violence, abuse, and neglect.
- An implementation plan has been endorsed to review, plan, and deliver improved services for people who have experienced domestic and family violence, and prevention efforts. Priorities under this plan for the next twelve months include:
 - the development of a men's behaviour campaign
 - extending the Violence Abuse and Neglect Champions program to Mental Health and Drug & Alcohol
 - development of a District Domestic Family Violence (DFV) model of care
 - updating DFV information available on the NBMLHD intranet and internet; and
 - implementing recognise and respond training for managers to support staff experiencing DFV.

2022-2023 Priority Updates

Priority 1:

Strengthen engagement strategies with families to attend scheduled health checks and screenings. As part of NSW Health Brighter Beginnings, all children must receive health and development checks before starting school.

An action plan has been developed to increase early childhood development screening for children from birth to 5 years of age by 10% by 30 June 2024 (Healthy People and Communities/Standard 5).

Progress of performance:

- Statewide Eyesight Screening Program (StEPS) - 2,119 children had vision screened between January and May 2023. This is 52% of the 2023 Target of 4,061.
- Building Strong Foundations for Aboriginal Children, Families and Communities - 244 new children enrolled.

Performance Data

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

Patients and carers have positive experiences and outcomes that matter

Indicator - Patient experience	Target	Result	Status	Time period
Overall patient experience index – adult admitted patients	8.70	8.46	✗	Oct - Dec 22
Patient engagement index – adult admitted patients	8.50	8.22	⊕	Oct - Dec 22
Overall patient experience – ED patients	8.60	8.21	✗	Oct - Dec 22
Patient engagement index – ED patients not admitted to hospital	8.50	7.27	✗	Oct - Dec 22
Mental Health consumer experience: mental health consumers with a score of very good or excellent	80%	66%	⊕	Jan - Mar 23

Yanabuni Budyarimana – Nepean Emergency Department. Learning from this project has identified the reasons that people leave the ED at own risk and found associated links to the results of respect and dignity experienced by Aboriginal consumers.

The project has had many successes with ensuring a welcoming environment in waiting room and formation of a new identified position with the department of an Aboriginal Health Practitioner. The retention of this new staff member and the move of the department, associated with redevelopment of Nepean Hospital, has impacted on the implementation of the project. Regular Yarning Circles and evaluation of the initiatives have been delayed.

Safe care is delivered across all settings

Indicator - Emergency care	Target	Result	Status	Time period
Emergency treatment performance – Admitted (%)	50%	10.2%	✗	Jun 23
Coordinated via the 'Touchpoint' program, Patient flow operations and escalation initiatives are focussing on managing day-to-day functions, utilisation of the patient flow portal and implementing strategies to manage the demand and capacity mismatch. Additional ED short-stay discharge chairs implemented, and a rapid observations and assessment patient-criteria establish. Nurse-led criteria for discharge program planned for implementation Dec23.				
Emergency Department Extended Stays: Mental Health Presentations staying in ED > 24 hours	0	9	✗	Jun 23
The Mental Health teams are working with the Whole of Health teams to review current processes across ED and the mental health Triage and Assessment Centre along with 'back of house' initiatives within the inpatient units and community mental health.				
Emergency Department Presentations Treated within Benchmark Times - Triage 1	100%	100%	✓	Jun 23
Emergency Department Presentations Treated within Benchmark Times - Triage 2	95%	66.5%	✗	Jun 23
Emergency Department Presentations Treated within Benchmark Times - Triage 3	85%	63.8%	✗	Jun 23
Nepean Emergency Department: Triage processes have been reviewed, and quick-win system changes implemented. These quick wins included the process of activating 'protocol commence' on FirstNet, improving accuracy of triage and data quality. The sub-acute model of care is underway to streamline processes. further education and training to the new Technical Assistants (TA). A robust triage process mapping session was conducted to identify gaps and improvements in the Front of House.				
Transfer of Care – patients transferred from Ambulance to ED <= 30 minutes	90%	67.2%	✗	Jun 23
Coordinated via the 'Touchpoint' program, an array of efficiencies are underway to improve the transfer times for patients arriving by ambulance including strengthened governance and short-term escalation plans responding to peak periods.				
Potentially Preventable Hospital Services	19.9%	20%	✓	Jun 23

Indicator - Hospital acquired complications	Target	Result	Status	Time period
Hospital Acquired Complication rates sourced from 'Quality Indicator Data System' Service Agreement Report 114 – Rates expressed per 10,000 episodes of care				
Hospital Acquired Pressure Injuries (v3.1)	5.3	4.1	✓	Jul 22-Jun 23
Fall-Related Injuries in Hospital – Resulting in fracture or intracranial injury (v3.1)	5.2	8.9	✗	Jul 22-Jun 23
Partnered with the Clinical Excellence Commission in a program for falls-reduction across the NBMLHD. This is made up of a range of initiatives tailored to the needs at a ward-level.				
Healthcare Associated Infections (v3.1)	95.8	120.6	✗	Jul 22-Jun 23
Multi-pronged approached with initiatives underway involving hand hygiene, vascular access techniques and sepsis.				
Hospital Acquired Respiratory Complications (v3.1)	18.3	32.8	✗	Jul 22-Jun 23
Focus has been on targeted initiatives relating to oral hygiene and ventilator acquired pneumonia.				
Hospital Acquired Thromboembolism (v3.1)	7.4	7.8	⊕	Jul 22-Jun 23
Hospital Acquired Renal failure (v3.1)	0.8	1.2	✗	Jul 22-Jun 23
Each patient is subject to individual review to determine cause and for any contributing factors.				
Hospital Acquired Gastrointestinal Bleeding (v3.1)	9.5	13.0	✗	Jul 22-Jun 23
Focus on the assessment of medications on presentation to the hospital specifically existing antiplatelet therapy				
Hospital Acquired Medication Complications (v3.1)	11.0	8.2	✓	Jul 22-Jun 23
Hospital Acquired Delirium (v3.1)	34.0	35.6	⊕	Jul 22-Jun 23
Hospital Acquired persistent Incontinence (v3.1)	4.9	2.4	✓	Jul 22-Jun 23
Hospital Acquired Endocrine Complications (v3.1)	26.5	46.6	✗	Jul 22-Jun 23
Evidence based review of diabetes management with revised guiding procedures in place. A range of initiatives are in progress including improved access to patient information to provide care, nurse-led surveillance of patients with diabetes and improved malnutrition screening.				
Hospital Acquired Cardiac Complications (v3.1)	29.8	36.5	✗	Jul 22-Jun 23
Refinement of documentation requirements underway to ensure accuracy of data. Reviews are conducted to establish if condition occurred whilst in care or occurred because of care.				
Third or Fourth Degree Perineal Lacerations (v3.1)	386.1	399.0	⊕	Jul 22-Jun 23
Hospital Acquired Neonatal Birth Trauma (v3.1)	99.8	68.0	✓	Jul 22-Jun 23

Indicator - Elective surgery	Target	Result	Status	Time period
Elective Surgery Access Performance: Elective Surgery Patients Treated on Time – Category 1	100%	99.6%	✓	Jun 23
Elective Surgery Access Performance: Elective Surgery Patients Treated on Time – Category 2	97.0%	71.6%	✗	Jun 23
Elective Surgery Access Performance: Elective Surgery Patients Treated on Time – Category 3	97.0%	56.3%	✗	Jun 23
Overdue elective surgery patients – Category 1	0	0	✓	Jun 23
Overdue elective surgery patients – Category 2	0	366	✗	Jun 23
Overdue elective surgery patients – Category 3	0	618	✗	Jun 23
Planned utilisation of available theatre time reviewed and mapped out for the remaining year, partnerships in place to address time-requirements.				

Indicator - Readmissions	Target	Result	Status	Time period
Unplanned Hospital Readmissions: all unplanned admissions within 28 days of separation - All	5.7%	5.7%	✘	May23
Unplanned Hospital Readmissions: all unplanned admissions within 28 days of separation - Aboriginal	8.3%	7.9%	✓	May23

Indicator - Mental Health Services	Target	Result	Status	Time period
Mental Health: Acute Seclusion Rate (per 1,000 bed days)	5.1	5.1	✓	Jan-Mar23
Mental Health: Acute Seclusion Duration – Average (Hours)	4.0	7.6	✘	Jan-Mar23
Mental Health continues to focus on reducing restrictive practices. There has been a co-design review of the seclusion and restraint procedure and an implementation plan structured around the Six Core Strategies to reduce the use of seclusion and restraint. Strategies that the service has put in place include:				
<ul style="list-style-type: none"> Ongoing education for all staff on de-escalation skills Monthly review meetings of all episodes of seclusion in each unit including Identifying episodes where Consumers were waiting for a Mental Health ICU bed Diversional and sensory modulation activities Close engagement with the peer workforce and consumer and carer council 				
Mental Health: Frequency of Seclusion (%)	4.1%	3.7%	✓	Jan-Mar23
Mental Health Acute Post-Discharge Community Care – Follow-up within seven days	75.0%	61.5%	⊕	Apr23
Mental Health: Acute Readmissions Within 28 Days	13.0%	13.7%	⊕	Apr23
Overall performance related to this KPI has remained fairly static during the reporting period. A small number of consumers with particularly high needs mostly contribute to this KPI not meeting target. These consumers all have individual support plans created and shared with their support networks with the aim to reduce readmission risk. The Gold Card Clinic is being re-invigorated across the district with the aim of providing targeted support to the consumer group who are also identified to be at higher risk of readmission.				
Mental Health: Involuntary patients absconded rate per 1,000 bed days – from an acute inpatient unit	0.80	0.15	✓	Jan-Mar23

Indicator - Discharge	Target	Result	Status	Time period
Electronic Discharge Summaries: sent electronically and accepted by a GP Broker system	51.0%	60.3%	✓	Jun23
Virtual Care Access: Non-admitted services provided through Virtual Care	30.0%	18.1%	✘	May23
Planned expansion of the virtual aged care service to commence from July 23, implementation of paediatric virtual care service.				
Hospital in the Home Activity - % of Overnight Separations	5.0%	3.1%	✘	Jun23
Development of priority ambulance pathways for hospital in the home patients, launch of respiratory hospital in the home July23				
Inpatient Discharge Performance: Inpatient Discharges from ED Accessible and Rehabilitation Beds by Midday (%)	35.0%	27.1%	✘	Jun23
Development of a midday discharge dashboard to aid communication. 'I'm a discharge' initiative in place to facilitate timely discharge. Implementation of 'pull' model for the discharge lounge.				
Discharged Against Medical Advice for Aboriginal Inpatients	2.1%	2.9%	⊕	Apr-Jun23

People are healthy and well

Indicator	Target	Result	Status	Time period
Mental Health Peer Workforce Employment – Full time equivalents (FTEs)	6.1	4.9	✘	Apr-Jun23
Mental Health are committed to supporting the Peer Workforce, we have established a Professional Lead for Peer Workers to support them and oversee the development of the Peer Workforce.				
Smoking during pregnancy At any time - Aboriginal	31.7%	28.1%	✓	2022
Smoking during pregnancy At any time – Non Aboriginal	7.2%	9.2%	✓	2022
Get Healthy Information and Coaching Service – Get Healthy in Pregnancy Referrals	673	367	✘	FYTD Mar23
Health Promotion has developed an action plan to increase referrals and is working closely with Women and Children's services to implement strategies to increase midwifery referrals. Increased targeting of GPs for referrals will also occur.				
Children Fully Immunised at one Year of Age (%)	95.0%	93.6%	⊕	Apr22-Mar23
Hospital Drug and Alcohol Consultation Liaison – Number of consultations	3,271	3,197	⊕	FYTD Jun23
Hepatitis C Antiviral Treatment Initiation – Direct Acting – by District residents (% Variance from Target)	180	55	✘	FYTD Mar23
Increasing testing has commenced with the rollout point of care testing within drug and alcohol and mental health services.				
Aboriginal Paediatric Patients Undergoing Otitis Media Procedures (number)	24	21	✘	Apr22-Mar23
Partnering with the Greater Western Aboriginal Health Service to facilitate referrals to ear nose and throat specialists.				
Pregnant Women Quitting Smoking – By the second half of pregnancy	15.2%	26.1%	✓	Jul21-Jun22
NSW Health First 2000 Days Implementation Strategy – Delivery of the 1-4 week health check	85.0%	68.7%	✘	Jan-Mar23
Three priority areas, established by the NBMLHD Children & Young People and Families Executive Steering group include healthy weight in pregnancy, engaging families in child development checks, and development of a comprehensive paediatric and psychosocial assessment for at-risk families				
Childhood Obesity: Children with height and weight recorded	70.0%	62.3%	✘	Jan-Mar23
Initiatives are in place to improve the recording of height and weight across inpatient and community settings.				
Domestic Violence Routine Screening – Routine Screens conducted	70.0%	74.8%	✓	Oct-Dec22
Breast Screen Participation Rates: All Women aged 50-69	55.0%	42.3%	✘	Jul21-Jun23
Breast Screen Participation Rates: All Women aged 70-74	55.0%	42.9%	✘	Jul21-Jun23

2023-2024 Future Priorities



Hospital Acquired Complications

Continued focus on the reduction of preventable complications during care. Multimodal and multidisciplinary recovery plans are in place and monitored through the District's Health Care Quality Committee and Performance meetings.

Mental Health

The Aboriginal Mental Health and Wellbeing Implementation Plan

The Aboriginal Mental Health and Wellbeing Implementation Plan has been developed and was launched on 30 November 2022. This plan aims to improve cultural safety and access for Aboriginal consumers, build the Aboriginal workforce and improve local partnerships. One key element of the plan is the establishment of an Indigenous Advisory Council with recruitment for this already underway.

Aboriginal Health

Form a Working Group to undertake Cultural Engagement Self-Assessment Audit and develop an Action Plan to capture patient reported measures in Nepean Emergency Department that incorporates

support from an Aboriginal Health Practitioner and ongoing discharge planning.

Improving the health literacy of Aboriginal Community

Deliver the Mootang Tarimi service to facilitate communication, capacity building and health education for Aboriginal patients and families.

Research

Improve community involvement in research through implementation of the NBMLHD Research Strategy & Implementation Plan

The first strategic aim of the inaugural Research Strategy and Implementation Plan is partnering with the community to undertake research that is inclusive, engaging, accessible and addresses an expressed local need. We have commenced a small project to achieve objectives which centre around understanding what research is important to the NBMLHD community and this project will have a strong focus on Aboriginal populations. Another objective of our Strategy is to develop and implement an Aboriginal health research policy and to provide cultural competency in research training for our researchers in future.

Corporate Attestation Statement



Health
Nepean Blue Mountains
Local Health District

TOGETHER
ACHIEVING
BETTER HEALTH

This attestation statement
is made by

The Hon. Peter Collins, AM KC

Holding the position/office
on the Governing Body

Board Chair

For and on behalf of the
governing body titled

Nepean Blue Mountains Local Health District Board

Nepean Blue Mountains Local Health District

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

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

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


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

Signed 

Position Board Chair

Date 19 July 2023

Counter signed by the Nepean Blue Mountains Local Health District Chief Executive

Signed 

Position Chief Executive

Name Kay Hyman

Date 19 July 2023

Schedule of health service organisations covered by this attestation statement

Name of health service organisation	Address
Nepean Hospital	Derby Street, Kingswood, NSW 2747
Blue Mountains Hospital	Cnr Woodlands Road and Great Western Highway, Katoomba NSW 2780
Springwood Hospital	7 Huntley Grange Road, Springwood NSW 2777
Lithgow Hospital	Col Drewe Drive, Lithgow NSW 2790
Primary Care and Community Health	Multiple sites across LHD
Mental Health Services	Multiple sites across LHD
Drug and Alcohol	Derby Street, Kingswood, NSW 2747
Oral Health	Multiple sites across LHD

NB: Portland Tabulam Health Centre is accredited under the Aged Care Standards and Hawkesbury’s National Standard Accreditation is managed by St John of God, therefore, these sites are not included in the Attestation Statement

Nepean Blue Mountains

Local Health District

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YouTube: Nepean Blue Mountains Local Health District

LinkedIn: Nepean Blue Mountains Local Health District (NBMLHD)

Instagram: [@nepeanbluemountains](https://www.instagram.com/nepeanbluemountains)

