Mid North Coast
Local Health District

Safety and Quality Account

2023-2024 Report
2024-2025 Future Priorities

Acknowledgement of Country

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

Contents

Purpose of the Safety and Quality Account

Statement on safety and quality

The Mid North Coast Local Health District (MNCLHD) Safety and Quality Account (the Account) is a report about the quality of services provided by MNCLHD.

It is an important way for the MNCLHD to provide an overview of the quality of the services provided, to recognise areas of best practice where we are doing well and identify areas we need to focus on over the next 12 months. The quality of our services is measured by looking at patient safety, clinical effectiveness and patient experiences in all service areas. The Account highlights important areas of how quality care is being provided in a caring and compassionate way and shows how we are concentrating on improvements to patient care and experience.

Peter Treseder AO
MNCLHD Governing Board Chair

As Chair of the MNCLHD Board, I am pleased to present this year's (2023-2024) Safety and Quality Account, a critical opportunity for our health organisation to demonstrate our unwavering commitment to the wellbeing of our patients, their families, our dedicated staff and the broader community.

This Account serves a dual purpose - it allows us to reflect on the past year and plan for the future. Through reflection, we report on the safety and quality of our services, highlighting the outcomes achieved through our initiatives while candidly acknowledging areas where further improvements and support are needed. This transparent assessment is crucial as it not only celebrates our successes but also drives our continuous pursuit of excellence.

Looking forward, this Account also enables us to identify and set our safety and quality priorities for the coming year. We are committed to working diligently towards these goals, ensuring that our initiatives are not only implemented but also measured effectively to gauge their impact.

Our commitment to safety and quality is at the core of our mission. By fostering a culture of continuous improvement and accountability, we strive to deliver the highest standard of care to those we serve. As we embark on another year, we do so with a renewed focus on achieving tangible outcomes that enhance the safety and quality of our services.

Thank you to our entire team for their dedication and to our community for entrusting us with their care. Together, we will continue to advance our mission, ensuring a safer, higher-quality healthcare experience for all.

As a testament to our commitment to safety and quality, the Quality and Safety Attestation Statement was signed by me as the Governing Board Chair on 11 September 2024, confirming our role in providing strong leadership to guide a culture of safety and quality improvement across the District.

The purpose of this statement is to ensure Board approval of the accuracy and strategic alignment of the Account. The statement should confirm a commitment to improving the safety and quality of care across the organisation.

Peter Treseder AO
MNCLHD Governing Board Chair

Jill Wong
MNCLHD Acting Chief Executive

I am proud to present this year's Safety and Quality Account, recognising our commitment to safeguarding the health and wellbeing of our patients, clients and consumers, their families and carers, our staff, and the community we serve.

This report recognises the efforts of our teams over the past year, and encompasses meaningful reflection and ongoing commitment on our journey towards excellence. It allows us to honestly evaluate our performance in regard to safety and quality, to celebrate our achievements and recognises the areas of focus and growth into the future. These reflections are essential as they guide us in continuously improving the care we provide.

Looking to the future, this Account charts our course for the year ahead, identifying key priorities in safety and quality and the actions required to achieve them. We are dedicated to setting clear, measurable goals and working collaboratively to ensure that the initiatives we implement are reasonable, sensible and make a tangible and positive difference.

Safety and quality are the foundation of everything we do and, as we move forward, we remain committed to fostering a culture where excellence, through continuous improvement is ingrained in our practice and where every member of every team feels empowered to contribute to better outcomes for our patients, clients and consumers.

Thank you to everyone who has contributed to our progress so far. Your commitment, expertise and dedication are the driving forces behind our success. Together, we will ensure that our services remain safe, high-quality and focused on the needs of those we care for.

Together, we will deliver excellence in people-centred healthcare and keep our community healthy, well and thriving, now and into the future.

Jill Wong
MNCLHD Acting Chief Executive

Our Strategy Map

Our vision	Building thriving communities through excellence in people-centred health care
Our purpose	To deliver safe, effective, sustainable services that protect and improve the health and wellbeing of our Mid North Coast community
Community and consumer perspective	1. Informed, engaged, empowered community 2. Positive and personalised care experiences 3. Strong prevention and early intervention
Internal process perspective	4. Partnering, collaboration, communication 5. Streamlined processes that support safety and best practice 6. Research, health intelligence, strategic management
Internal capacity perspective (our people and resources)	7. People, culture, capability 8. Resource stewardship
Our ways of working	We always put people first We are caring and compassionate We work as one team We focus on quality outcomes
Our values	Collaboration, openness, respect, empowerment

MNCLHD Strategic Plan 2022-2032

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

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

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

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

that deliver the best results for our community.

to ensure we can operate the systems and processes

We will care for our people and manage our resources

and inform **our ways of working.**

Our **values** underpin everything we do

About us

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

Our services

In the 2023-2024 financial year we delivered:

- 73,761 episodes of care across our services to the community
- 25,029 elective and emergency operations
- 12,995 MNC Virtual Care referrals
- 940,980 people received care as outpatients
- 4,779 children under age 19 were admitted to our paediatric wards and neonatal units
- 188,301 Mental Health client contacts
- 149,298 Emergency Department Presentations.

The range and complexity of services provided locally has increased over the past decade enabling more of the local community being treated nearer to home. Our services include Health Promotion, Public Health, Aboriginal Health, Sexual Health HIV/AIDS, Multicultural Health, Mental Health and Drug and Alcohol, Cancer, Oral Health, Women's Health and Aged Care. Our Key Partners include the Healthy North Coast (Primary Health Network), NSW Ambulance, Non-Government Organisations, Aboriginal Community Controlled Health, Private Health Sector and Education Facilities.

The MNCLHD has two geographical based Clinical Networks. Port Macquarie Base Hospital is the hub of the Hastings Macleay Clinical Network (HMCN) in the south. Coffs Harbour Health Campus is the hub site for the Coffs Clinical Network (CCN) in the north. In addition, there are District Streams - Integrated Mental Health, Alcohol and Other Drugs, Integrated Allied Health, Community and Cancer Care Service and Oral Health.

The Clinical Networks were formed based on population numbers. Each Network has a target of 85 per cent self-sufficiency to ensure the threshold volume and throughput of patients required to maintain workforce skills for service efficiency, safety and sustainability and ongoing access to services for residents.

A description of all sites and services are provided below. Services in the District's hospitals range from Level 1 in the smaller hospitals, to Levels 4 and 5 in the major hospitals according to their role delineation.

Traditional custodians

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

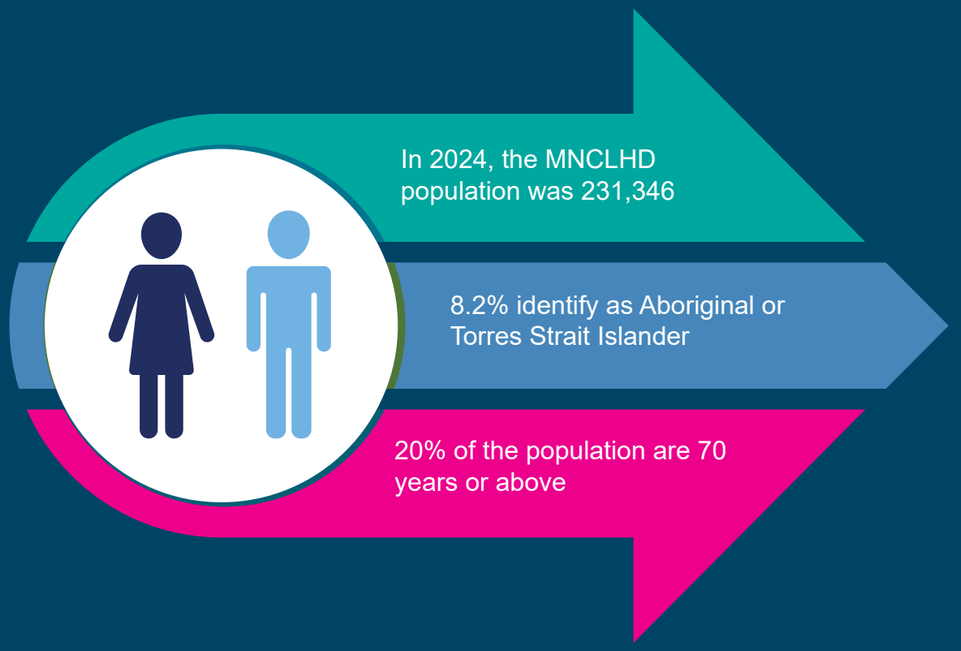
Our population

Based on the NSW Government Department of Planning population estimates (2022), in 2024 the total estimated population for MNCLHD is 231,346. People of Aboriginal and Torres Strait Islander heritage make up approximately 8.2 per cent of the population. People born overseas comprised 13 per cent of the total population in 2021.

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

In 2024, the child and young persons (0-15 years) made up approximately 18 per cent of the population and those over 70 years accounted for approximately 20 per cent. By 2036 the total population of MNCLHD is expected to increase by eight per cent. The 70 and over age groups will increase by one-third and will account for 25 per cent of the total MNCLHD population.

The largest increases are being projected for the Coffs Harbour and Port Macquarie Hastings LGAs.



Achievements against priority initiatives over the past 12 months

Snapshot of achievements over the past 12 months

Update on 2022-23 Planned Initiative 1. Revisiting the Basics for High Quality Care across the Coffs Clinical Network

The identification and communication of patient risks are the bedrock to building a people-centred care plan. In the last quarter of 2022-2023 there had been an increase in the number of incidents resulting in harm to patients from falls and pressure injuries. Investigations into these incidents have identified opportunities to revisit key patient safety programs to reduce harm for patients.

The key patient safety programs focused on in 2023-2024

- Falls Screening, Assessment and Prevention Management.
- Pressure Injury, Assessment and Prevention Management.
- Communicating for Safety - clinical handover and communication of patient risks.
- Intentional Patient Rounding to support regular purposeful communication with patients and/or their carer or family and address the personal needs of the patient.

Progress update

- Focused projects on falls and pressure injury prevention have been undertaken throughout the Coffs Clinical Network hospitals and clinical units in response to incident trends during 2023-2024.
- Education has occurred for nursing staff on identification of patient risks and management plans for falls and pressure injuries.
- Embedding the use of Quality Informatics to identify completion of risk assessments at a clinical unit level.
- Gap analysis and action planning using the Agency for Clinical Innovation (ACI) Clinical Practice Guide - Prevention of pressure injuries in the critically ill patient.

Measurable outcomes

- 3.5 per cent reduction in patient falls incidents between 2022-2023 and 2023-2024 across the Coffs Clinical Network.
- 20.6 per cent reduction in hospital acquired pressure injuries between 2022-2023 and 2023-2024 across the Coffs Clinical Network, with a 59.8 per cent reduction at Bellinger River District Hospital.
- The Coffs Harbour Health Campus Intensive Care Unit achieved a 49.1 per cent reduction in pressure injury incidents in the six months from January to June 2024.
- 30.7 per cent reduction in clinical handover incidents between 2022-2023 and 2023-2024 across the Coffs Clinical Network.

Planned Initiative 2: Aboriginal Health and Primary Partnerships: North Coast Youth Vaping Taskforce

Leading a community-informed approach to protect young people from the harms of e-cigarette use, aligning with the NSW Chief Health Officer's priorities.

The North Coast Youth Vaping Taskforce is a collaborative partnership between MNCLHD Health Promotion, North Coast Population and Public Health and NNSWLHD Health Promotion, aimed at coordinating community action to protect young people from the harms of e-cigarette use.

This initiative has forged strong partnerships between government and non-government organisations to create a regional collaborative that has been founded on extensive community consultation.

Key outcomes

- Establishment of North Coast Youth Vaping Taskforce governance and working groups.
- Development of an Online Youth Vaping Hub hosting evidence-based resources, training and support.
- Community forums, school consultations and parent survey to inform future approaches.
- Partnership with National Drug and Alcohol Research Centre (NDARC) to support evaluation of the Taskforce and key initiatives.
- Statewide Vaping in Youth Regional HealthPathway developed in partnership with Healthy North Coast (PHN), Centre for Population Health and Sydney Children's Network .
- A snapshot of additional achievements can be accessed via this link.

Community Informed North Coast Youth Vaping Action Plan

The cross-agency collaboration has also led to the development of a community-informed North Coast Youth Vaping Action Plan (Action Plan).

The Action Plan was informed by the insights and ideas provided by stakeholders in community forums, student consultation and input from Youth Vaping Taskforce members.

A community-informed North Coast Youth Vaping Action Plan was launched on World No Tobacco Day (WNTD) on 31 May. The theme for WNTD, protecting children from tobacco industry interference, aligns with the goal of the North Coast Youth Vaping Taskforce.

The Action Plan focuses on four settings - Schools, Community, Health, Regulations and Environment - providing a coordinated framework for collaborative, intersectoral action informed by the collective input from partners and stakeholders. Action Plan updates and progress will be monitored and reported through the North Coast Youth Vaping Taskforce.

Planned Initiative 3: Safety and Quality Essentials Pathway

The MNCLHD, in collaboration with the Clinical Excellence Commission (CEC), is delivering the Safety and Quality Essentials Pathway to enhance the capability of the NSW Health workforce in patient safety and quality improvement. This comprehensive program is structured into three levels - Foundational, Intermediate and Adept - ensuring tailored learning to accommodate the diverse expertise and experience of the workforce.

Foundational Training – Building Awareness

To date, approximately 10 per cent (522) of MNCLHD staff have completed the Foundational Level training. This introductory 30-minute presentation aims to raise awareness of the six dimensions of healthcare quality - safety, effectiveness, patient-centered care, timeliness, efficiency and equity. The presentation is followed by a reflective session where teams collectively identify areas of success and explore opportunities for improvement within their specific contexts. This collaborative approach encourages continuous learning and reflection, ensuring a culture of safety and quality is embedded at all levels.

Intermediate Training – Enhancing Capability and Application

In alignment with current efficiency measures, the Adept Level training has been temporarily paused for 2024. The focus has shifted towards developing and expanding the Intermediate Level training, which aims to build staff capability to influence and lead safety and quality improvements within their work environments. This level of training provides participants with a deeper understanding of key safety and quality concepts, tools and methodologies. It equips staff to apply these in their local contexts, driving tangible improvements in patient care and outcomes. Learning outcomes are carefully mapped to the Intermediate level of the NSW Healthcare Safety and Quality Capabilities set, ensuring alignment with statewide standards.

Support and Resources for Continuous Improvement

To further support staff in their quality improvement journey, MNCLHD offers a suite of Project Management and Quality Improvement tools accessible via the intranet. These resources are designed for self-service, enabling staff to independently engage in quality improvement initiatives.

Additionally, staff can seek guidance and support from their local teams to ensure the successful implementation of these tools as part of continuous improvement efforts.

Looking Ahead – Strengthening Safety and Quality Culture

As we progress through 2024, MNCLHD remains committed to fostering a culture of

safety and quality. Future plans include the reintroduction of the Adept Level training when resources allow, ensuring that staff at all levels continue to have access to development opportunities. By embedding quality and safety into everyday practice, MNCLHD aims to achieve sustained improvements in healthcare delivery across the district.

Planned Initiative 4 – Recruitment and Retention of the Workforce

As of August 18, 2024, a total of 69 nurses had commenced employment across the district in various clinical settings, covering all facilities except Wauchope District Memorial Hospital. An additional 48 nurses are expected to begin by the end of December 2024, with all remaining nurses scheduled to commence by the end of March 2025.

Planned Initiative 5 – MNCLHD Digital Communications service

MNCLHD Digital Communications service delivered by the Communications and Strategic Relations Directorate, supports health services and programs through a comprehensive, multi-platform approach.

Multi-platform approach

The service employs a diverse range of digital platforms to reach different audiences:

- social media channels including Facebook, YouTube, Instagram and LinkedIn
- digital signage in various locations such as waiting rooms and patient entertainment systems
- intranet and internet platforms, including specialty websites
- Music on Hold program for delivering health information.

Tailored content creation

The service focuses on creating and curating accessible, evidence-based content:

- content is tailored to specific target audiences and marketing strategies
- multimedia content is utilised to increase engagement and health literacy.

Accessibility and inclusivity

The service prioritises accessibility for all users:

- district websites are designed using NSW Government Design and WCAG standards
- ReadSpeaker integration is provided on all web platforms to enhance accessibility.

Continuous improvement and adaptation

The service incorporates mechanisms for ongoing improvement:

- regular content updates and program changes to ensure effective audience engagement
- analytics are used to measure program impact and inform content design
- programs are adapted based on consumer needs.

Support for health services and programs

The service directly supports health services and programs by:

- delivering vital health service/program information and healthy lifestyle messages
- providing support to district services and programs to develop tailored information delivery capability
- creating clinical information channels like Your Health Link TV (YHLTV) to support health outcomes.

Our achievements

- Creation of more than 100 health messages that cover healthy lifestyles and local health service information.
- The delivery of a waiting room loop designed to increase health literacy is currently delivered at Coffs Harbour Health Campus, Macksville District Hospital and Port Macquarie Base Hospital.
- Roll out of the new MNCLHD intranet commenced in September 2024.
- With more than 20,000 Facebook followers, each month we reach more than 40,000 people through this social media channel with more than 257,900 people reached on Facebook over the past year.
- We’re targeting our youth audience through Instagram which is increasing by 35 per cent monthly.
- Our Your Health Link Health Events Calendar provides information on more than 400 annual health events across Australia and internationally. It is currently the top search result on Google when searching health events calendars.
- Latest news articles on the MNCLHD public website: We have produced 108 latest news stories from January to September 2024 across a range of service, volunteer and donations events.
- The Pulse newsletter provides our staff with information across a range of topics including new service information, staff profiles and events. From January to September 2024, we produced 234 articles for The Pulse.
- Patient stories were created for cancer journeys, youth vaping reduction programs and stroke services.

With a focus on improving health literacy our content is designed to be accessible and tailored to meet the needs of our community.

MNCLHD Excellence Awards

ACI Rural Innovation Award

Transforming Cancer Care with AI and Automation project

The ACI Rural Innovation Award is judged by the Rural Health Network and recognises and rewards innovation and models of care that have the potential for broader implementation across other health sectors. It is awarded to each of the eight rural local health districts annually.

The award was a wonderful acknowledgement of the Mid North Coast Cancer Institute (MNCCI) team, particularly those involved in this innovation, including Medical Physicists Anthony Karl and Brendan Chick, Radiation Therapist Gareth Livingston, Senior Systems Administrator Bradley Kay and acting Senior District Manager MNCCI Jill Harrington. These staff have led the transformative project in radiation therapy planning with the broader MNCCI team and showcased exploration and innovation grounded in our commitment to patient safety and quality care.

By investigating and safely introducing AI and automation we developed scalable, modular tools that automate routine tasks and enable out-of-hours operations, enhancing workflow efficiency without compromising care quality. As early adopters, our goal is to elevate care standards through technological innovation, ensuring consistent treatment planning and minimising human error and contributing to consistency in application and strong governance to support scalability of these tools.

People and Culture

Macksville Culture Transformer

Culture Transformer is a workforce transformation culture change program designed to foster a holistic and sustainable shift towards an employee engagement model within Macksville District Hospital. This program brings together multi-dimensional strategies identified by staff to instill a sustained and positive workplace.

Keeping People Healthy

Clear the Clouds (CTC)

CTC is an original resource developed locally, in partnership with clinical teams and consumer insights and can be easily applied in other health settings. This project represents an innovative approach to tackling the public health priorities of tobacco and vaping, a major risk factor in preventable chronic disease. It fosters collaboration and shared decision making between patients and healthcare teams allowing patients to take control of their health.

Health Research and Innovation

Implementing and Evaluating Midwifery Care

This research innovation successfully brings together global level 1 evidence, multi-level policy and district leaders, clinicians and consumers to collaborate, implement and evaluate midwifery models of care. This research worked in partnership with the University of Newcastle and La Trobe University. It establishes a program to evaluate staff and consumer experience, the impact of clinical outcomes and health economics for midwifery models of care.

Employee Safety and Wellbeing

Time Out Tuesday

Social Work has developed a 30-minute self-care session called ‘Time Out Tuesday’, to support staff and prevent burnout. The session focuses on welfare and wellbeing. It provides space to debrief after stressful events, such as patient deaths, as well as allowing staff to be vulnerable, ask questions and learn new skills in self-care which enhance both their work and their personal lives.

Transforming the Patient Experience

The Birth of a Regional Network All-Risk Midwifery Group Practice

The rebuild of Macksville District Hospital also saw the birth of a unique and collaborative all-risk midwifery continuity of care model for Macksville, Nambucca and surrounds. By working in partnership with consumers, the local maternity service's Macksville Midwifery Group Practice (MGP) means women in the region now have the opportunity for empowered shared decision-making with a primary midwife, on a foundation of culturally appropriate, women-centred care.

Close the Gap

Daalbirrwirr Gamambigu (Safe Children)

The Daalbirrwirr Gamambigu Model of Care embeds culturally competent care and improves cultural safety within our services to support Aboriginal children and families presenting at our hospitals. The model of care is a practical toolkit that supports clinicians, management and executives to improve the cultural appropriateness of health care delivery.

Excellence in Mental Health Services

Emergency Mental Health and Addiction Assessment Response Team (EMHAART)

The innovative EMHAART model is the future of care for mental health consumers in the emergency department, while also meeting state priorities to maintain care in the community. EMHAART enhances the consumer's experience and reduces risk by providing a multi-disciplinary care model that provides profession-based expertise for assessment and brief crisis intervention. Consumers receive compassionate and respectful care that is trauma-informed and holistically addresses the presenting problem.

Patient Safety

Transforming Cancer Care with AI and Automation

The Mid North Coast Cancer Institute (MNCCI) pioneered a transformative project in radiation therapy planning, grounded in our commitment to patient safety and quality care. By harnessing Artificial Intelligence (AI) and automation, the team developed scalable, modular tools that automate routine tasks and enable out-of-hours operations, enhancing workflow efficiency without compromising care quality. As early adopters, the goal is to elevate care standards through technological innovation, ensuring consistent treatment planning and minimise human error.

Collaborative Leader of the Year

Gary Orange, Risk Manager - Internal Audit and Risk

Excellence in Volunteering

Heather Edwards, Assistant Secretary Bowraville Macksville UHA
(Award accepted by Dee Hunter)

Nurse/Midwife of the Year

Stephen Long, Endorsed Enrolled Nurse - Port Macquarie Base Hospital Surgical Ward

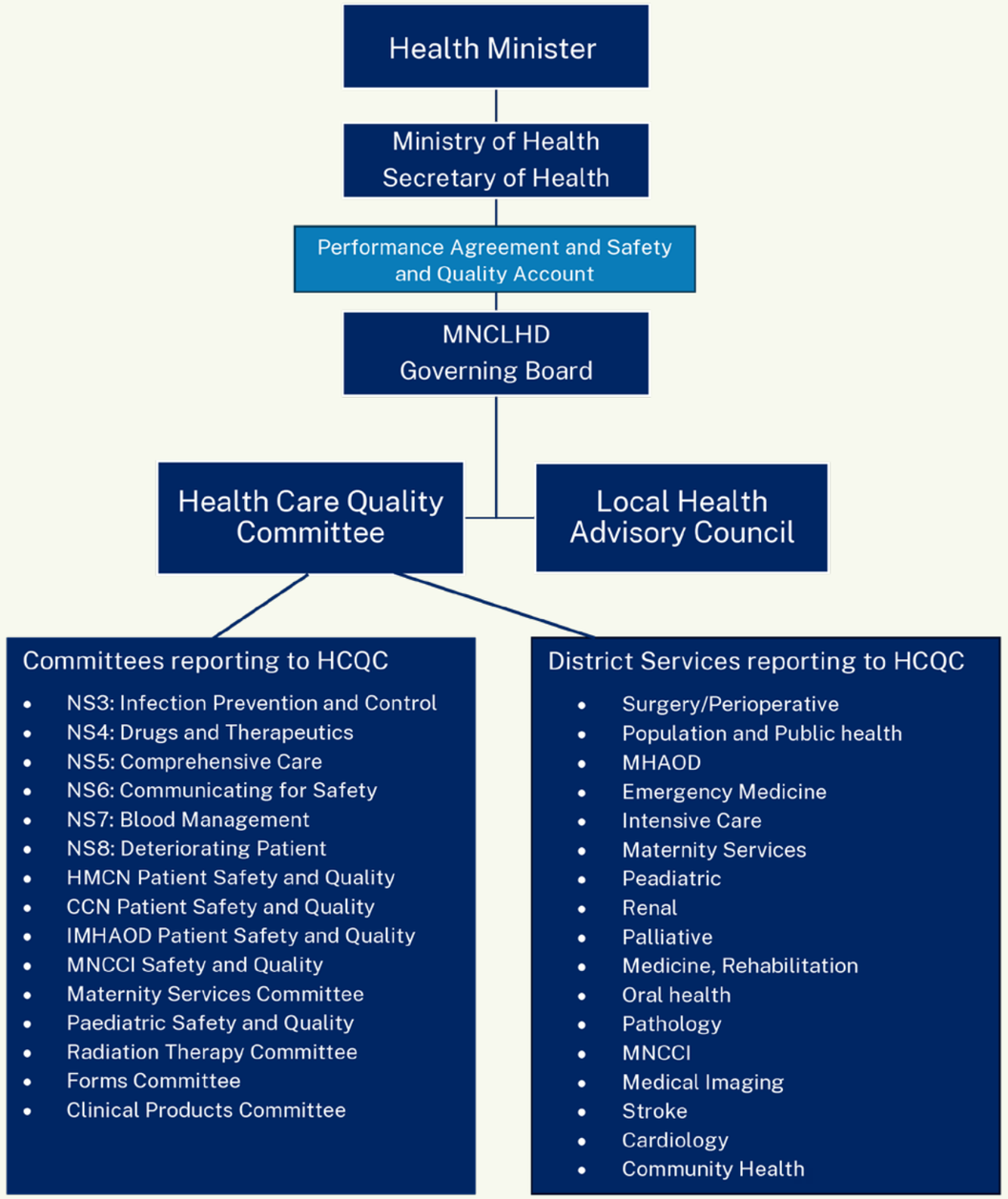
Employee Of the Year

James Bultitude, Health Security Assistant - Macksville District Hospital

Allied Health Professional Of the Year

Deborah Kennedy, Physiotherapist - Transitional Aged Care Program

MNCLHD Governance Reporting Structure



Summary of safety and quality planning processes and governance structure

A District committee structure and reporting structure provides the overarching governance for patient safety and quality in the MNCLHD. The peak committee is the Health Care Quality Committee (HCQC), a committee of the Board (see below). Each level of the clinical governance reporting structure requires strong clinician and consumer involvement.

Accreditation

The MNCLHD participates in the Australian Accreditation Scheme and our services are assessed for compliance with the National Safety and Quality Health Service (NSQHS) Standards. These Standards provide a nationally consistent statement of the level of care consumers can expect from health service organisations. The primary aims of the NSQHS Standards is to protect the public from harm and to improve the quality of health service provision. In June 2022, MNCLHD achieved three-year accreditation status.

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

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

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

Close the Gap (CTG)

MNCLHD Aboriginal Health Strategic Framework 2024-2034

The development of the framework included significant consultation with our Aboriginal team members, partners and community members to ensure it embedded views and voices of our Aboriginal people to improve Aboriginal health and wellbeing. The Framework has been designed to align with the MNCLHD Strategic Plan 2022-2032 to ensure Aboriginal health is embedded into our core responsibilities, as everyone's business and will help to drive continued progress and achievement. The Framework was launched in February 2024.

Priorities for 2023 - 2024

Implement and embed the Aboriginal Health Strategic Framework 2023-2033

The MNCLHD Aboriginal Health Strategic Framework 2024-2034 was launched in February 2024. The framework will guide how the District plans, implements and evaluates actions to ensure culturally safe, appropriate and effective care. It will be applied to intensify actions that help to improve health and wellbeing of Aboriginal people living on the Mid North Coast.

The 2023-2024 Aboriginal Health Strategic Framework Annual Report provides information on the many projects, programs and initiatives undertaken by the District and highlights the key achievements of each focus area.

Embed improved Partnership arrangements as guided by recommendations of Partnership review completed in 2023

The Mid North Coast Aboriginal Health Accord (MNCAHA) was renewed, and the partners have agreed to a set of guiding principles to guide improved partnership arrangements. As outlined in the MNC Aboriginal Health Strategic Framework, MNCLHD will continue to ensure partnership agreements and MOUs include opportunities to progress culturally appropriate research, evaluation, data and information sharing.

Embed actions from Senior Executive Forum Confirmed Actions to Transform Aboriginal Health

The NSW Actions to transform Aboriginal Health sets actions and projects across the NSW Health system and outlines NSW Health's response to the Priority Reform Areas from the National Agreement to Close the Gap (CTG). A set of actions were implemented during 2024 to help achieve outcomes in alignment with CTG.

Promote and monitor use of Aboriginal Cultural, Engagement Self-Assessment Audit Tool (ACESAAT) across the District

The Mid North Coast Local Health District (MNCLHD) is dedicated to enhancing the health and wellbeing of Aboriginal people by delivering culturally safe and respectful health services.

The ACESAAT is a crucial instrument in identifying areas where cultural engagement between NSW Health staff and Aboriginal communities can be strengthened and supports continuous quality improvement. MNCLHD Leadership Team members attest that the ACESAAT has been completed and action plans have been implemented during the financial year by the teams they manage as part of the annual Corporate Governance Attestation process. In-services and user guides have been developed to assist staff both completing the ACESAAT and when developing actions plans.

Define and promote the purpose of Aboriginal Health Leadership Collective

The Mid North Coast Local Health District (MNCLHD) Aboriginal Health Leadership Collective (AHLC) was established to raise the voice of Aboriginal staff and to support the development of emerging leaders.

The AHLC is a forum for consultation, feedback, learnings, and advice on Aboriginal Health. The Collective supports system improvements and leadership in Aboriginal health through collaboration and partnership with executive sponsorship.

The Collective's philosophy is "That leadership and ideas can come from anywhere in the organisation".

Patient experience

Patient Story - Ibrahim and Nori’s Journey in Coffs Harbour, Mid North Coast, Australia

Ibrahim and Nori, along with their two sons, arrived in Australia in August 2019. Shortly after their arrival, the family visited the refugee clinic at Coffs Harbour for an initial health assessment, where it was discovered that their two younger sons were suffering from Nephrocalcinosis, a condition that affects both their kidneys and eyesight.

Due to this condition, the boys require frequent medical attention and specialised care. They need to travel to Sydney regularly - approximately every three months for their eye problems and every six weeks for their kidney issues. This frequent travel has been a significant challenge for the family.

The family has greatly benefited from the Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS). This program has provided essential financial support, allowing them to afford travel to John Hunter and Sydney hospitals for necessary medical appointments and operations. Without IPTAAS, the family would struggle to manage the expenses associated with frequent trips to Sydney, including the high costs of fuel and accommodation.

Ibrahim expressed, through an interpreter, the immense relief the program has brought them: “If it wasn’t for the program, we wouldn’t be able to go to Sydney that many times. It’s a lot of help and gives us a lot of relief.”

With the help of Michele Greenwood, a Clinical Nurse Consultant at the refugee clinic, and the support of interpreters, the family has been able to navigate the complexities of the healthcare system. Michele assists them in filling out necessary forms and coordinates all appointments, ensuring they don’t miss critical medical visits. If the family is unable to secure accommodation at Ronald McDonald House, Michele also finds reasonably priced hotels nearby.

The support provided by the clinic and IPTAAS has been crucial. Regular attendance at these appointments is vital for the boys’ health. Missing them could lead to worsening conditions, potentially resulting in hospital admissions. The preventative care facilitated by IPTAAS not only benefits Ibrahim and Nori’s family but also saves the healthcare system in the long run by avoiding more severe health complications.

Ibrahim and Nori are profoundly grateful for the assistance they receive. As Ibrahim shared, “If she not help me, I can’t go to Sydney for everything. But it’s good, Michele help me and the refugee clinic in Coffs Harbour. IPTAAS, yeah, it’s very good.”

This story underscores the importance of support programs like IPTAAS in providing access to necessary healthcare for vulnerable populations, ensuring they receive timely and effective treatment.

A workplace culture that drives safe, high-quality care

The MNCLHD is dedicated to creating a workplace and community that values diversity, inclusion and respect. This includes preventing racism, developing manager capability, rewarding and recognising staff and investment in their wellbeing.

Commitment to Preventing Racism

The MNCLHD Commitment to Preventing Racism focuses on the following:

- build conscious leadership - to make a real difference within the workforce, all senior leaders need to commit to preventing racism
- enhance awareness and education - to increase staff and patient awareness and understanding of racism and its health impacts
- redesign and implement appropriate systems and processes - to ensure we have fit for purpose policies and processes in place to support staff in reporting incidents of racism and to better respond to incidents of racism
- build strong peer support - to create a positive, inclusive and safe workplace culture to ensure all staff feel they belong and are understood.

The MNCLHD Racism. It Stops With Me campaign was launched in March 2024 through registration with the Australian Human Rights Commission as a supporter of the national campaign.

The local campaign includes a District communication strategy with the dissemination of collateral across Macksville, Coffs Harbour, Bellingen, Port Macquarie, Kempsey and Wauchope facilities. A Working Group has been established to co-design systems and processes, using a human-centred approach in understanding the current challenges and potential racism in the workplace.

In consultation with this group, a review of our racism reporting and response processes and Workplace Cultural Diversity Assessment has been undertaken to help guide future actions for the District.

The Executive Team and Governing Board participated in face-to-face anti-racism training. More than 100 of our senior leaders and culture champions have completed virtual anti-racism training provided by Kind Enterprises. Feedback indicates a significant increase in awareness of the forms of racism and its impacts and increased confidence in their ability to respond to incidents in the workplace.

Developing Manager Capability

A suite of educational opportunities has been developed as a part of a targeted focus on building manager capability across the MNCLHD.

Managers have been participating in a virtual series of workshops hosted by a panel with the opportunity for question-and-answer style learning across a broad range of topics including recruitment, leave management and supporting employees through injury and illness.

Development includes a Fundamentals of Cost Centre Management workshop aimed at building the capacity of our current and emerging cost centre managers through understanding budget principles, rostering best practice and budgetary impact and the human response to change. Senior Leaders Connect is a meeting series to enhance connection among the senior leader group and Executive Leadership Team, improve communication and information sharing across directorates and provide meaningful, practical information for leaders across the LHD. With a focus on key initiatives, the group has met to share information, insights and discussions around the MNCLHD Commitment to Preventing Racism, Financial Sustainability, Psychosocial Safety and Managing Change.

Reward and Recognition Program

Mid North Coast Local Health District (MNCLHD) launched the Reward and Recognition Guide.

As a District, we are committed to fostering a culture of genuine appreciation and recognition of our people for their contribution to health services and our community.

Employee Reward and recognition acknowledges the positive contributions our people make to their team, organisation and community.

The MNCLHD Reward and Recognition Guide has been developed to set out a consistent, transparent and equitable approach to recognition across the District. The guide provides information regarding reward and recognition opportunities available to MNCLHD managers and employees at a local, District and state level and complements existing service recognition programs within the LHD.

Annual staff Service Awards commenced in late June. These awards recognise years of service starting from the 10-year milestone and continuing in five year increments with a certificate and pin personally presented by their manager in a team gathering or forum to mark the moment and acknowledge the individuals' contributions and value to NSW Health. Expansion of the Learning Through Excellence (LEX) program across the LHD provides a pathway for reporting and recording to acknowledge and recognise staff.

Wellbeing

Coffee and Conversation program

The Coffee and Conversation program aims to raise awareness of the importance of positive mental and physical wellbeing for all MNCLHD staff. The Program is part of the wider Wellbeing Check-in initiative that allows you to learn more about the large range of wellbeing and staff support services available. The People and Culture team visits workplaces in the District throughout each September. Staff can visit any of the Check-in hubs during the month to speak with one of the team members and access a wide range of helpful staff resources which support a healthy life and work environment. While they are there, they can grab a Coffee and Conversation card and enjoy a complimentary coffee.

Your CARE Hub

Your CARE Hub is packed with resources, tools and tips designed to support staff wellbeing, when and how you choose to use it (in a sense, your own oxygen mask). It's smart, device friendly and it's also a fantastic extension of our current organisational wellbeing support programs. Looking after employee physical and mental wellbeing is the most important thing we can do, not just for ourselves, but for our loved ones, our colleagues, and importantly our patients. The Your CARE Hub provides helpful tools for mindfulness, diet and nutrition, exercise planners, resources for mental health, tips for working remotely, budgeting, a dedicated podcast channel and many other wonderful resources to support staff wellbeing. It empowers staff to develop their own bespoke path to wellbeing, whether it be through physical, psychological, financial wellbeing, social connections or finding support as care givers.

NSW Health key performance indicators

End-of-year summary of performance against KPIs outlined in the service agreement Include an end-of-year summary of performance against safety and quality KPIs in your NSW Health Service Agreement. Where performance is below a state target, include mitigation strategies and initiatives to improve performance. See Appendices on page 18.

Future priorities

Aboriginal Health Strategic Framework

As part of Mid North Coast Local Health District's continued commitment to close the gap in health outcomes and life expectancy between Aboriginal people and non-Aboriginal people, the MNCLHD Aboriginal Health Strategic Framework 2024 - 2034 has been developed.

This new framework was informed through consultation with internal and external partners as well as the Aboriginal community to collaborate and co-design a framework that aims to improve the health and wellbeing of Aboriginal people of the Mid North Coast.

The framework provides a guide on how we plan, implement and evaluate our actions to ensure they are culturally safe, appropriate and effective. It is aligned with the MNCLHD Strategic Plan 2022-2032 and links with a number of state, national and local plans and policies including:

- National Agreement on Closing the Gap
- Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2016-2026
- National Aboriginal and Torres Strait Islander Health Plan 2021-2031

The Framework aims to ensure that improvements in the wellbeing of Aboriginal people is embedded in everything we do and that all parts of our organisation, from the Governing Board through to every ward and community service level, takes action that delivers better outcomes, accessible services and optimal healthcare experiences for Aboriginal people. To ensure alignment with emerging health plans and policies at times this document may require to be updated. The most current version will be available on this site.

The Same-Day Hip and Knee Joint Replacement Model

The Same-day Hip and Knee Joint Replacement Model and other short-stay options are being introduced to improve how surgeries are done in the District. Once in place, these new methods are expected to make surgery more efficient by reducing the time patients need to stay in the hospital without increasing health risks.

They will also help to ensure that we use hospital resources more effectively and encourage patients and their carers to be more involved in healthcare decisions, improving their overall experience.

Impact of COVID-19 on Joint Replacement Surgeries

In 2018, more than 11,000 knee and hip replacements were done in NSW public hospitals. However, when the COVID-19 pandemic hit, many non-urgent surgeries like hip and knee replacements were put on hold. Doctors were asked to prioritise surgeries that needed immediate attention, and patients whose surgeries could be safely delayed were pushed back. This mainly affected people waiting for orthopaedic surgeries because hip and knee replacements are generally classified as non-urgent.

Choosing Patients for Same-Day Joint Replacement

When deciding if a patient is suitable for same-day joint replacement surgery, several factors are considered. These include whether the surgery is for one joint, the patient's willingness and confidence in the procedure, the support they have at home, and their overall health. It's also important that patients have realistic expectations. For example, an appropriate patient is scheduled for a knee replacement, they will go home the same day and continue their recovery through the Hospital in the Home (HITH) program.

This new approach is designed to improve the efficiency of surgeries, ensure patient safety, and make the best use of healthcare resources.

The Rational Investigation Program

The Rational Investigation Program is an innovative initiative launched in Coffs Harbour Emergency Department (ED) on 1 July 2023 to reduce unnecessary pathology testing. Crucially, no adverse patient outcomes were reported due to unperformed tests.

Over testing is a significant issue, with 12 - 44 per cent of pathology tests deemed unnecessary, contributing to escalating healthcare costs. Given that 30 per cent of healthcare is categorised as low-value care and the Australian healthcare system spent $3.9 billion on pathology services in 2020 - 2021, addressing this issue is vital, especially expected population growth across the District.

Program goals

The program seeks to foster a shift towards sustainable healthcare by promoting high-value care and reducing unnecessary testing by up to 20 per cent. This not only improves patient care by minimising harm from over testing but also enhances patient flow and reduces costs. If scaled, the program could save millions across other hospitals while contributing to the reduction of waste and greenhouse gas emissions.

Collaborative approach

Led by Dr Brian O'Connell, Net Zero lead for NSW Emergency Departments, the program is a collaborative effort involving more than 70 stakeholders. It focuses on rethinking how pathology tests are ordered through clinical education and engagement.

Phased Implementation – The program's implementation follows a phased approach.

- Phase 1: Launched in mid-2023, focusing on quality and educational sessions for all emergency clinical staff.
- Phase 2: Expanded engagement to inpatient teams, targeting medical staff Councils and department heads.
- Phase 3: Started in February 2024, optimising the Coffs Harbour ED program and expanding trials to Port Macquarie ED.

Research and impact

Building on successful initiatives like STOP and Choosing Wisely, the program is undergoing a 24-month research study in collaboration with the University of Sydney and NSW Health Pathology. The study will evaluate the program's long-term impact on cost savings and patient outcomes, helping to drive more efficient, effective, and sustainable healthcare practices.

Sustainable healthcare is becoming an integral part of everyday practice, and the program is at the forefront of this transformation.

Hospital Acquired Complications

A hospital-acquired complication (HAC) is a health issue that happens while a patient is in the hospital. There are ways to lower the risk of HACs, but they can't always be completely prevented. Common types of HACs include urinary tract infections, surgical site infections, and delirium. Patients who are older or have severe illnesses are more likely to develop these complications. Once a patient gets one HAC, they are at higher risk of getting more. For example, a fall could lead to delirium, which then increases the risk of infections.

While addressing each HAC on its own - such as preventing falls - can be helpful, focusing on each one separately can be overwhelming for both staff and patients. It can also miss broader risks that patients may face.

MNCLHD plans to shift to a patient-focused approach instead of focusing only on specific complications. This will involve identifying patients who are generally at risk of complications and creating a 'comprehensive patient safety plan' in collaboration with the patient. This plan will work alongside the patient's overall care plan.

For 2025, MNCLHD will:

- conduct a detailed analysis of HACs to find patterns of increased risk
- work with patients, carers, and staff to design a comprehensive safety system
- launch a pilot program to test this approach.

Appendices

Legend

Performing - performance is equal to or better than target

Under Performing - performance is less than target and greater than or equal tolerance

Not Performing - performance is less than tolerance

Data

NSW Health Strategic Outcome 1: Patients and carers have positive experiences and outcomes matter	*Results available quarterly only	Period	Target	Q2 2023-24 Result*	Q2 2022-23 Result*	Q2 2021-22 Result*
Overall Patient Experience Index (Number): Adult admitted patients (Quarterly results)		Oct23 - Dec23	8.7	8.84	8.89	8.68
Overall Patient Experience Index refers to the rating given by consumers of their experience in our hospitals						
Overall Patient Experience Index (Number): Emergency Department (Quarterly results)		Oct23 - Dec23	8.6	8.64	8.6	8.52
Overall Patient Experience Index refers to the rating given by consumers of their experience in our Emergency Departments						
Patient Engagement Index (Number): Adult admitted patients (Quarterly results)		Oct23 - Dec23	8.7	8.58	8.72	8.72
Patient Engagement Index (Number): Emergency Department (Quarterly results)		Oct23 - Dec23	8.5	8.12	7.95	7.96
Patient Engagement Index refers to the rating given by consumers of how engaged they feel in their care and treatment in our emergency departments.						
Mental Health Consumer Experience: Mental Health Consumer with a score of Very Good or Excellent (%) (Quarterly results)		Oct23 - Dec23	80	67	69	65
Mental Health Consumer Experience measures how our mental health patients feel about their experience while in our care.						
NSW Health Strategic Outcome 2: Safe care is delivered across all settings				**Annual 2023-24 Result**	**Annual 2022-23 Result**	**Annual 2021-22 Result**
Emergency Treatment Performance (ETP) – Admitted (% of patients treated in ≤4 hours)		Jul23 - Jun24	50.00	31.7	31.3	38
What is impacting the result and other insights: ▪ Staffing challenges (furloughed, sickness), patient length of stay leading to bed-block and patient flow What we are doing to improve the result: ▪ Realignment of Emergency Department Nurse Navigator hours to match times of peak presentations to assist with rapid review and journey through the Emergency Department ▪ Increased early use of Transit Lounge to permit timely admissions and discharges						
Emergency Department extended stays: Mental Health presentations staying in ED > 24 hours (Number)		Jul23 - Jun24	0.00	87	97	72
What is impacting the result and other insights: ▪ Patient flow factors that is bed block, complex referrals out of the Health District, awaiting specialist mental health assessments, concurrent physical health concerns such as overdoes and other self – injury and transport related issues and are contributing to the level of Mental Health Patients extended stay in Emergency Department **What we are doing to improve the result:** ▪ Daily bed management meetings ▪ Enhance virtual mental health services ▪ Provide youth specific after-hours services ▪ Enhancement of afterhours psychiatrist registrar coverage ▪ Improved access to community-based services via community team based "safe havens" ▪ EMHAART Team involvement in Mental Health patients in the ED to give more timely management						
Emergency Department Presentations Treated in Benchmark Times - Triage 1		Jul23 - Jun24	100	100	100	100
Emergency Department Presentations Treated in Benchmark Times - Triage 2	*Note, target has changed	Jul23 - Jun24	80	74	70	82
Emergency Department Presentations Treated in Benchmark Times - Triage 3	*Note, target has changed	Jul23 - Jun24	75	73	70	74
When people present to the Emergency Department, they are triaged based on the urgency of their illness or injuries they have. Triage 1 is the most urgent. Triage 1 to 3 have recommended timeframes. The timeframes are measured from the time of triage to been seen by a doctor or nurse						
What is impacting the result and other insights:						

In Jul 2024 results were Triage 2 (%) 64.1% and prior month 66.1% and Triage 3 (%) 64.6% and prior month 66.4% **What we are doing to improve the result:** **MNCLHD has provided additional funding to the value of $25.5M over the past 2 years to considerably enhance patient flow support to seven days a week** **Realignment of ED Nurse Navigator hours to match times of peak presentations to assist with rapid review and journey through the ED** Increased early use of Transit Lounge to permit timely admissions and discharges						
Transfer of Care (TOC) - Patients transferred from ambulance to ED ≤30 minutes (%)		Jul23 - Jun24	90	85.5	82.6	84.5
Transfer of Care is a measure of the time taken to access our hospitals when you arrive by ambulance						
Potentially preventable hospital services	*Note, target has changed	Jul23 - Jun24	25	25.4	25.7	25.1
This is the proportion of Emergency Department presentations or admissions to hospitals for conditions where hospitalisation was potentially preventable with appropriate individualised health interventions and early disease management delivered in the primary care and community-based care settings e.g. measles, tetanus The Emergency Department component of this KPI is under performing at 1.07% that is, the number of triage 4 and 5 presentations for the month are; within the range of +/- 2% of prior year. The ratio of triage 4 and 5's to all presentations was 1.07% above than prior year that is 6072/11638 compared to prior year 6036/11811. The Admitted Patient component of this KPI is also under performing at -0.02%. Admitted Patient component is the ratio of potentially preventable conditions to admitted patient days of 1.61% (280/17415) was slightly above prior years result of 1.63% (327/20109) .						
Hospital acquired pressure injuries (Rate per 10,000 episodes of care)	*Note, target has changed	Jul23 - Jun24	5.2	5.1	5.7	3.8
A pressure injury is damage to your skin or soft tissue as a result of pressure or friction during hospital admission. We measure the rate of pressure injuries so we can develop strategies to stop them occurring.						
Falls-related injuries in hospital - resulting in fracture or intracranial injury (Rate per 10,000 episodes of care)	*Note, target has changed	Jul23 - Jun24	7.3	7.4	5.1	4.8
These are injuries that happen when someone falls while at our hospitals. We measure these injuries so we can investigate and improve our processes to stop them happening						
Healthcare associated infections (Rate per 10,000 episodes of care)	*Note, target has changed	Jul23 - Jun24	117.7	83	83.2	65.4
These are infections people get while receiving care in our hospitals for a different health condition. We measure these so we can develop ways to reduce the number of healthcare associated infections that happen under our care						
Hospital acquired respiratory complications (Rate per 10,000 episodes of care)	*Note, target has changed	Jul23 - Jun24	31.4	25.9	22.3	21
Respiratory complications are conditions that include respiratory failure and respiratory distress that may develop in people during hospitalisation. We measure these so we can develop strategies to stop them occurring.						
Hospital acquired venous thromboembolism (Rate per 10,000 episodes of care)	*Note, target has changed	Jul23 - Jun24	8.4	4.7	6.5	4.2
Venous Thromboembolism is a condition where a blood clot forms in the veins, primarily in the legs, groin or arms. This condition can happen when your blood cannot circulate properly. Precautions can be taken to reduce the risk of them occurring during hospitalization and therefore such events a monitored						
Hospital acquired renal failure (Rate per 10,000 episodes of care)	*Note, target has changed	Jul23 - Jun24	2.1	0.6	0.0	1.1
Renal failure is a condition where your kidneys stop working and are not able to remove waste and extra water from your blood or keep your body chemicals in balance.						
Hospital acquired gastrointestinal bleeding (Rate per 10,000 episodes of care)	*Note, target has changed	Jul23 - Jun24	9.9	8.7	7.2	6.4
Gastrointestinal bleeding is bleeding that is occurring in your gastrointestinal tract (from your mouth to your rectum).						
Hospital acquired medication complication (Rate per 10,000 episodes of care)	*Note, target has changed	Jul23 - Jun24	8.7	6.5	4.5	6.7
A medication incident is an event that may cause or lead to inappropriate medication use or patient harm. We measure these incidents to help us improve medication usage for our patients, and to ensure they don't occur.						
Hospital acquired delirium (Rate per 10,000 episodes of care)	*Note, target has changed	Jul23 - Jun24	44.7	41.9	38.8	36.3
Delirium is a change in mental state that causes confused thinking and reduced awareness.						

Hospital acquired incontinence (Rate per 10,000 episodes of care)	*Note, target has changed	Jul23 - Jun24	2.3	4.2	1.1	2.5
What is impacting the result and other insights: The May 2024 result for the prior 12 months of 3.64 is above target of 2.3. The result reflects a count of 20 for the prior 12 months **What we are doing to improve the result:** The results relate to relatively small numbers. While significant at a patient level, it does not signify a system issue at present. **Action:** Continue to monitor						
Hospital acquired endocrine complications (Rate per 10,000 episodes of care)	*Note, target has changed	Jul23 - Jun24	29.7	11.7	11.9	11.3
Endocrine complications include low blood sugar levels requiring treatment. It also includes malnutrition, when protein levels in the body drop while in hospital						
Hospital acquired cardiac complications (Rate per 10,000 episodes of care)	*Note, target has changed	Jul23 - Jun24	38.1	29.5	24.5	24.9
A cardiac complication is a problem with the heart						
3rd or 4th degree perineal lacerations during delivery (Rate per 10,000 episodes of care)	*Note, target has changed	Jul23 - Jun24	364.1	269.9	352.3	250.8
A perineal laceration is a tear that occurs during childbirth. We measure the numbers of tears that happen in our hospitals so that we can develop strategies to prevent them from occurring.						
Hospital acquired neonatal birth trauma (Rate per 10,000 episodes of care)	*Note, target has changed	Jul23 - Jun24	80.9	132.2	96.0	115.2
Neonatal birth trauma is an injury to a newborn baby during childbirth. Injuries may include bruising, swelling or a broken bone. **What is impacting the result and other insights:** The May 2024 result for the prior 12 months of 133 is above target of 80.9. The result reflects a count of 24 for the prior 12 months. Site results were Coffs Harbour had 17, Kempsey had 1 and Port Macquarie had 6. **What we are doing to improve the result:** Through the Morbidity and Mortality review process, sites are completing a review on all neonatal birth trauma cases to identify any avoidable contributing factors. Due to the relationship between instrumental birth and trauma, Coffs Harbour have commenced an instrumental birth audit to identify areas for improvement						
Discharge against medical advice for Aboriginal inpatients (%) (Quarterly results)		Jul23 - Jun24	1.78	2.0	1.8	1.5
What is impacting the result and other insights: The result has been impacted by the larger hospitals in MNCLHD. **What we are doing to improve the result:** A review is underway by ward discharge planners with the Aboriginal Liaison Officers to mitigate this practice						
Overdue elective surgery patients - Category 1		Jun-24	0	1	0	0
Overdue elective surgery patients - Category 2		Jun-24	0	14	101	113
Overdue elective surgery patients - Category 3		Jun-24	0	82	578	540
Elective Surgery Overdue represents the number of patients experiencing a delay in having their surgery based on the Elective Surgery Overdue represents the number of patients experiencing a delay in having their surgery based on the urgency of their surgery and the recommended timeframe. Category 1 is the most urgent. What is impacting the result and other insights: Patient flow factors that is bed block and theatre utilisation are contributing to the level of Overdue surgical patients **What we are doing to improve the result:** Weekly monitoring of booking for all patients overdue (waiting and ready for care)						
Elective surgery access performance: Elective surgery patients treated on time - Category 1		Jul23 - Jun24	100.0	99.9	99.5	99.5
Elective surgery access performance: Elective surgery patients treated on time - Category 2		Jul23 - Jun24	97.0	84.2	68.3	86.2
Elective surgery access performance: Elective surgery patients treated on time - Category 3		Jul23 - Jun24	97.0	70.4	72.8	78.4
The Elective Surgery Access performance KPI is the percentage of all patients who have surgery within the recommended timeframe based on the urgency of their surgery. Category 1 is the most urgent. **What is impacting the result and other insights:** Inpatient bed access block, long stay patients and higher number of medical admissions, **What we are doing to improve the result:** Reviews of planned surgical activity, surgical staffing requirements by Key Stakeholders across all surgical sites,						

Unplanned Hospital Readmission: all planned admissions within 28 days of separation - All (%)	*Note, target has changed	Jul23 - Jun24	6.5	6.4	6.5	6.8
An unplanned hospital readmission occurs when a person returns to our hospitals within 28 days of their initial hospital stay and the second hospital stay is not expected and not part of their treatment plan. We want to provide safe, high quality and culturally appropriate care to Aboriginal people. We work to improve our communication during your stay and discharge process with follow up contact						
Unplanned Hospital Readmission: all planned admissions within 28 days of separation (%) - Aboriginal persons	*Note, target has changed	Jul23 - Jun24	6.5	6.0	6.5	5.5
What is impacting the result and other insights: ▪ The patient cohorts of respiratory conditions Ear Nose Throat and Urology are the three top clinical groupings that present as unplanned readmissions. ▪ Approximately 47% of the unplanned readmissions represent with one to 7 days post discharge, and 59% of all unplanned readmissions are aged 65 years and over What we are doing to improve the result: Roll out the 'Deadly Footsteps' program to other Mid North Coast facilities. This initiative has provided examples of improved discharge planning for our aboriginal patients to prevent unplanned re- admission to hospital. Other initiatives include the introduction of the 'Care in the Community' as a virtual care program and the monitoring of patients that have incurred more than one unplanned readmission in a month by case reviews and documenting management plans in the patient's health record						
Mental Health: Acute Seclusion Rate (per 1,000 bed days) (Quarterly results)		Jul23 - Jun24	5.1	1.7	2.5	3.4
Mental Health: Acute Seclusion Duration - (Average hours) (Quarterly results)		Jul23 - Jun24	4.0	10.3	9.1	8.8
Acute Seclusion is the confinement of a patient at any time of the day or night alone in a room or area from which free exit is prevented. While seclusion can be used to provide safety and containment at times, we recognise it can also be a source of distress for the patient, staff- and support persons. **What is impacting the result and other insights:**						
Mental Health: Frequency of seclusion % (Quarterly results)		Jul23 - Jun24	4.1	1.1	2.0	2.4
Acute Seclusion is the confinement of a patient at any time of the day or night alone in a room or area from which free exit is prevented. While seclusion can be used to provide safety and containment at times, we recognise it can also be a source of distress for the patient, staff and support persons.						
Mental Health: Acute post-discharge community care - follow-up within 7 days (%)		Jul23 - Jun24	75	77.7	67.9	72.8
Acute Post Discharge Community Care refers to the percentage of mental health consumers that receive a call from a Community Mental Health contact within seven days of discharging from one of our facilities.						
Mental Health: Acute readmission within 28 days (%)		Jul23 - Jun24	75	77.7	67.9	72.8
An unplanned hospital readmission occurs when a person returns to our hospitals within 28 days of their initial hospital stay and the second hospital stay is not expected and not part of their treatment plan. We want to provide safe, high quality and culturally appropriate care to Aboriginal people. We work to improve our communication during your stay and discharge process with follow up contact						
Mental Health: Involuntary patients absconded from an inpatient mental health unit - Incidents type 1 and 2 (rate per 1,000 bed days) (Quarterly results)		Jul23 - Jun24	0.8	2.06	1.33	0.87
Involuntary patients absconded measures patients under an involuntary mental health order leaving an inpatient mental health unit inappropriately						
Electronic discharge summaries sent electronically and accepted by General Practitioners (%)		Jul23 - Jun24	51	86.0	82.3	84.7
Electronic Discharge Summaries Completed refers to the percentage of discharge summaries that are completed electronically and forwarded to patients GPs to assist ongoing care.						
Virtual Care: Non-admitted service provided through virtual care	*Note, target has changed	Jul23 - Jun24	30.0	22.3	21.0	18.0
We deliver Health Care services virtually to our patients						
NSW Health Strategic Outcome 3: People are healthy and well				Annual 2023-24 Result	Annual 2022-23 Result	Annual 2021-22 Result
Mental Health Peer Workforce Employment - Full time equivalents (FTEs) (Quarterly results)	*Note, target has changed	Jul23 - Jun24	10.5	10.7	9.5	4.2

Take action - People Matter Survey - Take action as a result of the survey - Variation from previous survey (%)			2022/23	-1	1.2	2.1	0.1
Staff Performance Reviews - Within 12 Months (%) (12-month period with results released monthly)	*Note, target has changed		Jul23 - Jun24	90	74.9	78.7	68.8
Recruitment: average time taken from request to recruit decision to approve/decline/defer recruitment (business days)			Jul23 - Jun24	10	10.0	9.9	10.9
Aboriginal Workforce Participation - Aboriginal workforce as proportion of total workforce at all salary levels (bands) and occupations (%)			Jul23 - Jun24	3.43	5.4	5.8	5.3
Employment of Aboriginal Health Practitioners (Number)	*Note, target has changed		Jul23 - Jun24	3	1	0	0
Staff Engagement and Experience - People Matter Survey - Racism experienced by staff - Variation from previous survey (%)			2022/23	0	14.3	-12.5	-3
Staff Engagement - People Matter Survey Engagement Index - Variation from previous survey (%)			2022/23	-1	-0.51	0	-1.2
Compensable Workplace Injury Claims (% change over rolling 12 month period) (12-month period with results released monthly)			Jul23 - Jun24	0	-24.1	-1.0	13.3
NSW Health Strategic Outcome 5: Research and innovation, and digital advances inform service delivery					Annual 2023-24 Result	Annual 2022-23 Result	Annual 2021-22 Result
Research Governance Application Authorisations - Site specific within 60 calendar days - Involving greater than low risk to participants - (%)			Jul23 - Jun24	75	98.6	95.3	100
Ethics Application Approvals - By the Human Research Ethics Committee within 90 calendar days - Involving greater than low risk to participants (%)			Jul23 - Jun24	75	75	79	92

Quality and Safety Attestation Statement

Mid North Coast Local Health District
Governing Board Submission

This attestation statement is made by	Mr Peter Treseder AO
Holding the position/office on the Governing Body	Chair, MNCLHD Governing Board
For and on behalf of the governing body titled	Governing Board
	Mid North Coast Local Health District

1. The Governing Body has fully complied with, and acquitted, any Actions in the National Safety and Quality Health Service (NSQHS) Standards, or parts thereof, relating to the responsibilities of governing bodies generally for Governance, Leadership and Culture.

2. The Governing Body has fully complied with, and acquitted, any Actions in the National Clinical Trials Governance Framework, or parts thereof, relating to the responsibilities of governing bodies generally for Governance, Leadership and Culture.

3. In particular I attest that during the past 12 months the Governing Body:

   a. has provided leadership to develop a culture of safety and quality improvement within the Organisation, and has satisfied itself that such a culture exists within the Organisation.

   b. has provided leadership to ensure partnering by the Organisation with patients, carers and consumers.

   c. has set priorities and strategic directions for safe and high-quality clinical care, and ensured that these are communicated effectively to the Organisation's workforce and the community.

   d. has endorsed the Organisation's current clinical governance framework.

   e. has endorsed the Organisation's current clinical trials governance framework.

   f. has ensured that roles and responsibilities for safety and quality in health care provided for and on behalf of the Organisation, or within its facilities and/or services, are clearly defined for the Governing Body and workforce, including management and clinicians.

   g. has monitored the action taken as a result of analyses of clinical incidents occurring within the Organisation's facilities and/or services, including clinical trial services.

   h. has routinely and regularly reviewed reports relating to, and monitored the Organisation's progress on, safety and quality performance in health care.

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

5. I have the full authority of the Governing Body to make this statement.

6. All other members of the Governing Body support the making of this attestation statement on its behalf.

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

- submission of this attestation statement is a pre-requisite to accreditation of the Organisation using NSQHS Standards under the Scheme.

- specific Actions in the NSQHS Standards concerning Governance, Leadership and Culture will be further reviewed at any onsite accreditation visit/s.

- submission of this attestation statement is a pre-requisite to accreditation of the Organisation using the National Clinical Trials Governance Framework under the Scheme.

- specific Actions in the National Clinical Trials Governance Framework concerning Governance, Leadership and Culture will be further reviewed at any onsite accreditation visit/s.

Signed	
Position	Chair, MNCLHD Governing Board
Date	11 September 2024

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

Signed	
Position	Chief Executive
Name	Mr Stewart Dowrick
Date	16/9/2024

List of Evidence against Attestation actions

Clinical Governance Standard 1 Actions

In 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.

- MNCLHD Strategic Plan 2022-2032
- MNCLHD Clinical Governance Framework 2024
- MNCLHD Health Care Quality Committee (HCQC) and other Governing Board Sub committees
- Directorate Patient Safety and Quality Committees reporting to (HCQC)
- MNCLHD Safety and Quality Account 2022-2023

b. has provided leadership to ensure partnering by the Organisation with patients, carers and consumers.

- MNCLHD Local Health Advisory Group (peak consumer forum) established 2023 as an Advisory Group for the Governing Board
- MNCLHD Partnering with Consumers for Safety and Quality 2021-26 inclusive of a Framework, Consumer Voice Guide, Patient Story Toolkit.
- MNCLHD Aboriginal Health Authority (Aboriginal Medical Services and North Coast Primary Health Network – Healthy North Coast).

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.

- MNCLHD Strategic Plan 2022-32
- MNCLHD Clinical Governance Framework
- MNCLHD Partnering with Consumers for Patient Safety and Quality Framework
- MNCLHD Safety and Quality Account 2021-2022

d. has endorsed the Organisation's current clinical governance framework.

- MNCLHD Clinical Governance Framework 2024

e. has endorsed the Organisation's current National Clinical Trials Governance Framework.

- MNCLHD Clinical Trials Governance Framework 2024

f. has ensured that roles and responsibilities for safety and quality in health care provided for and on behalf of the Organisation, or within its facilities and/or services, are clearly defined for the Governing Body and workforce, including management and clinicians.

- Health Services Act 1997 (Note relevant sections: Part 2 – Local Health District Board, and Part 3 – Functions of Local Health Districts)

Mid North Coast Local Health District
Governing Board Submission

- Corporate Governance Compendium (Relevant section 3 – Roles of Boards and Chief Executive)
- Clinician and manager Position Descriptions- Inclusive of role and responsibilities for safety and quality.
- Governing Board Orientation Manual.

g. has monitored the action taken as a result of analyses of clinical incidents occurring within the Organisation's facilities and/or services, including clinical trial services.

- MNCLHD Health Care Quality Committee Patient Safety Quality Performance Report as standard agenda item.
- Serious Adverse Event Reviews (SAER), recommendations and trend analysis reported to Health Care Quality Committee.
- Clinical Risk Report to MNCLHD Audit and Risk Committee.
- KMPG RCA Recommendation Implementation Reviews 2022 and 2023.

h. has routinely and regularly reviewed reports relating to, and monitored the Organisation's progress on, safety and quality performance in health care.

- Monthly Patient Safety and Quality Performance Report to Health Care Quality Committee.
- Patient Safety and Clinical Incident Reports to Health Care Quality Committee as Standard agenda item.
- Safety and quality indicators reviewed within Monthly Health Service Performance Report and quarterly MNCLHD Performance Reviews with Ministry.
- Annual Safety and Quality Account submission.

National Standard Action 1.2 (attestation action 4)

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

- MNCLHD Aboriginal Health Authority (partnering with Aboriginal Medical Services and North Coast Primary Health Network)
- MNCLHD Aboriginal Health Strategic Framework 2024-2034
- MNCLHD Aboriginal Cultural Safety and Security Framework and Implementation Plan 2021

Schedule of health service organisations covered by this attestation statement.

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

© MNCLHD Safety and Quality Account
2023-24 Report and
2024-25 Future priorities
Published November 2024

NSW GOVERNMENT

Mid North Coast
Local Health District