

Central Coast Local Health District

ANNUAL SAFETY AND QUALITY ACCOUNT

2020-2021



Health
Central Coast
Local Health District





Acknowledgement of Country

Central Coast Local Health District acknowledges that we are located on the lands of Australia's first people. The traditional custodians of the land covered by our District are the Darkinjung people.

We pay respect to these lands that provide for us. We acknowledge and pay respect to the Aboriginal ancestors that walked and managed these lands for many generations before us.

We acknowledge and recognise all Aboriginal people who have come from their own country and who now call this country their home. We acknowledge our Elders, both past and present, our elders are our knowledge holders, teachers and pioneers.

We also acknowledge our Aboriginal youth who are our hope and who are our future leaders.

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Statement on Safety and Quality

Central Coast Local Health District (the District) is privileged to be able to provide safe and quality health care services to residents of the Central Coast community. Caring for the Coast is the strategy we apply to everything we do. Our vision, Caring for the Coast – every patient every time remains strong, and our purpose to enhance the health and wellbeing of our community continues to drive how we plan for and deliver our health care services.

The past 12 months have been challenging for the Central Coast community as we have been required to respond quickly and effectively to the current COVID-19 pandemic. The health care provided during this time continued to keep our patients, staff and community safe.

The global COVID-19 pandemic has seen our health care service rapidly adapt our service delivery models. We have trained additional staff to supplement our intensive care units and emergency departments if required, introduced telehealth outpatient appointments, opened COVID-19 vaccination clinics and continued the two COVID-19 testing clinics. We have also continued to work with revised visiting hours and flexible working arrangements for our staff to reduce the risk of spreading COVID-19. Our preparedness and flexibility, reflects the resilience and commitment of our staff to provide the best possible care to our Central Coast community.

This year work has progressed on the \$200 million redevelopment of Wyong Hospital, including a new six-storey building which is expected to open in the coming months. Construction of the Central Coast Clinical School and Research Institute (CCCSRI), a joint initiative with The University of Newcastle, was completed, with the first occupants moving in at the end of June. The CCCSRI will transform the ways in

which we develop and deliver health care on the Central Coast. We have also strengthened our partnerships with our local residential aged care facilities, increasing nurse practitioner, allied health and Aboriginal health support to residents and staff.

Following an initial delay from December 2020 due to COVID-19 restrictions, CCLHD successfully passed our District-wide Accreditation Assessment in May 2021 against the National Safety and Quality Health Service Standards (or National Standards).

In April 2021 the District said goodbye to Dr Andrew Montague as the Chief Executive for the last five years. In June 2021 a number of key figures from the Board of Directors were also farewelled as their tenure came to an end. These included Mr Paul Tonkin after 10 years as Board Chairperson and a total of 27 years on the Board; Prof Maree Gleeson and Dr Sean Kelly who had both reached the now mandated 10 year maximum term. All were acknowledged and thanked for their strong commitment and dedication to the District.

As the Acting Chief Executive and new Board Chair, we are pleased to present our Safety and Quality Account for 2020-2021. It showcases the District's progress and achievements over the past 12 months and shares the areas we will work on in the coming year to ensure that we continue to deliver on our promise of Caring for the Coast – every patient, every time.

We hope that you find the content informative and would like to take the opportunity to thank our dedicated staff, who are committed to working with our consumers to deliver high quality and safe health care services, accessible when and where our Central Coast residents need them.



Brad Astill,
Acting Chief Executive
Central Coast Local Health District



Professor Donald MacLellan,
Board Chairperson
Central Coast Local Health District

Snapshot

ANNUAL SAFETY AND QUALITY ACCOUNT 2020/2021

2020-2021 Year in Review at Central Coast Local Health District



153,172
Emergency Department
Presentations



91,180
Admissions
to Hospital



1,145,641
Occasions of
Service Provided



26,644
Surgeries



3,219
mothers giving birth to
3,256
babies



806,858
Outpatient or
Non-Admitted
Service Events



203,642
Home-Based Occasions
of Service



20,452
Dental Weighted Activity
Units (DWAUs)



9
SAC / Harm Score
1 Incidents



1
SAC / Harm Score 1
inpatient falls resulting
in death



26
SAC / Harm Score 2
Pressure Injuries



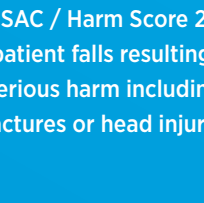
19
SAC / Harm Score 2
Blood Stream Infections



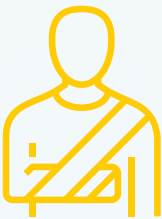
5,739
Rapid Response Calls



195
REACH (patient and
family activated rapid
response) Calls



57
SAC / Harm Score 2
inpatient falls resulting in
serious harm including
fractures or head injuries



Caring for our Patients

We successfully passed our District-wide Accreditation Assessment in May 2021 against the National Safety and Quality Health Service Standards (or National Standards), implemented a QR code for consumers to access the Australian Charter of Healthcare Rights, updated to virtual delivery of telehealth and interpreting services, and enhanced the patient experience through the implementation of Patient Experience Officers in our Emergency Departments and the Consumer Feedback dashboard.



Caring for our Community

In 2021 CCLHD is releasing the "Caring for our Community Plan 2021-2031". The Plan sets out a blueprint for what we want to achieve for our community health services over the next 10 years and an implementation plan is in development.

The Police, Ambulance and Clinical Early Response (PACER) pilot program commenced on the Central Coast in February 2021. PACER is a model of care in which mental health clinicians support police in a mobile emergency mental health response to enable assessment of a person close to the time of crisis.



Caring for our Staff

Implementation of the CCLHD Culture Strategy 2018-2023 continued with a range of staff culture, safety and wellbeing initiatives.

Caring for the Coast Awards were run again in 2020-2021 to recognise and reward staff and volunteers for their contribution to ensuring the healthcare delivered to the Central Coast Community is safe and high quality. Our staff were protected against COVID-19 and influenza through our vaccination clinics.



Caring for our Resources

The Organisational Sustainability Plan (OSP) continued to achieve District-wide savings, realising \$23.053M in 2020-2021. In May 2021 CCLHD implemented a new remote patient monitoring program, reflecting an increasing move towards virtual healthcare in the era of COVID-19. The initiative is supported by eHealth's Virtual Care Accelerator program and delivered through a strategic partnership between Telstra Health and CCLHD. The first patients to receive virtual monitoring are those in Acute and Post-Acute Care (APAC) and patients diagnosed with Gestational Diabetes Mellitus (GDM).

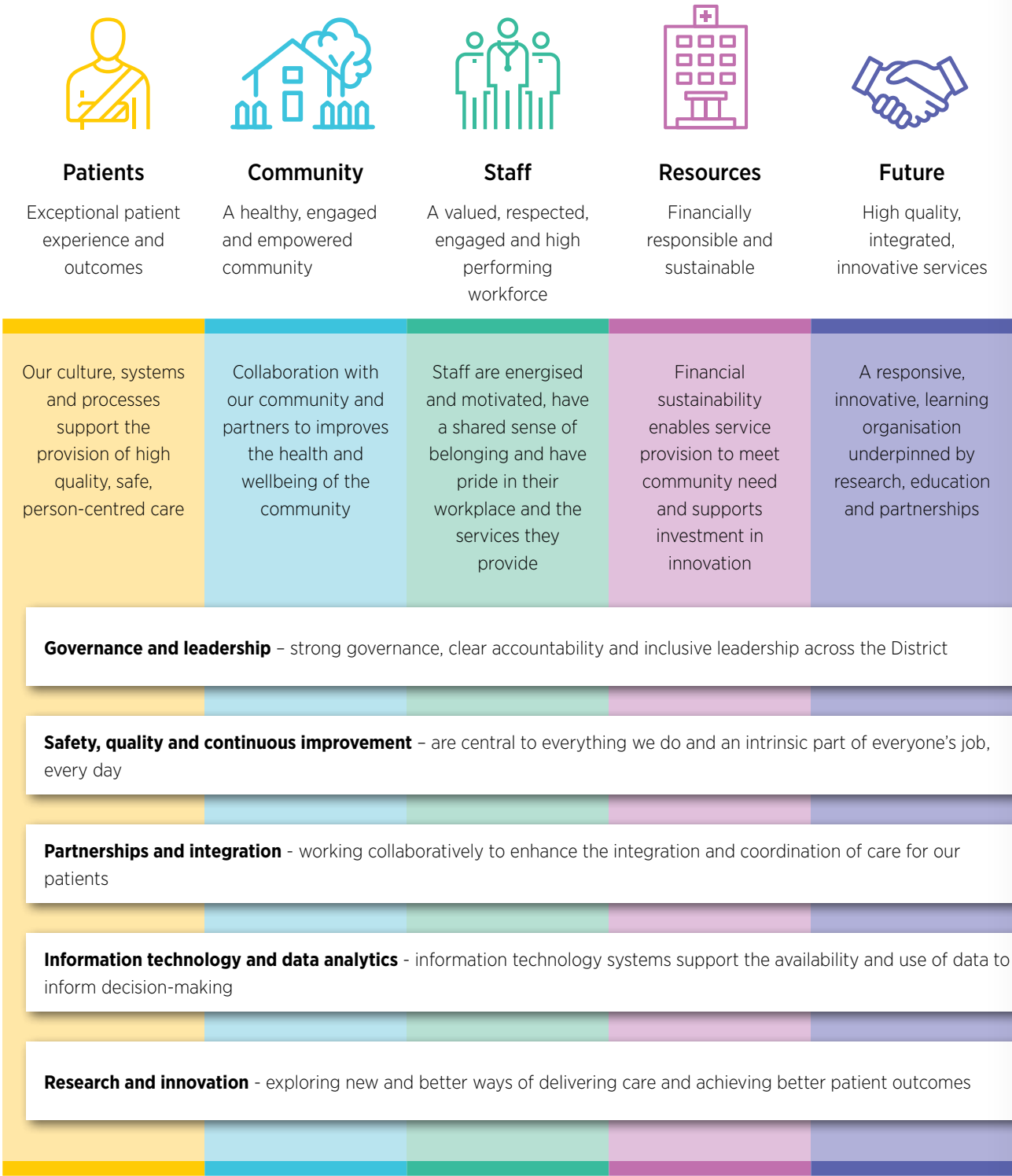


Caring for our Future

The Central Coast Clinical School and Research Institute, a joint facility of CCLHD and The University of Newcastle and the Commonwealth Government, was completed in June 2021, and the first occupants moved into the building soon after. The \$200 million redevelopment of Wyong Hospital neared completion, with the first clinical areas expected to be up and running in late 2021.

Introduction to Central Coast Local Health District

Our District is responsible for providing primary, secondary and tertiary level health care for residents of the Central Coast local government area. In 2019, our District consulted patients, the community and staff to launch a refreshed strategic framework that underpins the care that we deliver to the Central Coast community. **Caring for the Coast** sets out our shared vision, purpose, values, enablers and strategic priorities that guide us as a caring organisation and align with the NSW Government's State Priorities and NSW Health Strategic Directions.



Results statement

Enablers

Central Coast Local Health District - Caring for the Coast

In partnership with the community and other health care providers, we will provide appropriate high quality health care:

- in the right place
- at the right time
- by the right person
- for the right cost.

Our Vision - Caring for the Coast - delivering exceptional care by caring for our patients, our community and our staff

The Central Coast is a place where:

- people will be able to access the majority of their health needs locally
- our District will provide, coordinate and purchase secondary and tertiary services
- the community will have an integrated primary care sector
- people live in an area that leads the promotion of good health in the community
- the community has accepted the joint responsibility of 'healthy people – vibrant community' and will play a key role in better managing their health care needs.

Our Purpose - to enhance the health and wellbeing of our community

This will be achieved by:

- working with our community to agree on health priorities and the best way to address these
- ensuring our health care services are accessible, high quality and integrated.



Our NSW Health Core Values

Our District promotes the following NSW Health CORE values:

- Collaboration
- Openness
- Respect
- Empowerment.

Our Strategic Priorities

- **Caring for our Patients** – exceptional patient experience and outcomes
- **Caring for our Community** – a healthy, engaged and empowered community
- **Caring for our Staff** – a valued, respected, engaged and high-performing workforce
- **Caring for our Resources** – financially responsible and sustainable
- **Caring for our Future** – high quality, integrated, innovative services

Our Strategic Enablers

- Governance and leadership – strong governance, clear accountability and inclusive leadership across the District
- Safety, quality and continuous improvement – are central to everything we do and an intrinsic part of everyone's job, every day
- Partnerships and Integration – working collaboratively to enhance the integration and coordination of care for our patients
- Information technology and data analytics – information technology systems support the availability and use of data to inform decision making
- Research and innovation – exploring new and better ways of delivering care and achieving better patient outcomes.

Geographical Profile

The District is nestled north of metropolitan Sydney and south of the Hunter Valley and provides health care services across a geographical area of approximately 1853 square kilometres. Our District, covers the Central Coast Local Government Area and works in liaison with the Hunter New England Central Coast Primary Health Network.

Central Coast

Lake Haven
Toukley

Wyong

Mangrove Mountain

Gosford

Long Jetty

Erina

Woy Woy

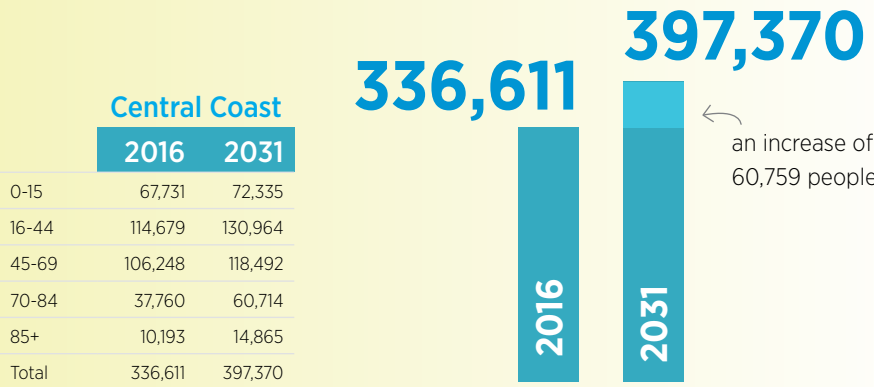
Kincumber

- KEY
-  Hospital with Emergency Department
 -  Hospital without Emergency Department
 -  Healthcare Centre
 -  Community Health

Our growing community

The population of the Central Coast is projected to increase to nearly 400,000 people by 2031. This is an increase of approximately 60,000 people (or 18 per cent) from 2016.

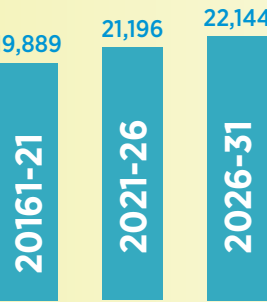
Central Coast Population 2016 - 2031



Source: NSW Population Projections, NSW Department of Planning, Industry and Environment, 2019

The number of births on the Central Coast is also increasing with over 19,889 births in the five year period 2016-2021, expected to increase to 22,144 births in the five year period 2026-2031.

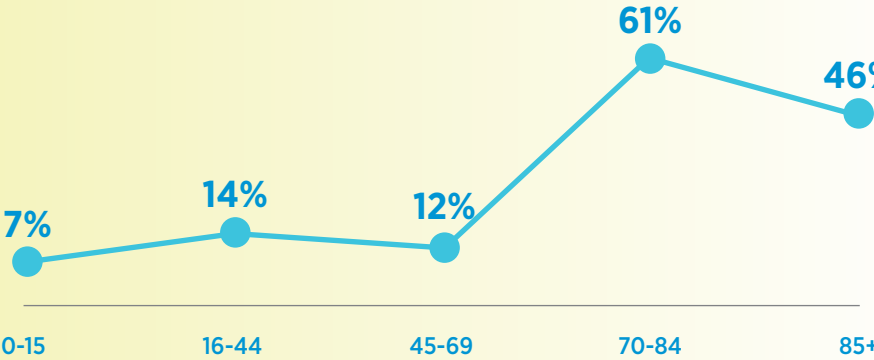
Central Coast Births



Source: NSW Population Projections, NSW Department of Planning, Industry and Environment, 2019

An additional 22,954 older people aged 70-84 years (61 per cent increase) are expected on the Central Coast by 2031, and an additional 4,672 people aged over 85 years (46 per cent increase) by 2031.

Percentage Growth by Age Group 2016 - 2031



Our Population

Socio-Economic Profile

Compared to NSW residents as a whole, Central Coast residents are:

- older
- slightly more likely to live alone or be one parent families with children
- much less likely to speak a language other than English at home
- less likely to have post school qualifications
- have a lower socio-economic status than the NSW average with this more pronounced in the northern parts of the region.

Aboriginal and Torres Strait Islander people

We have a proud Aboriginal community on the Central Coast with 15,371 Aboriginal residents in 2016 (4.6 per cent of the population). The Central Coast Local Government Area (LGA) has the fourth largest Aboriginal population in Australia (after Brisbane, Cairns and Townsville). Further the Aboriginal population is expected to grow at twice the rate of non-Aboriginal Australians. Meeting the health service needs of this large Aboriginal population is essential, as is providing culturally appropriate and culturally safe services.

The Aboriginal population is also a younger population with 36 per cent of the population aged 0-14 years compared to 18 per cent for the non-Aboriginal population on the Central Coast in 2016.

Culturally and Linguistically Diverse Populations

Central Coast residents are becoming increasingly diverse. In 2016 nearly 50,000 Central Coast residents were born outside of Australia, including more than 19,000 born in non-English speaking

countries. The top non-English speaking countries of birth for Central Coast residents were the Phillipines, China and India.

Migrants from non-English speaking countries living in Australia for more than 10 years, experienced poorer mental health and self-assessed health. In 2016, more than 2,000 Central Coast residents reported having low English proficiency. English proficiency can impact socio-economic status and the ability to access health services and employment.

The onset of COVID-19 in early 2020 required an innovative response to service challenges to support these consumers in a myriad of ways including video-interpreting; language cue cards; and CALD Assist and Vocable communication apps were pre-installed in all iPads being used in clinical services.

People Living with Disability

On the Central Coast, 21,083 residents (or 6.4 per cent of the population) needed assistance for their disability in 2016. Every census count, the number of residents with a disability has increased, by 21 per cent (an additional 3,166 residents) from 2006 to 2011 and 18 per cent (an additional 3,149 residents) from 2011 to 2016.

Further, people with disabilities are more likely to have poorer health and increased lifestyle risk factors (smoking, lower levels of physical activity, risky alcohol consumption) than those without disabilities. More than 7,500 people on the Central Coast were receiving care packages through the National Disability Insurance Scheme as at September 2020.

The District recognises the importance of disability inclusion in health service delivery and its impact on the lives of people with a disability. The CCLHD Disability Inclusion Plan 2020-2023 will continue to build upon the high levels of care provided and work towards

proactively identifying, and removing barriers faced by staff, and consumers with a disability. Some achievements with redevelopments have also included incorporated hearing loops, dedicated Changing Place facilities, audio announcements in elevators and accessible counters.

Carers

Carers are people who provide unpaid support to family or friends with a disability, illness or condition. About 11 per cent of Australian adults provide informal care for family or friends. The role and contribution of carers is often hidden. However, their contribution to community care is immeasurable. With the ageing of the population, increasing complexity and high levels of health risk and disadvantage, there is likely to be a greater need for caring roles in future years.

Increasing Complexity and Prevalence of Chronic Conditions

Chronic conditions can have a substantial impact on a person's health and the need for health services. Nearly one in two people in Australia have one or more chronic conditions and one in five people have two or more chronic conditions. Having multiple chronic conditions increases with increasing age. Around 40 per cent of people aged over 45 have two or more chronic conditions.

Dementia is an increasing concern with three in 10 people aged over 85 years estimated to have dementia and almost one in 10 people aged over 65 years. With the ageing of the population, it is expected that the number of people with dementia will continue to increase in future years.

Our health *How we compare*

Lower life expectancy

Life expectancy on the Central Coast is lower than for NSW overall, with Central Coast residents experiencing 81.9 years compared to 83.1 years respectively in 2018.

The Aboriginal population in NSW in 2015-2017 had a lower life expectancy than the non-Aboriginal population by approximately 10 years.



High levels of health risk

A higher proportion of people on the Central Coast are obese, drink alcohol at risky levels, smoke daily and have high or very high levels of psychological distress compared to the NSW population overall.

Factor	Central Coast	NSW
Obese	28.2%	22.4%
Smoke daily	13.8%	11.2%
Risky alcohol consumption	36.4%	32.8%
High or very high psychological distress	23.6%	17.7%

Source: NSW Healthstats, access March 2021

High levels of disadvantage and vulnerable communities

The Central Coast community has low education levels, relatively low household incomes and areas of high disadvantage. These aspects all impact negatively on health outcomes.

Key Facilities and Services

Our District provides public health services to the Central Coast community.

- The region is served by **two acute hospitals**:
 - **Gosford Hospital** which is a principal referral hospital providing a comprehensive range of secondary level services including medical and surgical specialties, maternity, paediatrics, mental health, and some complex and tertiary level services, including trauma, interventional cardiology and cancer care. Services are provided in admitted, ambulatory and outpatient settings.
 - **Wyong Hospital** which is considered a major metropolitan hospital providing a comprehensive range of secondary level services including emergency, surgery, stroke, acute medical, aged care, rehabilitation and mental health inpatient services as well as outpatient and ambulatory services.
- Our District also has **two sub-acute facilities** located at:
 - **Woy Woy Hospital** which provides inpatient and outpatient services with a range of community health services located onsite. Inpatient services are provided as part of the clinical stream of aged care, sub-acute and complex care services.
 - **Long Jetty Healthcare Centre** which provides sub-acute inpatient services, transitional care and a range of community and outpatient health care services, including renal dialysis and specialist palliative care.
- The geographical region is supported by **eleven sites where community and early childhood health services** are provided. Community health centres provide a range of services to the people of the Central Coast. The mix of services available at each community health centre varies and can include antenatal services, child and family health, youth health, community nursing, ongoing and complex care, sexual health, mental health, drug and alcohol, and allied health services including physiotherapy, occupational therapy, speech pathology, audiology, podiatry and nutrition.
- There are also **three satellite dialysis units** located at Lakehaven Community Health Centre, Long Jetty Healthcare Centre and onsite at Gosford Hospital.
- There are **three oral health clinics** located at Gosford, Wyong and Woy Woy Hospitals.



Gosford Hospital



Wyong Hospital

Safety and Quality Planning
Process and Governance Structure

Governance Structure
to Support Continuous
Improvement in Safety
and Quality

Our District has a strong safety and quality governance structure that focuses on safety and quality at all levels of the health care service. Each level of our District is able to review data, Key Performance Indicators (KPIs), incidents and patient feedback and discuss these at safety and quality meetings, to ensure that appropriate governance and continual improvement is achieved. The governance structure also enables an escalation pathway for key safety and quality concerns to be addressed and provides the Board and Executive Leadership team with oversight and the ability to monitor the safety and quality of the health care services our District provides to our patients.

Safety and Quality
Governance Structure



Health Care Quality Committee (HCQC)

The HCQC is our District Board subcommittee, responsible for ensuring strong clinical governance is maintained, for monitoring the safety and quality of the health care services within our District and for escalating any issues of concern to the Board.

Exceptional patient care requires an organisational structure and culture that embraces a philosophy that everyone contributes to safe, high quality patient care and lives by the shared values. The District's *Culture Strategic Plan 2018-2023*, brings together the common values and behaviours that guide us to ensure we truly embody a caring culture.

- Delivering **safe care** means preventing errors and adverse effects associated with the delivery of health care.
- **Quality of care** is about 'the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge'.²
- **Zero harm** is our aspiration of zero incidents of unnecessary harm to our patients, visitors or our staff.

The HCQC has overseen the Caring for the Coast Roadmap by aligning our District *Culture Strategic Plan 2018-2022*, *Clinical Governance Framework 2020-2023* and the Improvement and Innovation Framework to create a compelling vision for safety to drive the notion of getting to zero or being free from harm at Central Coast Local Health District.

Safety, quality and continuous improvement will be central to the strategy to ensure it is an intrinsic part of everyone's job, every day. The vision and communication phase is in progress until the end of the year 2021.

In 2020-21, the HCQC also continued to focus on the monthly clinical data and safety reporting. Safety and quality indicator sets were further enhanced to include infection prevention and control data sets. This has enabled the committee to provide stronger governance, focus on areas requiring improvement and to provide increased assurance to the Board. A review

of the terms of reference resulted in greater alignment with the National Safety and Quality Health Service Standards and Annual Service Agreement. In 2020-2021, the HCQC maintained focus on the agreed two year safety priorities including:

- Reducing harm from falls rate to a maximum of 4 per 1000 bed days by June 2021 (continued from 2019-2020)
- Reducing harm from pressure injuries to a maximum of 1.5 per 1000 bed days by June 2021 (continued from 2019-2020)
- Improving morbidity and mortality governance processes across the District
- Reducing the percentage of discharge against medical advice for Aboriginal inpatients to <2.2% by June 2021.
- Improving patient experience and engagement index scores (Emergency Department and adult admitted) >=8.5 by June 2021.

Performance against these KPIs is listing later in the account. Momentum towards achieving these priorities will continue in the coming year with a focus on reducing all readmissions, including those for Aboriginal patients.

In 2021-2022 the HCQC will also focus on reducing all Hospital acquired Complications (HACs). An overarching LHD HAC recovery plan has been developed. Related resources (available on intranet) and dataset reviews are being utilised to develop individual HAC improvement plans. Clinical Safety and Quality leads have been allocated to priority HACs and are partnering with nominated clinical leads. Particular attention is being given to the high volume HACs of delirium, healthcare associated infections (including pneumonia, blood stream and urinary tract infections), pressure Injuries and falls.

Strategies for reducing suicide rates as per the NSW's Premier's priorities will also be closely monitored in the coming year.

Clinical Safety, Quality and Governance Committee

This committee oversees the operationalisation of the safety and quality systems within a clinical risk management

framework. Key responsibilities include identification of clinical improvement and innovation opportunities and ensuring that the requirements of the National Safety and Quality Health Service Standards (NSQHS) (Version 2) are maintained. This District operational committee escalates concerns to the HCQC.

In 2020-2021 the committee played a key role in the development of the District's Caring for the Coast – Zero Harm Roadmap.

Zero harm is our goal of preventing unnecessary harm to our patients and our colleagues – it is core to what motivates us as professionals working in health care and we believe it should underpin everything we do. As an organisation we always aim to deliver safe, high quality care, and zero harm is central to this.

Zero harm is underpinned by systems and processes that ensure the right person has the right tools they need at the right time, to provide the right type of care. Achieving zero harm requires strong governance, leadership and relentless commitment and accountability by all employees.

Directorate Patient Safety & Quality Committees

These directorate and operational safety and quality committees are aligned to the National Standards and are overseen by the Clinical Safety, Quality and Governance Committee. The agendas, terms of reference and memberships of these committees were standardised to achieve consistency of reporting and ensure that all areas of the National Standards were discussed at all levels of the organisation.

A key part of this was the introduction of top 3 key messages and sharing of patient experience stories and data at each committee. A key focus for the District in 2020-2021 was to embed these committees and ensure that they continue to escalate risk, safety and quality concerns to the peak safety and quality committees as per the District Committee Map.

2. Agency for Health Care Research and Quality <https://www.ahrq.gov/patient-safety/quality-resources/tools/chtolbx/understand/index.html>



Safety and Quality Planning Process

Our Safety and Quality planning process incorporated our District strategic and operational goals, the Ministry of Health Service Agreement and covers all facilities and services across our District. The process resulted in a number of plans that directed the safety and quality initiatives for 2020-2021 and will continue into 2021-2022.

CCLHD Strategic Plan 2019-2024

In 2019/20 we developed and commenced implementation of our revised CCLHD Strategic Plan 2019-2024. The Strategic Plan describes for our staff, the community and our health care partners, who we are and what we want to achieve over the next five years. It was pleasing to see the engagement of staff in setting our strategic direction and defining what achieving our strategic priorities will look like. To ensure a truly collaborative approach, the District sought feedback from our community and partners and their contributions have also been included in the Plan. The plan was updated to reflect what we will do as a District to achieve our five Caring for the Coast strategic priorities:

- Caring for our Patients
- Caring for our Community
- Caring for our Staff
- Caring for our Resources
- Caring for our Future.

Strengthening collaboration and good communication is key to the District's success. To reach our long term aspirations it is vital that we embrace a culture to improve internal collaboration and draw on the extensive range of strengths across the District. Building our external partnerships is equally important as we work with

government, tertiary education providers, industry and the community, to enable better outcomes for consumers by supporting people to keep healthy and out of hospital.

Meeting the needs of our patients and community in an environment of increasing demands and complexity, rising community expectation and advances in technology, have required us to think differently about the way we deliver care. Implementation has been guided by the Executive Leadership Team ensuring that the strategic objectives permeate the organisation and are reflected in operational plans and implemented. The District's progress is supported by a measurement and reporting framework to ensure we remain on track.

Clinical Services Plan

The mid term review of our CCLHD Clinical Services Plan 2017-2022 looks forward to 2022, laying the foundations for future service developments. Our plan sets out a broad range of strategies that will be progressively implemented and will continue to guide our District in the development of contemporary, evidence-based, safe and quality clinical services. Our plan is a live document that is subject to regular review; where required, strategies may be revised in response to changed circumstances over time or as a

result of changes in treatments, technology and clinical care, including the developments and challenges faced during the COVID-19 pandemic.

This comprehensive planning framework reflects the national health reforms, the NSW State Health Plan and NSW Health CORE values. Our Clinical Services Plan has informed the annual operational planning for our District.

Implementation of the plan has been seen through the completion of the Gosford Hospital redevelopment and progression of the Wyong Hospital Redevelopment and Central Coast Clinical School and Research Institute. Our District has reviewed and updated models of care to support the new redevelopments and the changing needs of the community.

For the Central Coast community this now means that Radiation Oncology is now available through the Central Coast Cancer Centre, Cardiac Catheter procedures are now available 24 hours a day, 7 days per week at Gosford Hospital and the Virtual Care Hub has now been established at Gosford Hospital supporting patients in their homes.

Operational Plan 2021-2022

The District's Operational Plan (the Plan) was updated for 2021-2022 to ensure clear direction on what we needed to work towards to realise our strategic vision. The Plan brings together the actions carried over from 2020-2021, actions we have prioritised for this year and includes a strong focus on goals identified in our Strategic, Organisational Sustainability, and Culture Plans. In addition, actions from lessons learnt from the COVID-19 pandemic have been included in the Plan. Deliverables from the Plan are cascaded to directorates and departments and form part of department business plans, performance meetings and staff 90-Day Conversations, My Contribution Conversations and development plans. Governance of our District Operational Plan 'is monitored on a monthly basis by the Executive Leadership Team, continuously by the Quality, Strategy and Improvement Directorate, and is a formative annual planning cycle.

Our District Community Health Services Plan 2021-2031

During 2020-2021, development of the District's Caring for our Community Plan 2021-2031 progressed, with consultations held with over 200 community members, staff, general practitioners, community services and external partners. Community health services are an integral part of health care on the Central Coast. These services play a significant role in keeping people healthy and supported in the community, lessening the need for inpatient care. Community health services also support timely discharge from hospital. They work in partnership with other health and related services such as non-government organisations, general practice and private providers.

The Caring for our Community Plan 2021-2031, due to be launched in September 2021, sets out the blueprint for Community Health Services across the Central Coast for the next ten years, and provides a roadmap for how the blueprint may be achieved.

Safety, Quality and Performance Reporting

2020-2021 has seen a continued effort to reconfigure safety, quality and performance reporting. The District Health Information and Business Support Service has led the clinical and business information management data systems by integrating Health Information Services, Business Intelligence and Clinical Costing, so that robust, comprehensive data is available to assist with operational and strategic decision making.

A key part of this has been the self-service information, making information easier to access and analyse, as well as providing meaningful reported information to support clinical decision making. This has resulted in a full reformat of our District Performance Reporting Framework and Safety and Quality Indicator reports and the addition of directorate level performance reports. Several dashboards have been introduced focusing on the District's key priorities with an aim to improve access and transparency of information. This includes a Falls, Pressure Injury, Aggression, Rapid Response, Consumer Feedback and COVID-19 Dashboard.

Our District COVID-19 Response

The year 2020-2021 was dominated by the COVID-19 pandemic. CCLHD responded to this challenge to keep our patients, staff and community as safe as possible. In 2020-2021 the District:

- continued to operate COVID-19 testing clinics at Gosford and Wyong Hospitals, and carried out a total of 45,068 tests for staff, residents in aged care, and members of the community;
- established and operated COVID-19 vaccination clinics at Gosford and Wyong Hospitals once vaccine supplies became available in March 2021. At 30 June 2021, the clinics had delivered 11,399 vaccinations to both staff and members of the community;
- established, trained, managed and scaled back teams of contact tracers largely drawn from staff working outside their usual roles;
- managed 136 local positive cases, the majority of whom received care in their own homes. The response also included contact tracing, isolation and follow up of contacts of known cases to minimise

the risk of spread of infection, and additional social support as needed;

- assisted contact tracers in other LHDs when requested;
- established Emergency Department 'red' and 'blue' zones to isolate and manage suspected and known COVID-positive patients;
- established dedicated COVID-19 wards at both hospitals;
- increased ICU capacity at Gosford Hospital and trained Operating Theatre staff to work in Intensive Care roles if required;
- streamlined processes for supply of Personal Protective Equipment (PPE) to ensure responsible management of resources;
- reviewed Infection Control processes and procedures and adjusted as needed, with a focus by the Infection Prevention and Control (IPAC) team on 'donning and doffing' training, hand hygiene and mask fit testing;
- managed the health service impact of staff who had to quarantine following potential exposure;
- supported large numbers of staff working from home;
- supported delivery of care via telehealth where appropriate and safe;
- liaison with GPs, the HNECCPHN, residential aged care facilities, Central Coast Council, other government agencies and social care providers to ensure a coordinated and effective response.

From June 2021, the Delta variant of the COVID-19 virus was taking hold in NSW, resulting in an acceleration in the District's COVID-19 response, which had been scaled back in some areas due to low rates of community-acquired infections at the end of 2020.

COVID-19 has had a significant impact on many aspects of our lives and on our community, including but not limited to employment, education, business livelihoods, living arrangements, health status and socialising. These impacts may have long lasting implications, many of which are not yet fully understood. A significant impact on the mental health of the community is expected as a result, placing increased pressure on mental health services for the local community.



Caring for our Patients

Exceptional patient experience and outcomes



Caring for our Patients

Our culture, systems and processes support the provision of high quality, safe, person-centered care.

The delivery of high quality and safe health care to our patients, to ensure successful patient outcome and experience, underpins the Caring for our Patients strategy. Listening to our patients and their carers to involve them in their health care and learning from the outcome of the care we provide ensures that our District continues to deliver high quality and safe health care that meets the needs of our consumers and carers.

Caring for Our Patients and ensuring that our consumer's and carer's experience is captured, reviewed and improved on, has been a focus area for our District in 2020-2021. Our District measures and monitors our performance in this area as related to the Service Level Agreement Performance Indicators. Outlined below are some of the key achievements for 2020-2021, how we have improved the patient experience and what we will be striving to achieve to ensure we are Caring for our Patients in 2021-2022.

Improvements Achieved through Priority Initiatives

ACHS consumer rights

Consumer access to the Australian Charter of Healthcare Rights was enhanced using a number of technology based solutions including:

- GoShare electronic information distribution platform that delivers health information bundles to patients and families via email or SMS; a Charter bundle available in 17 languages was added to existing resources. Since January 2021 the Charter has been sent 12,232 times together with the Welcome to ED and COVID-19 Prevention bundles;
- Public electronic display boards now play animated and Auslan versions of the Charter;
- A QR code on posters can be scanned by any consumer with a smartphone to access additional resources on the Charter.

Enhancing the patient experience

Six new Patient Experience Officers (PEOs) commenced at CCLHD in the Emergency Department waiting areas at Gosford and Wyong Hospitals. Coming to hospital can be stressful and confusing, especially when it is unexpected. The PEOs support patients, families and carers as they arrive in our Emergency Departments. They act as their point of contact for any questions they may have about process, and keep visitors updated on waiting times and delays that may occur. The PEOs are on hand seven days a week from 10am to 8.30pm.

The PEOs are part of the state-wide Emergency Department Patient Experience project led by NSW Health. As part of this initiative, NSW Health has funded a number of other improvements that can be seen in our Emergency Departments. New chairs have been installed in waiting areas, mobile charging stations are available to visitors, patient feedback kiosks are now operational and Indigenous artworks are displayed.



Patient Experience Officers – Gosford Hospital

Rapid Response dashboard

In May 2021 the Rapid Response Dashboard was launched. This fully automated dashboard captures and publishes every Rapid Response event for all of CCLHD, with data uploaded daily from eMR and CCLHD emergency call log. Because the graphical data is de-identified, all staff have access to it – enabling everyone to better understand and analyse all circumstances related to patient deterioration. The dashboard supports quality improvement activities, education strategies, system improvements and workload analysis.

Palliative Care Unit

The Central Coast's first dedicated Palliative Care Unit was opened by Premier Gladys Berejiklian at Gosford Hospital in April 2021. The 10-bed unit provides high-level end of life care for local residents in a more homely environment within the hospital setting. The District and the NSW Government worked together with the Elsie's Retreat Project group to help make their vision a reality after many years of campaigning and fundraising. The Palliative Care Unit has been designed to create a comfortable environment for patients and families. The unit includes: sofa beds in patient rooms for family members/carers to stay; lounge area with kitchenette facilities; children's area with toys; and a spacious outdoor deck with an automatic all weather cover. A passionate team of staff provide specialist nursing, medical, allied health, administrative and other support services to the unit.



Virtual Care

To enable this vision, CCLHD engaged Telstra Health to develop a service model for the Virtual Care Hub. The Virtual Care Service Model will provide clarity on what clinical services would be delivered by the Virtual Care Hub, how the services would be delivered and what changes would be required to clinical and non-clinical roles. The service model will also provide a picture of what the patient journey through the Virtual Care Hub would look like and clarity on what activities would be required to implement the Virtual Care Hub.

To design the Virtual Care Service Model, Telstra Health undertook extensive stakeholder engagement with clinical and non-clinical CCLHD staff, as well as representatives from NSW Ambulance and the General Practitioner (GP) and Residential Aged Care communities. This involved facilitating interactive workshops to define the vision for the Virtual Care Hub, to co-design the Virtual Care Service Model and to surface key challenges, risks and mitigations relating to the implementation of the service model.

The Central Coast Virtual Care Hub will be launched in October 2021. The Virtual Care Hub is situated on level 3 of the Health Services Building on Gosford Hospital campus and comprises 18 fully equipped virtual care 'pods', two consultation rooms, a waiting area and office space. This space is expected to support the provision of care across a range of modalities including face to face, virtual care (telehealth) and remote monitoring. The Virtual Care Hub will support the ongoing identification, development and implementation of models of care by adding to the range of care modalities available and maximising the use of virtual care options to support the safe, high-quality provision of clinical care to our community.

The technology used to support the service includes remote patient monitoring of temperature, oxygen saturation and pulse which are monitored in real-time by nurses at the Virtual Care Hub.

Remote Patient Monitoring

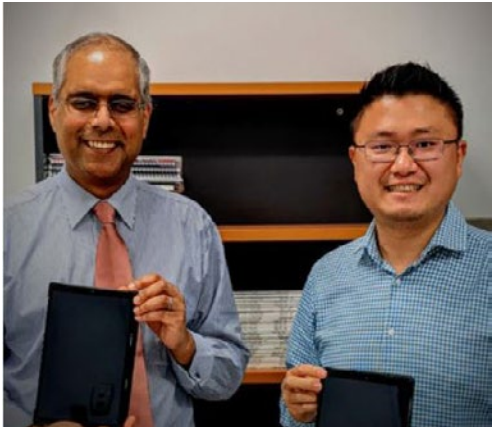
Remote monitoring uses technology to collect and send medical and healthcare data to an app, device or service. Remote monitoring equipment or devices can be used to measure:

- blood glucose
- blood pressure
- heart rate
- respiratory rate
- oxygen saturation
- body temperature and body weight and more

CCLHD implemented a new remote patient monitoring program this year – reflecting an increasing move towards virtual healthcare in the era of COVID-19.

The initiative is supported by eHealth's Virtual Care Accelerator program and delivered through a strategic partnership between Telstra Health and CCLHD.

The first patients to receive virtual monitoring are those in Acute and Post-Acute Care (APAC) and patients diagnosed with Gestational Diabetes Mellitus (GDM). This program means patients are able to monitor in real time their biometric readings which can help them improve their health outcomes. There are many benefits of remote patient monitoring (RPM) for clinicians such as ease of access to patient data, the ability to deliver higher-quality care to more patients, lower costs and higher efficiency.



Endocrinologist Dr Owais Chaudhri and Connecting Care Manager Chenyao Yu, with remote monitoring tablets.

Accreditation

CCLHD participated in and successfully passed a District-wide accreditation assessment against the National Safety and Quality Health Service Standards (or National Standards) from 17-21 May 2021. We welcomed 10 assessors from the eastern states of Australia to the District to measure our performance. Staff, patients and consumers participated in over 250 sessions during the week. The previous three developmental recommendations were assessed as met and closed during the assessment. There were multiple comments from the assessors around how open, transparent and passionate our staff were about their jobs and how it was evident that they cared for each other and our patients.

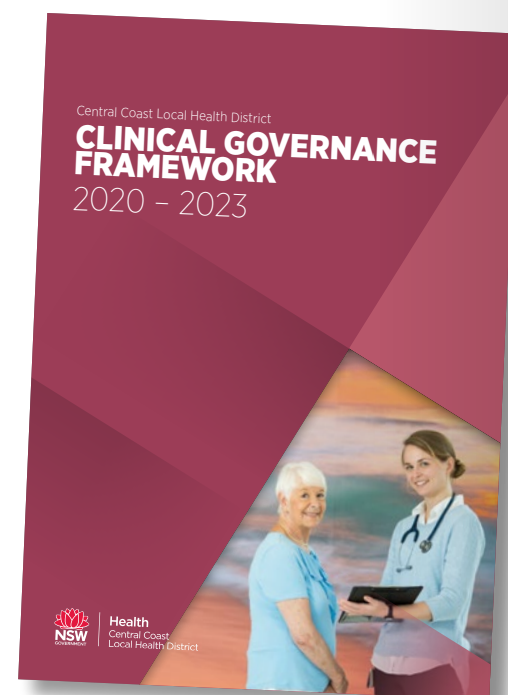
We have worked hard to embed the National Standards as part of everyday business and this work will continue as we look forward to future short notice assessments. This will help us to ensure that the quality and safety of the services we provide to the Central Coast community are consistently in line with the requirements of the Standards.

Clinical Governance Framework

Our District developed a Clinical Governance Framework for 2020-2023, to support the delivery of safe and quality health care services to the residents of, and visitors to, the Central Coast. The framework is integrated with the *Caring for the Coast strategy*, the District's Culture Plan and the Consumer Participation Framework, as the system by which the governing body, managers, clinicians and staff share accountability for the quality of care provided, with a focus on minimising risks, continuously improving and fostering an environment of excellence in care for patients and our community.

The Clinical Governance Framework includes principles to ensure high standards of clinical performance, clinical risk management, monitoring and evaluation, ongoing professional development and well-developed processes to take action to manage adverse events.

The purpose of this Clinical Governance Framework is to outline systems and processes to ensure that the District's patients and consumers receive safe and high quality health care. Through the systems outlined in this framework, the organisation and individual staff members are accountable to patients and the community for continuously improving the safety and quality of our services.



Improving Patient Experience and Safety through Serious Adverse Event Reviews (SAER)

During 2020 the new incident management system ims+ replaced the former IIMS across NSW Health and went live in our District on 6 July 2020. ims+ is a cloud based system that is used for reporting clinical, work health and safety and corporate incidents and also for capturing consumer feedback.

In December 2020 the NSW Health Incident Management Policy was updated and introduced the preliminary risk assessment, additional approved review methodologies to root cause analysis and the separation of findings and recommendations, as per the amendments to the Health Administration Act 1982. A staff member, the Dedicated Family Contact, must now be assigned as a primary point of contact for the family and maintain regular communication with them. The Chief Executive can now also appoint additional team members to assist with the recommendations for SAERs to ensure recommendations are robust, sustainable and effective in preventing future serious harm. These processes continue to be embedded on existing principles and foundations already established in the previous year.

The annual thematic analysis of serious adverse event reviews completed continues to inform strategic risks and priorities and ensures that quality improvement projects that are transferable across the District are prioritised. The most recent report reviewed all investigations completed from May to December 2020. Key risks and priorities have been distributed to clinical areas and are being embedded into existing improvement plans and for monitoring at District national standard committees. This annual analysis report is tabled at the Clinical Safety Quality and Governance Committee, Health Care Quality Committee, directorate quality and safety committees and relevant peak National Standard Committees. Future analyses will be performed for the calendar year January-December 2021 and incorporate all Serious Adverse Event Reviews (SAERs) under the new Incident Management policy from January 2021.



Improving the Patient Experience

Consumer and Carer Engagement Team

In 2021, the CCEC is reviewing its Terms of Reference to ensure advice is provided to the Board in relation to the consumer/carer experience of health care, and to develop effective communication and engagement strategies for our Central Coast community. The District aims to build strong partnerships with consumers, provide support to build capability for our consumers and staff to ensure decisions are made with people with lived experiences.

The Consumer and Carer Engagement Team within the Clinical Safety, Quality and Governance directorate brings together staff specialising in consumer feedback, carer support, patient experience, diversity and inclusion and the volunteer teams. They are responsible for liaising with consumers and carers to receive feedback on the services we deliver, and supporting our staff to implement Patient Reported measures Patient Reported Experience Measures (PREMS) and Patient Reported Outcome Measures (PROMS), to ensure that the services we deliver are continuously enhanced in line with consumer feedback. Throughout 2020-2021 this team has supported the District through:

- Promoting the Elevating the Human Experience Guide to Action across the District as well as strong local staff and consumer participation in MoH enabler working groups;
- Coordination and support to the Board Consumer, Community Engagement Committee
- Continued implementation of Patient Reported Measures
- Coordination and education surrounding health literacy
- Use of patient feedback data from the Bureau Health Information, Ministry of Health and consumers via surveys, patient comment cards, how was your experience brochures, PRMs, and consumer feedback, to inform quality improvement initiatives and improve patient experience and outcomes
- Involvement of consumers on Quality and Safety committees, clinical redesign and lean six sigma quality improvement initiatives, recruitment panels and workforce education
- Coordinating recruitment of a consumer network
- Implementation of District wide consumer feedback training for staff
- Supporting telehealth and virtual visiting implementation across the District

We have partnered with our consumers to gain their feedback in health care decision making and the co-design of services including:

- Development of a Consumer and Carer Engagement Strategic Plan
- Wyong Hospital redevelopment project
- Pets are Family Too project
- Patient Communication Board redesign
- Gosford Hospital Carer Lounge, which is a place where family and carers can access information, resources and support
- Adult Changing Places, which are dignified areas where carers and/or support workers can support their patients' toileting and personal care needs
- Development of the Carer Readiness Tool
- Artwork installation at Wyong Hospital
- Collaborated with the University of Newcastle to trial a Volunteer Taster Program

REACH (Recognise, Engage, Act, Call, Help) Program Implementation

The District has implemented REACH in all acute and sub-acute facilities. Implementation has also occurred in Mental Health (utilising the acronym HELP), Intensive Care and Emergency Department settings. The Quality Systems personnel monitor REACH calls daily to determine the reasons for calls, timeliness of response and outcomes. This includes whether Clinical Reviews/Rapid Responses were initiated prior to the REACH call, which provides insight into system improvement opportunities.

Related data is reported to the Deteriorating Patient, and Clinical Safety, Quality and Governance Committees and the Health Care Quality board sub-committee. Data is also provided to the General Managers of each site for reporting to their respective Quality and Risk Committees.

Between 1 July 2020 and 30 June 2021 105 REACH calls (an increase of 19 from last year) were activated across the District. Of these:

- 76 were at Gosford Hospital, 29 were at Wyong Hospital and there were no calls at Woy Woy Hospital and Long Jetty Healthcare subacute facilities;
- 36 were during business hours; and 69 after hours;
- 7 activations were by the patient and 68 by a family member;
- 10 were due to patient deterioration; 64 for issues of clinical management (including lack of understanding about clinical plans and results associated with investigations); 31 were non-clinical or complaint-oriented. No patients required transfer to ICU.

Data sets have also been prepared to graphically represent REACH call activations for each ward within the District.

While the District's COVID-19 response has limited the ability to repeat previous awareness surveys of staff, patients and families about REACH, pop-up banners have been developed for use in main hospital traffic areas. These banners aim to promote awareness among the general public about the REACH program. Further promotion via the CCLHD Facebook page is planned.



To doctors, nurses and admin at Gosford Hospital, I extend my thanks for the excellent care given to me. All wonderful people. My special thanks to the nurses that were on hand 24 hours a day. Nurses turn up for duty each day uncertain of what the day will bring.

If there are angels on Earth, the nurses are them. Thank you nurses. All my love.

LB

I want to take this time to thank a number of doctors and nursing staff that attended my late mother in law from her admission until her passing within the K9 unit of Gosford Hospital. The care and compassion shown to her was beyond reproach....I would also like to thank all the staff within the Palliative care unitthe work they do is amazing and truly appreciated.

I was a senior investigator with the NSW Health Care Complaints Commission, which caused me to investigate complaints against health care professionals. I must admit sometimes I became jaded with the allegations of substandard care, however your staff have given me fresh outlook, on how truly caring, medical professionals can be.

Please pass on my thanks to all staff concerned.

Sincerely

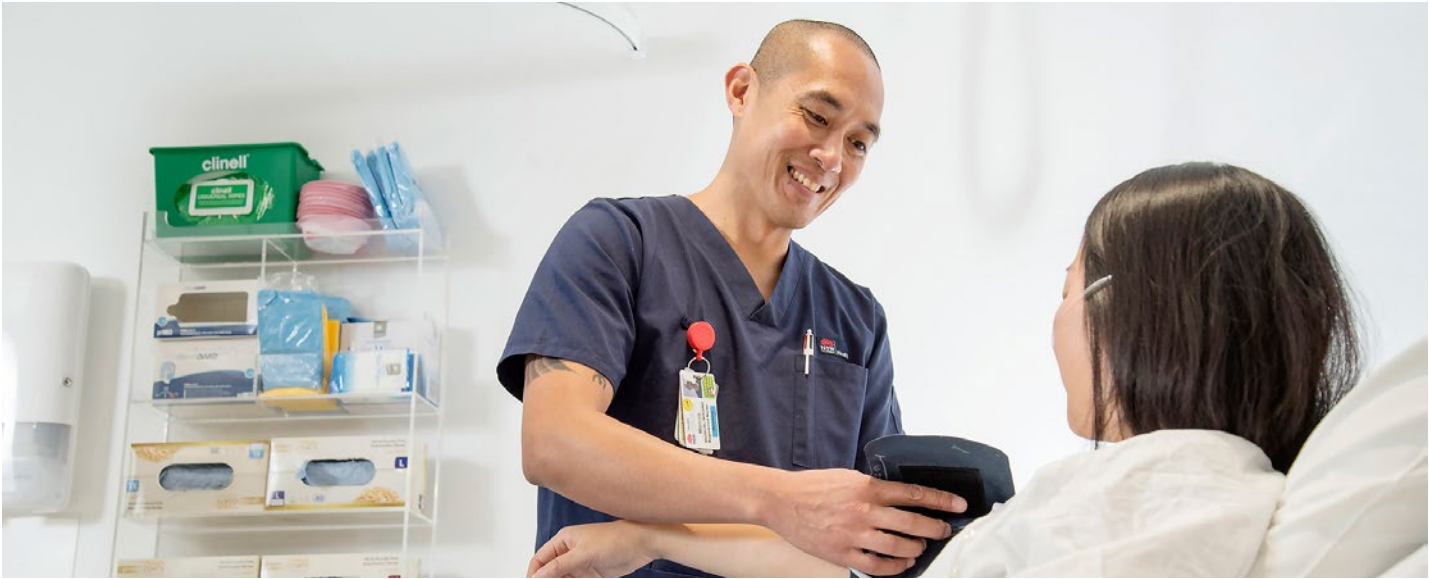
GDA

To the Ambo's and Wyong Hospital Intensive Care Staff ... Thank You for Your care, professionalism, thoroughness, kindness and genuine understanding. You're All Truly Awesome, credits to your field. THANK YOU, from the bottom of my heart.

JM

To all the Woy Woy Transitional Care Unit staff, I can't say how grateful we all are of your care for mum over these past weeks. She came here hopeful to get better and avoid going to a nursing home – that was an end she abhorred. She sadly did not get better but she had a peaceful quiet end to life and your place and your gentle care was so wonderful. Thank you also for having me stay so long. You made me welcome to be with mum. All the best to you all.

TW



Improving Patient Experience and Safety through Analysis of Consumer Feedback

A key focus for 2020-2021 was using consumer feedback (complaints, compliments and suggestions) to identify trends and to determine areas within our District that would benefit from learning from patient experience, to improve the safety and quality of the health care services we deliver and reduce the number of complaints received and, in some cases, harm to patients.

This feedback is shared in our District Staff Newsletter, Facebook Page, at Safety and Quality Meetings, HCQC and at our Board. The experiences captured provide our staff with valuable insight and opportunities to make system and improvement changes and to enhance patient and consumer experience. In 2020-2021 our Consumer Feedback team:

- continued daily Consumer Feedback huddles to monitor complaints. This resulted in consistently meeting targets of acknowledging 95% of complaints within five calendar days and closing 80% of complaints within 35 calendar days;
- co-ordinated and documented open disclosure and resolution meetings with consumers. Actions identified from these meetings were shared with key clinicians and tracked to completion. Feedback was provided to consumers and the Health Care Complaints Commission to identify how the District has made changes to prevent future harm;
- commenced the Dedicated Family Contact role to provide support and continuity for patients and families through the Root Cause Analysis (RCA) and Serious Adverse Event Review (SAER) process. The patient/family experience is a key aspect of our District incident investigation framework and highlights to the consumer and our staff, the District's commitment to improving the safety and quality of the services we deliver;
- actively engaged our consumers with opportunity to co-design improvements in services;
- continued using patient stories as a result of adverse events and complaints to enable further education to staff;
- developed a consumer feedback dashboard which tracks numbers and themes of complaints per ward/service to enable managers and executives to identify trends and improvement opportunities;
- provided education and support to areas with high complaint numbers to assist with improvement opportunities which has resulted in a decrease in complaints for these areas;
- commenced regular second monthly Consumer Feedback staff education days at Gosford and Wyong Hospitals to improve point of care service recovery and reduce the number of formal complaints being made. Point of care service recovery greatly improves the patient experience and outcomes;
- commenced targeted in-service consumer feedback education on request of managers;
- provided support to the District during the rollout of ims+ and acted as super users for consumer feedback; and
- Shared compliments and feedback across the District to recognise staff and teams who have provided a valued patient experience.

Complaints Acknowledged within 5 calendar Days (Desired Outcome 95%)

The District has consistently met the target for complaints acknowledged within 5 calendar days during 2020-2021. Some difficulties arose with data entry into ims+ which resulted in reporting below the target for October and November 2020.



Complaints Resolved within 35 Days (Desired Outcome 80%)

The District has seen a consistent improvement in the number of complaints resolved during 35 days within 2020-2021.

Number and themes of complaints received by the District

The District experienced a significant drop in complaints during the 2020 COVID-19 lock down period. Complaint numbers have since returned to previous levels however have not increased overall.

Key complaint themes identified were: coordination of patient care; timing and access to care; visiting restrictions and communication.

Key priorities in 2021-2022 in relation to consumer feedback will be:

- continue providing education to staff on addressing complaints at the point of care;
- commence regular consumer feedback education days at Woy Woy and Long Jetty Hospitals;
- continue to evaluate the Patient Experience Officer (PEO) initiatives in the Gosford and Wyong Emergency Departments through consumer feedback to support ongoing funding;
- re-commence consumer rounding across the District following lifting of COVID-19 restrictions;
- identify complaints trends through the ims+ system and provide data and education to identified areas for improvement;
- capture compliments across the system to ensure a balanced feedback scorecard; and
- embed and monitor the strategies introduced in 2020-2021.

Partnership with patients, carers & clinicians

In 2018 the District had successfully tendered for Carer Investment Program funds from the Department of Communities and Justice to employ co-design principles to improve carer recognition and engagement in the transition from hospital to care at home.

This project continued in 2020-2021 and involved extensive collaboration with inpatients, carers and health staff to achieve the following:

- an increase in correct identification of caring relationships in the electronic medical record (from a baseline of 13% in April 2019 to 53% in February 2020);
- 415 hours of staff training resulting in significant improvements in carer recognition and awareness of carer needs;
- connection with over 270 carers in both inpatient and community settings during the course of the project;
- formal engagement of 51 carers in a co-design process that resulted in the Carer Readiness Tool (CRT), a resource that helps carers to gauge their readiness to provide care after discharge of the person they care for from hospital, and that alerts clinical staff to areas where carers may need assistance. The CRT is the first resource developed with and for carers in a hospital setting and has the potential for use state-wide and beyond;
- two articles in peer-reviewed journals describing the project: Improving the Identification of Cancer Patients' Caring Relationships (<https://doi.org/10.1332/239788219X15677825654311>) and Engaging Carers in Co-Design: Development of the Carer Readiness Tool (<https://doi.org/10.5334/ijic.5527>);
- four videos that capture carer stories and the key messages carers wanted to share with health professionals and other patients and carers (<https://spaces.hightail.com/space/Xbun34Dffp>).

The project activities, outputs and outcomes are clear evidence of the Districts alignment with:

- National Safety and Quality Health Service (NSQHS) Standards 2, Partnering with Consumers,
- NSW Carers Strategy Action Plan 2020-2022.
- NSW Carers Strategy 2014-2019, Priority 2 NSW Health Recognition and Support for Carers: Key Directions.
- Caring for the Coast Strategy 2019-2024, and
- 2017-2022 Clinical Services Plan.



Paving the way for informed and effective partnership with carers

Key stakeholders	Carers 250+ <ul style="list-style-type: none">• Inpatient• Community	Multidisciplinary health staff <ul style="list-style-type: none">• Administration• Allied Health• Nursing• Medical	Senior Executive and Project Sponsors <ul style="list-style-type: none">• Cancer Services• Medical• Surgical• Geriatrics• Rehabilitation• Transitional Aged care program	
Activity	<ul style="list-style-type: none">• 200 Carer consultation hours• 320 Staff Consultation hours	<p>Promotion:</p> <ul style="list-style-type: none">• Journal publications• Newsletter articles internal & external• Published procedures• Case Conference templates	<ul style="list-style-type: none">• What Carers Do – Poster• Carer ID script cards• Carer Support resources	
Outputs	<ul style="list-style-type: none">• Carer Readiness Tool• 270+ CRT completed with carers• Top 4 carer concerns: accessing respite, dealing with the health concerns, stress and the possible need for residential care	<ul style="list-style-type: none">• Staff training 415 hours	<ul style="list-style-type: none">• Carer Films x4	
Outcomes	<ul style="list-style-type: none">• 300% increase documentation of caring responsibilities in eMR & Com Care• Carer ID reportable by day, by location• Carer ID visible on patient records	<ul style="list-style-type: none">• 130+ referrals to Carer Support Unit• eReferrals reportable evidence of carer recognition and support• Carer support services to navigate the maze – My Aged Care, Services Australia, Carer Gateway & NDIS	<ul style="list-style-type: none">• Health staff increased carer visibility – evidence in policy & planning documents• Carer Readiness Tool reportable evidence of carer engagement	

Partnering with Patients, Consumers and Carers

Pets are Family Too Research Project (PAFT)

Funded by a Caring for our Future Research Grant, the 'Pets are Family Too' project aimed to introduce and evaluate trial visits of companion pets for patients in Gosford Hospital's C5 Oncology and Renal ward. Although there is evidence of the positive effects pets have on the health and wellbeing of their owners, NSW Health only has formal systems in place to allow Therapy Dogs to visit. To our knowledge, the incorporation of visits of a patient's own pets has not been trialled elsewhere in Australian hospitals.

Over a period of 12 weeks, 36 possible personal pet visits were considered with 14 visits resulting for 10 patients. Patient outcomes were assessed by semi-structured audio-recorded interviews, pre- and post-visit questionnaires, and an ongoing reflection maintained by the Project Officer.

All visits were welcomed by patients, staff members and carers with all expressing heartfelt thanks. There were no adverse events recorded. The visits resulted in joy, laughter, tears of happiness, smiles, and improved energy and motivation. All participants expressed a desire for the project to continue. Carers were further integrated into the patient's pathway, with the Carer Support Unit receiving additional interest and staff welcoming the opportunity to inform new carers of the services available.

In the words of some of the participants:

"Wonderful incentive, will help patients elevate their mood, so good for the dogs to see their owners"

"When we walked in EVERYONE smiled. There was just a sea of white teeth on the faces of the staff"

"Excellent - the reaction from not only (the patient) but the staff and other patients was fabulous... such a motivation"

"The patient cried and looked me in the eyes and said 'Thank you. Thank you. This program is great ...when am I going to rehab? Got to get home'"

"For mum, (pet) and I a brilliant experience" (The patient passed away a few days after the visit)"

"(The Carer) stated that when he came through the PAFT program he was losing it mentally and really needed the support (of Carer Support Unit)"

The Project Team comprised staff from C5 (Oncology and Renal Ward), the Public Health Unit, Mental Health Consumer and Carers Team and the Carer Support Unit.

The Team has created a formal risk assessment checklist and e-referral pathway to the Carer Support Unit for ongoing personal pet visits to patients while they are in hospital.



Partnering with Consumers

The District has continued to partner with consumers in the following initiatives:

- Recruitment panel members
- Judging panellist, CCLHD Excellence In Allied Health Awards 2020, 2021
- Care in Crisis redesign project
- ICU Social work redesign project
- Branding workshop for the Central Coast Research Institute
- MoH- Elevating the Human Experience enabler working groups
- Health Planning – Central Coast Community Health Services Plan
- International Day Against Homophobia, Biphobia, Intersexism and Transphobia /covering people of all genders and sexualities, such as lesbian, gay, bisexual, transgender, questioning, queer, intersex, asexual, pansexual, and allies (IDAHOBIT-LGBTQIA)
- NSW Regional Health Planners External Advisory Committee
- Patient Experience Officer Steering Committee
- Patient Gown redesign Committee
- Pets are Family Too Project
- Safehaven co-design consultation sessions
- Transgender day of visibility
- Virtual Hospital workshops
- Wyong Hospital Redevelopment
- Wyong Hospital, Clinical Excellence Review interviews
- Wyong Respiratory Implementation Committee
- Wyong Respiratory Service Steering Committee
- Ngilyang Governance Committee
- Patient Experience Week Activities
- Wyong Midwifery Birthing services return to birthing project
- Our Safety Culture in caring for the Coast – small group forums
- Patient Communication Board redesign working group
- MoH – Patient Experience COVID-19 Taskforce
- Gosford Site – Wayfinding working group

Contributions as standing committee members also continued on the following CCLHD committees:

- Consumer & Community Engagement Committee
- Operational Research Committee
- Partnering with Consumers Committee
- Health Literacy Committee
- Infection Prevention & Control Committee
- Advanced Care Planning/End of Life Committee
- Falls Committee
- Quality, Safety & Clinical Risk Management committees for Community, Chronic and Complex Care; Allied Health; Wyong & Long Jetty; and Oral Health
- District Neurology Committee



Erin (They/Them) and consumer representative Av (They/He) going 'rainbow' to show their support for IDAHOBIT and the LGBTQIA+ community.

Volunteer Services

After the COVID-19 restrictions of the first half of 2020, volunteers commenced a phased return from 14 July 2020, with all volunteers resuming their roles by January 2021. Unfortunately volunteers were stood down again on 26 June 2021 when COVID-19 restrictions were reintroduced in NSW. Despite these challenges, between 1 July 2020 and 30 June 2021 a total of approximately 14,547 hours were contributed to the District by 155 active volunteers. Sixteen new volunteers were welcomed to the team.

New volunteer support roles commenced in the A5 Palliative Care Inpatient Unit and the childhood immunisation clinics, and increased support was provided to the Health Promotion Unit. Volunteers at Gosford Hospital trialed an electronic QR code sign on and sign off system. This system is now business as usual at Gosford Hospital and is also being used in the community by the Palliative Care volunteers.

During September to November 2020 the Volunteer Service was involved in a pilot Volunteer Taster Research Project which enabled University of Newcastle nursing students to experience a volunteer role in clinical areas. The project was nominated in the 2021 Caring for the Coast Awards – Excellence in Improvement and Innovation, and reached the finalist stage, with winners not yet announced.

On Friday 13 November 2020 the volunteers, along with many CCLHD staff, celebrated World Kindness Day. Our volunteers themselves epitomise kindness through their commitment to caring for our patients and community.



Caring for our Community

A healthy, engaged and empowered community



Caring for our Community

Collaborating with our community and partners to improve the health and wellbeing of the community

Our District is committed to ensuring that we deliver health care services that are accessible to the community and meet the needs of our consumers. We aim to make health care available to all consumers and deliver disease prevention and health promotion programs/initiatives to encourage our community to live a healthy lifestyle, and manage their health care conditions proactively in the community. Our District actively engages with our consumers to ensure that we deliver services that are consumer-focused. Outlined below are several key achievements for 2020-2021, and what we will be striving to achieve to ensure we are *Caring for our Community* in 2021-2022.

Consumer and Community Engagement Committee

This committee has a strong commitment to be involved and is integral in ensuring the consumer voice is considered. It meets on a monthly basis to share consumer feedback and to provide input into services provided, review models of care, capital redevelopment processes, and discuss safety and quality initiatives. Consumers are also represented on peak safety and quality committees throughout our District, including the Health Care Quality Committee, Redevelopment Committees, Health Literacy Committee and various governance committees. The Consumer and Community Engagement Committee reports to our District Board.

Consumer Participation Framework

Our District continued to implement our inaugural Consumer Participation Framework (written by consumers for consumers) in partnership with the Patient Experience Manager and our Community and Consumer Engagement Committee. This framework encourages a focus on consumer participation, health literacy, patient reported experience and outcome measures and the inclusion of patients and consumers in models of care and service design.



Central Coast Health Alliance Charter

In early 2021 the Hunter New England Central Coast Primary Health Network (HNECCPHN) formally engaged Nous Group (Nous) to undertake a consultative process informed by available data to identify priority work areas for the Central Coast Health Alliance (the Alliance) for 2021-2023. The process included targeted consultation with over 30 stakeholders to explore areas where a joint commissioning and collaborative approach between the HNECCPHN and the CCLHD is of greatest need, and could most benefit the Central Coast population.

The Alliance initially identified four key priority focus areas (Aged Care, Diabetes Management, Mental Health and Readmissions) to be explored. Stakeholders then identified possible areas to address within these areas, and some others. Although the consultation and analysis undertaken highlighted many potential opportunities, it became clear that these need to be further scoped and justified in order to identify and validate the specific activities or initiatives which best fit the needs of the Alliance and ultimately the Central Coast population, considering in particular, the balance between need, potential impact, and feasibility.

The Alliance agreed two underpinning principles to ensure its success. Work priorities must build upon:

- evidence that demonstrates the case for change, defining the extent of the need, the potential for impact on the Central Coast population and, where relevant, evidence from other models or jurisdictions; and
- clear commitment from both the HNECCPHN and CCLHD, including named individuals, who will be champions for the specific work area, and identification of supporting resources and/or key networks or partnerships which will enable success, e.g. a project management resource to keep activities on track, goodwill of key parties, access to key stakeholders, etc.

Commencing June 2021, the Alliance team will further progress the thinking on the agreed priority areas, including consideration of the following:

- Timeframes: What activities will happen when, taking into account major current constraints. The chosen focus areas must be sequenced to ensure maximum effort and resources can be dedicated. These should also align to other relevant work, e.g. the implementation of accompanying regional plans;
- Resources: What dedicated resources can be assigned to the chosen focus areas to ensure they are progressed at pace and with impact? Resources from the Alliance may be supported by those already dedicated to current/ongoing work, e.g. Diabetes Case Conferencing; and
- Outcomes: How progress in each area will be measured. Outcomes for each focus area must be defined to ensure the intention and investment into these actions is being achieved. These may be at a population or system level, depending on the type of outcomes sought.

Improvements Achieved through Priority Initiatives

Ministry of Health Towards Zero Suicides Initiative

Data from multiple sources (Australian Bureau of Statistics, HealthStats NSW, Australian Institute of Health & Welfare) identify the Central Coast as having one of the highest suicide rates in Australia. Each year over 40 people on the Coast lose their lives to suicide. These tragedies directly impact families and friends and resonate through schools, workplaces and social communities. The impact of COVID-19 has seen a rise in suicidal presentations particularly amongst children and young people.

In 2019 suicide prevention was identified as one of the New South Wales Premier's priorities. In 2020, the Ministry of Health funded the health districts to implement the Towards Zero Suicides Initiative. The initiative aimed to reduce suicide in care by 20%.

This is to be achieved through the establishment in each District of:

- Suicide Prevention Outreach Teams (SPOT) – providing specialized follow up to patients presenting to services as suicidal and providing education and consultation to mental health staff;
- Safe Havens – non-clinical spaces that provide an alternative to presenting to the Emergency Department for people distressed by suicidal thoughts. These services are predominantly staffed with people who have a lived experience of suicide.
- Zero Suicides in Care – improve service responsiveness to suicide by developing better mental health pathways to care; better education of staff and better mental health systems.
- Codesign of all services with people who have a lived experience of suicide, either by having made an attempt or as a carer, has been identified as a central component of this program.

These programs have been initially funded from May 2020 to June 2022. The Ministry Of Health (MoH) will advise the Districts on the future funding of the program in November 2021. The program places strong emphasis on the value of lived experience in the design and delivery of services.

The District has been successful in advocating for additional funds to construct two Safe Haven locations. Sites have been identified at Gosford and Wyong Hospitals in close proximity to the Emergency Departments. These locations will provide the opportunity for alternatives to presenting to the Emergency Department and diverting known patients. These spaces are being codesigned with people who have a lived experience of suicide and/or representing the diverse communities of the Central Coast.

In addition to Towards Zero, the following services have been funded to support urgent treatment of mental health crises and suicidality in the community. These include:

- Police Ambulance Clinical Early Response (PACER) - mental health clinical staff responding alongside police and ambulance in Wyong and Gosford.
- The Way Back Support Service delivered by Coast & Country Primary Care for people following a hospital admission for a suicide attempt.
- SafeGuard – a child & adolescent acute mental health response team operating in Gosford & Wyong. Currently being established.

Caring for our Staff

Staff are energised and motivated, have a shared sense of belonging and have pride in their workplace and the services they provide.



Caring for our Staff

A valued, respected, engaged and high performing workforce.

Safe and quality health care is enhanced when staff at all levels of the organisation feel safe, recognised and supported in their roles and development. Our District is committed to providing staff with opportunities to be heard and equipped with the capability and skills to evaluate and implement change that enhances patient experience and outcomes. Our aim, as a District, is to ensure that we achieve a 'Fit for Purpose' workforce for now and the future. Our District measures and monitors our performance in this area as related to the Service Level Agreement Performance Indicators with the Ministry of Health. Outlined below are some of the key achievements for 2020-2021, our staff culture and leadership capability building initiatives and what we will be striving to achieve to ensure we are Caring for our Staff in 2021-2022.

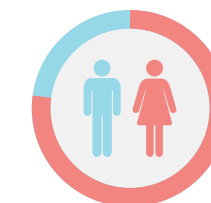
Staffing Profile

Our District is the largest employer in the region, currently employing 8264 staff to provide care to the Central Coast community. Staffing includes a mixture of clinical, support, administrative and maintenance staff. Our District workforce is 76% female and 25.38% of our staff are aged over 55 years. We are a leading employer of choice for Aboriginal people on the Central Coast and proudly employ approximately 2.66% of the total workforce that identify as Aboriginal or Torres Strait Islander people. Our District currently employs 1.5% of staff who identify as having a disability and are supported by 155 volunteers across our District.

Our workforce



25.38%
aged over 55 years



76%
female



1.5%
have a disability



2.66%
Aboriginal and/or
Torres Strait Islander



Over 155
volunteers support our
patients, visitors and staff

8,264

staff provide care to
our community

Improvements Achieved through Priority Initiatives

Caring for the Coast Awards 2021

Caring for the Coast Awards, launched in 2020, continued in 2021. The aim of the Awards is to recognise and reward our staff and volunteers for their outstanding contribution and achievements in improving the quality and safety of the health care we deliver to the Central Coast community. We were fortunate to have our Awards sponsors on board again for 2021. Finalists have been selected from over 110 nominations which detailed extraordinary stories of compassion, dedication and innovation across the District. Announcement of the winner in each category will take place in late 2021 once COVID-19 restrictions ease.

The finalists for each category in the 2021 Awards are listed below, in no particular order.

Team of the Year

- Maternity Services Leadership Team
- Patient Experience Officers Gosford
- Public Health Unit

Staff Member of the Year

- Jody Milson – Aboriginal Hospital Liaison Officer, District-wide
- Kate Oliver – Senior Social Worker, Gosford Hospital
- Courtney Clapham – Senior Physiotherapist, Gosford Hospital

Emerging Leader

- Dr Rebecca Richardson – A/Clinical Director, Women, Children and Families
- Erin Perrot – Clinical Nurse Educator, Wyong Medicine Services
- Rani Goodacre – Clinical Lead, CRP, Headspace Gosford

Outstanding Leadership

- Dr Cameron Hunter – Head of Department, General Medicine, Wyong Hospital
- Kara Pollard – District Health Information Manager
- Jenny Martin – Director, Allied Health and Oral Health

Volunteer of the Year

- Diana Akers
- Sandra Frazer
- Terry Davidson

The Belinda Collier Award (in memory of our former Executive Director of Workforce and Culture)

- Amanda Webber – Registered Nurse K4 IPU, Gosford Hospital
- Gauri Godbole – Team Leader Pharmacist, Aged Care and Mental Health, Gosford and Woy Woy Hospitals
- Erin Heine – Manager, Diversity and Inclusion, Gosford Hospital

Excellence in Improvement and Innovation

- Volunteer Taster Program for Nursing Students
- Paediatric Behavioural Triage Clinic – Wyong Hospital
- Improving Healthy Menu Planning in Early Childhood Education and Care Services

Excellence in Patient Experience and Safety

- Rapid Access Chest Clinic (RACC)
- Pets are Family Too: Integrating the Human-Animal Bond into Patient Centred Care
- Improving functional outcomes for stroke rehabilitation patients at Woy Woy

Excellence in Inclusion and Diversity

- Elevating the Experience of our Deaf Patients in Oral Health
- Creating an Integrated and Inclusive Maternity Experience for Deaf Mums
- First Nations Women Birthing off Country in CCLHD Maternity Services

Excellence in Research

- Improving hypoglycaemia management through a bundled hypoglycaemia care approach – a pilot study
- Implementing and Evaluating Clinical Procedure Videos
- Thriving or Surviving? The experience of new graduate nurses at an Australian regional hospital

Staff Culture

Caring for the Coast – Culture Strategy 2018-2023

The culture strategy sets out the District's culture initiatives, focusing on four key areas:

1. Living our CORE values
2. Safe and high-quality care
3. Inclusive leadership that enables performance
4. Enhancing capability and capacity within our people.

In 2020/21 a three-year roadmap was developed to deliver on these initiatives, focusing on increasing engagement of staff, patients and the community and reducing harm to patients and staff. It has been articulated through a new safety and improvement framework focusing on zero harm, developed in collaboration with the Clinical Excellence Commission. The four improvement domains include:

1. Safety and quality accountability
2. Culture
3. Learning systems
4. Engaging patients and carers

Key activities for these domains in 2021/21 were:

Safety and quality accountability

Safety huddles: these have now been implemented as standard practice across the District. Structured post-incident safety huddles have also been introduced to enhance our focus on safety and quality care.

Culture

Valuing and recognising staff: an intranet site was launched in late 2020 to provide resources and ideas for teams and individuals to recognise behaviours that reflect our CORE values and safety culture. The site incorporates our electronic thank-you cards, 2678 of which were sent in 2020/21.

The Executive and Board Quality and Safety WalkArounds program commenced in November 2020 within Gosford and Wyong Hospitals' inpatient units. The Walkarounds are a safety and quality initiative aimed at connecting executive, board members and senior leaders with staff and teams across the organisation.

The program promotes clear communication, relationship building, trust and transparency. It also provides frontline staff with the opportunity to meet with executive and board members for an open discussion about local issues impacting safety, quality and patient experience. Twenty-one Walkarounds were conducted between 3 November 2020 to 28 May 2021 and a mid-point review of the program was attended in March 2020. Feedback and outcomes have been very positive and it is hoped to extend this program to non-clinical areas in the future.

People Matter Employee Survey (PMES): NSW Health did not participate in the 2020 survey but the District continued to implement the actions identified from the 2019 survey feedback, focusing on communication, recognition and leadership.

Wellbeing: A wellbeing pulse survey was conducted in March 2021 to gather staff input for a refreshed CCLHD Employee Safety and Wellbeing Program. A wellbeing framework has been developed focusing on physical and mental wellbeing in and out of the workplace, to ensure our staff feel healthy, supported, energised and engaged.

Learning systems

Leadership capability: We created a guide for District managers, Leading on the Coast. This documents our expectations of CCLHD leaders, combining a set of key tasks with a framework of behaviours reflecting our CORE values to define not only what leaders should do, but how they should do it. Despite restrictions on face-to-face workshops, we delivered virtual leadership programs to 50 frontline leaders and 10 senior medical leaders.

Performance and Talent (PAT) system: The PAT system is an online platform to support and enhance our My Contribution and Development conversations. It will encourage the alignment of individual performance goals with strategic priorities and provide streamlined processes and reports. A pilot involving clinical and non-clinical units launched in June 2021.

Quality and safety capability building: The final cohort of the Clinical Excellence Commission's Foundations of Clinical Leadership program graduated in March 2021 and planning began for the implementation of the new Safety and Quality Curriculum. This curriculum will build capability in all our staff and enable these skills to be deployed as everyday practice. The accreditation process in May 2021 encouraged a District-wide emphasis on mandatory training. Targeted action plans were implemented to improve completions of key safety programs, including the Fire and Safety and Basic Life Support training modules. By the end of April 2021, we met our target of 80% overall average compliance.

Central Coast Local Health District

**CARING FOR THE COAST
AWARDS 2021**

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Improving Staff Safety in the Workplace

Exercise Respect/Influenza Program 2021

After a very successful implementation of Exercise Respect in 2020, with 74% of CCLHD staff vaccinated against influenza, the 2021 vaccination program was challenging. When the influenza vaccination program began, the COVID-19 vaccination roll out was in its early days. The program's name was changed from Exercise Respect to Influenza Program 2021, and a number of administrative aspects changed at the same time.

For the first time, influenza vaccination consent forms were completed online, which simplified uploading of records to the Australian Immunisation Register, and enabled staff access to their own immunisation records. Timing of vaccine delivery was challenging as the influenza vaccine had to be administered within a certain timeframe in relation to first and second COVID-19 vaccines. Vaxlink records indicate that 4633 CCLHD staff received an influenza vaccine, a reduction on numbers from the previous year. Problems with the Vaxlink program meant that this figure is likely to be less than the true number of staff who received an influenza vaccination.

Staff COVID-19 Vaccination Program

The COVID-19 vaccination program for staff commenced in March 2021, and by the end of June 4,989 staff had received at least one dose of either the AstraZenica or Pfizer vaccine. Considerable resources were redeployed to set up and staff the COVID-19 vaccination clinics at both Gosford and Wyong Hospitals.

Improving Staff Wellbeing in the Workplace

Improving the physical, emotional and psychological wellbeing of our staff continues to be a key priority for our District, made even more important during the COVID-19 pandemic. Key initiatives in this area for 2020-2021 include:

Loud Shirt Day

On Friday 5 February 2021, our hospitals and healthcare facilities were again filled with colour as staff donned their loudest shirts for Loud Shirt Fairy Floss Friday. An annual event created by CCLHD staff for CCLHD staff, Loud Shirt Fairy Floss Friday aims to raise awareness about the high rates of mental illness amongst healthcare professionals and looks to encourage staff to seek help if they are finding it difficult to cope. While this year's event looked different due to COVID-19 and we were unable to gather in large groups to enjoy fairy floss as we would usually, it was heartening to see so many staff members continue to get behind the cause for their colleagues.



World Kindness Day

Friday 13 November 2020 was World Kindness Day and to mark the occasion, positivity was spread and captured across our District in the lead up to the special day. From a smile or a greeting in the hallway, through to an offer of assistance or support during an appointment, simple acts of kindness make a big difference every day across our health system. It was heartening to see so many staff, teams, projects and directorates get on board and share the kindness message.



R U OK? Day

CCLHD marked this national day of action on 10 September 2020 by checking in on staff and reminding teams about the importance of supporting each other through R U OK? Day stalls at Gosford Hospital, Wyong Hospital and Long Jetty Healthcare Centre, as well as mobile teams visiting Woy Woy Hospital, community health centres and other District sites. Manned by the District's Workforce team, these stalls and mobile visits were a way of connecting and sharing helpful resources with staff, and providing them with small tokens of thanks including an opportunity to win a morning tea pack.

A Zoom catch up was also organized for medical staff, R U OK? Day conversations were encouraged at daily safety huddles, our COVID-19 screening stickers were transformed to feature the R U OK? message, AccessEAP shared their themed webinar, videos were shared across the District and community, and all staff were encouraged to wear yellow to brighten each other's day.



Staff Safety and Quality Capability Development Strategies

Safety and Quality Capability Development

Our District is committed to implementing education and training programs that support staff to develop, critically appraise and improve everything that impacts the safety and quality of care we deliver. Our District adopted the Safety and Quality Essentials Pathway (the Pathway) as a framework to build the safety and quality capability of our staff, and enable them to deploy those capabilities into everyday practice. Existing District safety and quality education and training programs will be integrated with new and modified Clinical Excellence Commission programs to provide a clear pathway for staff to build their skills and capabilities for safety, quality and improvement. The Pathway provides a progression structure, from the foundational, intermediate, and adept levels to the advanced level of skills and knowledge.

The District signed an agreement with the Clinical Excellence Commission in May 2021 to implement the Pathway over the next two years. It is the expectation that over time all staff will have a foundational level knowledge, focusing on an awareness of the six dimensions of healthcare safety and quality. The six dimensions include safety, timeliness and accessibility, effectiveness and appropriateness, patient centred care, efficiency, and equity. The foundational level training is available as e-learning, a 6 minute video, or a facilitated learning session. In 2020-2021 the focus has been upon establishing the utilisation of the foundational level pathway, and planning for future delivery of the intermediate and adept levels to be implemented by June 2023.

Safety and Quality Capability Focus Areas

As our District continues to focus on developing our staff and building their capability to deliver safe and high quality health care we acknowledge that to do that we need strong leadership, governance and the ability to build accountability at all levels of the organisation.

In 2020-2021 our District focused on education and training related to:

- Leadership skill development
- Involving consumers in workforce education
- Developing clinician and patient stories
- Embedding patient experience stories into all quality and safety meetings
- Taking consumer feedback and de-escalating at the point of care
- Customer service skills
- Reportable incident briefing
- Open disclosure training
- Committee effectiveness – including chairing meetings, minute taking, delivery of Top 3 key messages
- Health literacy
- Clinical Leadership Programs
- Clinical Redesign Methodology
- Accelerated Implementation Methodology training (AIM)
- Root Cause Analysis and Serious Adverse Event Review training
- Changes to the Incident Management policy for serious incidents, including Preliminary Risk Assessments
- Complaints Management and Handling
- Quality Improvement Database System (QIDS) webinars
- Quality Audit Review System (QARS) and
- Incident Information Management System (ims+).

This focus on safety and quality education, which also incorporates consumer input, will provide staff with the necessary training and capability to deliver safe and high quality health care services into the future.

The District's improvement methodology of choice is Lean Six Sigma. Our staff may have undertaken other improvement methodologies and training in the past, or may wish to be trained in Clinical Redesign through Agency for Clinical Innovation courses or other methodologies and we encourage staff to apply those techniques also where appropriate.

Lean Six Sigma training is aimed at all staff who are interested in embedding improvement in every day practice. The Lean Six Sigma 'Belts' indicate different stages of knowledge, skill and experience in a process improvement practitioner's development. The Green Belt program was delivered to 11 staff in early 2021.



Caring for our Resources

Financially responsible and sustainable

Caring for our Resources

Financial sustainability to enable service provision to meet community need and support investment in innovation.

Ensuring that our resources are delivered effectively and efficiently is a key priority for our District and is monitored through Strategy 6: Enable eHealth, Health Information and Data Analytics in our service level agreement. This ensures that the financial, human and capital resources are allocated, monitored and reviewed to deliver efficient and effective health care to our patients and the community. Our District is committed to proactively managing our resources, and regularly seeking opportunities to disinvest and invest in aspects of health care that will improve the outcomes for our patients and the community. Outlined below are some of the key achievements for 2020-2021, and what we will be striving to achieve to ensure we are Caring for our Resources in 2021-2022.

Information and Communication Technology (ICT) Plan

Our District Information Communication & Technology (ICT) Plan, released in 2016, will be replaced in late 2021 with the CCLHD Digital Strategy 2021-2026. These documents are key enablers for Caring for the Coast – every patient every time and align with the eHealth Strategy for NSW Health 2016-2026. The ICT Plan and Digital Strategy both aim to build on our existing ICT platforms and foundations, whilst also defining the technology delivery program for the next five years.

In 2020-2021 our District achieved the following ICT initiatives:

Clinical Change Programs

- A successful go-live of the **Radiology Information Systems and Picture Archiving Communication Systems (RIS-PACS) Project** was achieved in April 2021.
- The implementation of **ims+ incident management system** was achieved with a successful go-live in July 2020. ICT assisted the Patient Safety and Accreditation team to implement this initiative.
- **Advance Care Planning (ACP) Pilot** was a key priority for our District in 2019/20, and proceeded to successful implementation in July 2020. This initiative aimed to improve the management of advance care planning in eMR. The ACP pilot is comprised of three components:
 - 1) **Resuscitation Plan** – an electronic version of the state-approved Resuscitation Plan paper form for adult and paediatric use;
 - 2) **Advance Care Planning Documentation** – records whether a patient has documentation that supports Appointment of Enduring Guardian, and/or Advance Care Directives and whether a copy has been presented/scanned into eMR; and
 - 3) **AMBER Care Bundle** – a systematic approach for multi-disciplinary teams to talk to patients and their families about preferences and wishes for end of life.

End of Life Care eMR solution: End of Life Care (EOLC) is a new component of the NSW Health eMR which supports clinicians documenting end of life and palliative care. The eMR End of Life Care functionality is used by generalist and specialist palliative care clinicians to enable patient-centred palliative care services for inpatient and community settings.

Clinicians can document patients' palliative care and end of life needs using electronic palliative care clinical assessment forms, tools and reporting. For example, the eMR EOLC solution will streamline and automate aspects of the Sub and Non Acute Admitted Patient (SNAP) reporting process. Additionally, facilities participating in the Palliative Care Outcomes Collaboration (PCOC) can collect data directly via the eMR EOLC.

eTOC (electronic Transfer of Care): CCLHD partnered with eHealth NSW on a "Proof of Concept" to create interoperability between the electronic Record for Intensive Care (eRIC) and the electronic Medical Record. The project aimed to reduce the risk of transcription errors for medications, allergies and adverse reactions for patients transitioning from the adult ICU to other hospital settings. eTOC was implemented across ICUs at Wyong and Gosford in June 2021.

The HOPE Project (Health Outcomes and Patient Experience) has been reinitiated in 2020 and deployed in early 2021 within the NSW Health Service Now platform. HOPE will now be further enhanced and deployed more widely across the District.

COVID-19 Response

- The District commenced COVID-19 vaccination clinics at Gosford and Wyong Hospitals to support the District's COVID-19 response. ICT provided network infrastructure and hardware to support these implementations as well as rapid deployment of eMR enhancements for accurate reporting of immunisation information. This was further supported by mobile and outreach vaccination clinics to support our Aboriginal population and vulnerable people.
- The District rapidly expanded Public Health Unit COVID Contact Tracing and COVID Support Monitoring teams with the rapid deployment of additional hardware and phone solutions to support the increased requirements. eMR enhancements were made along with assistance in clinical workflows in line with critical response timeframes.
- Several ward configuration changes were made throughout the year to support the evolution of the COVID-19 pandemic and best support the response strategies for the District.

Cyber Security

- The **Defense in Depth Strategy and Roadmap** commenced in 2019 with a focus on increasing the technical capability of the District to prevent, detect and manage cyber threats. In 2020-2021, key defence platforms were deployed and enhanced to provide greater threat detection and insights for the District. Through 2021-2022, the Cyber Security Roadmap will evolve to provide a greater focus on process controls in line with the eHealth NSW Essential 8 Uplift Program and the requirements of the Cyber Security NSW Policy.
- Continued focus will be placed on culture and awareness around **Cyber Security** to reduce the risk of unwitting human factors playing a part in a cyber attack.

Redevelopment

Key ICT project deliverables for the **Wyong Hospital Redevelopment** were implemented during 2020-2021 with final commissioning activities to occur up until November 2021.

The ICT project for the **Central Coast Clinical School and Research Institute** was successfully delivered as a partnership between ICT and the University of Newcastle ICT Team in 2021. Key project deliverables included the shared ICT network and developing the shared support model with UoN.

ICT Priorities 2021-2022

ICT priorities for 2021-2022 include:

- Patient privacy will be enhanced through the **P2 Sentinel Project**, an initiative designed to improve audit of electronic medical records to ensure appropriate access by all clinicians.
- **Enhancing the eMR Program** includes the following eHealth initiatives which will be implemented in the first half of 2022.
 - Comprehensive Care (Risk Screening Assessment and Diagnosis & Documentation Workflow solutions) pilot project. The eMR Solution will support clinicians in providing comprehensive care to inpatients in alignment with the National Safety and Quality Health Service (NSQHS) Standards.
 - Smoking Cessation – pilot project. Sponsored by the Chief Health Officer and Chief Cancer Officer, this is a project to support the delivery and documentation of smoking cessation interventions.
 - IV Fluid Management and Patient Friendly Medication List
- **Waitlist Optimisation Project:** In collaboration with eHealth NSW and the Ministry of Health, the project to modernise the waitlist functionality commenced in April 2021 and is expected to be implemented by March 2022.

Efficiency and Improvement Strategy Program

The Efficiency and Improvement Program in 2020-21 focused on a review of three admitting specialties that were above the peer group average cost per National Weighted Activity Unit (NWAU). The program had a target based on 25% improvement of average cost per NWAU in line with the state price. Further, it was recommended that this program focus on the salary and wages component of the cost. The Program commenced on 12 February 2021 and ran until 30 June 2021. The scope of the Program was to conduct a diagnostic review and provide the Organisational Sustainability Program (OSP) with a set of recommendations for implementation by the relevant specialties and departments. The Program utilised strategies and took advice from existing groups such as the Nursing Resource Management (NRM) Team and Medical Workforce who had developed strategies that could be implemented locally and immediately. The specialties selected for participation in year one of the program and the target savings were:

1. Ear Nose and Throat Surgery (ENT)
2. Geriatric Medicine
3. Medical Oncology

A series of recommendations and opportunities were established following review of the services. Key recommendations for all three specialties relate to nursing such as Health Roster management, nursing FTE management and planners, sick leave and Individual Patient Special management with potential savings estimates being \$2.03 million on implementation of the identified strategies. The Program identified several opportunities to scale recommendations across the District.

Organisational Sustainability Program

CCLHD aims to be a high performing and accountable healthcare service that meets our Service Agreement and operates to Australian benchmark standards. This requires achievement of financial sustainability to enable service provision to meet community needs, while supporting investment in improvement and innovation. Our Organisational Sustainability Plan (OSP) is a detailed strategy with realistic goals to meet this aim.

Implementation of the OSP is helping the District care for our resources and future so we continue to provide safe and quality care and improve staff and patient experience. For 2020-2021, the District realised \$23.053M in cash-releasing savings from a target of \$25.804M. Key savings were achieved through reducing pathology and drug costs, reducing overtime costs, food expenditure and wastage, and through improved procurement and contracting practices.

Improvements Achieved through Priority Initiatives

Diversity and Inclusion

Diversity and Inclusion have been a priority initiative lead from within the Clinical Governance, Quality and Safety Directorate. This portfolio focuses on culturally and linguistically diverse (CALD) people, disability inclusion and Lesbian Gay Bisexual Transgender Queer and Intersex and Asexual (LGBTQIA+) populations with the aim of improving their outcomes and experiences when accessing healthcare.

The onset of COVID-19 in early 2020 required an innovative response to service challenges to support consumers in a myriad of ways. These have included: video interpreting as well as resources, information and equipment to support non-English speaking, Deaf and people with a disability at the COVID-19 vaccination clinic at Gosford Hospital. iPads with translated information, Auslan videos about Pfizer, how to use iPads to help with distraction for people with an intellectual disability and Auslan communication and whiteboard resources have also been provided.

Key achievements have been:

Improving communication between diverse consumers and clinicians

- Assisting staff to develop custom resources such as in language cue cards, and strategies to support CALD patients i.e. organising pastoral support for non-English speaking patients.
- 30 Clinical and 25 Communication Assistance kits provided to services across the District. These consist of a whiteboard, whiteboard marker, and magnifying equipment to improve communication with patients and visitors with vision and hearing impairments. These locations included COVID screeners, patient enquiries, and rehabilitation wards.
- CALD Assist and Vocable communication apps were pre-installed in all 146 iPads being used in clinical services. These apps have been used to improve communication between clinicians and patients who do not speak English, or who may be non-verbal due to a disability or impairment i.e. stroke, or throat surgery.
- These communication support initiatives were identified in the organisation's NSQHS assessments by assessors, and noted in the final report.

Resources and education for health professionals

- The development of an extensive array of resources and information to support staff with Diversity and Inclusion is available via the District's intranet. This includes resources on how to support consumers and carers who are LGBTQIA+, Deaf, have a disability or are non-English speaking. Additional resources are available on health literacy, booking and using healthcare interpreters, video interpreting, disability inclusion and suggestions regarding reasonable adjustments for inclusion of all patients while in hospital.
- Education and in-service sessions on how to support diverse consumers and carers were provided across a range of clinical services and professions including Nursing and Medical Workforce. Topics included health literacy, TeachBack, booking and using interpreters, and how to access resources and information to support consumers and carers with a disability, from a non-English speaking background and LGBTQIA+.
- Medical Workforce were also given a demonstration on using the Ward iPads including CALD Assist and Vocable applications. A link to the Diversity and Inclusion resources is also now on the JMO Central intranet page.
- A range of translated resources were also provided to the Director Community and Recreation Services Central Coast Council. A dedicated CCLHD intranet page has been developed to assist staff to access NSW Health and Australian Government Department of Health COVID-19 information in other languages including Auslan.

LGBTQIA+

Activities were undertaken to improve visibility and awareness of LGBTQIA+. This included Wear It Purple Day 2020 and Transgender Day of Visibility and Intersex which were supported by leaders within the organisation, health care teams and support services across the District.

CCLHD also had LGBTQIA+ consumers join the consumer network, and library staff partnered with the Manager of Diversity and Inclusion to produce an online staff guide to resources on Diversity and Inclusion and launched the Diversity and Inclusion Library Guide with key books covering LGBTQIA+ topics.

Deaf

Quality improvement activities have been undertaken focused on Deaf consumers and carers. This was in response to consumer feedback. Examples included:

- Clinical services were supported to provide inclusive and accessible services to Deaf consumers. A dedicated intranet resource page was set up for staff with resources to support Deaf consumers and carers. Over 16 Deaf communication kits were distributed to key clinical service areas such as Emergency Departments and Surgery to assist staff with communication with Deaf patients
- CCLHD Maternity services has led the development of a best practice, inclusive maternity model of care (MoC), for Mums who are Deaf or hard of hearing. This inclusive MoC was developed through a multi-disciplinary team (MDT) approach, to support a Deaf Mum with a high risk complex twin pregnancy late in 2020. Research undertaken identified there was no published evidence of any existing best practice MoC to meet the needs of Deaf Mums in NSW and Australia. This MoC will be shared with other Maternity services in NSW.
- The CCLHD Oral Health service commenced working on a quality improvement initiative (QI) in 2020 to improve the outcomes and experiences of Deaf consumers using their service. With the onset of COVID-19, there were restrictions to accessing onsite Auslan interpreters, requiring urgent adaption by Oral Health to ensure Deaf consumers could continue to access their services and be able to connect and communicate with Oral Health staff i.e. through video interpreting. Actions taken to date

since commencing the QI activity have resulted in improvements in multiple aspects of the Deaf consumer journey through Oral Health services, with the key area of clinician and consumer communication being the most significant.

Technology

Technology was utilised to improve outcomes and experiences of diverse consumers. A new model of video interpreting was developed and implemented as part of the COVID-19 response to ensure ongoing access to Auslan interpreters for the Deaf community. This model has continued to be refined and improved and is now able to be utilised in any service area within the District.

- Support and education was provided to services on how to use existing resources to undertake video interpreting and where required, dedicated equipment such as webcams, speakers and iPad stands were provided.
- In 2018-19, there were only 3 occasions of video interpreting services in the District; in 2019-2020 this number increased to 56; and in 2020-2021, increased further to 150.

Establishment of virtual visiting

The Manager Diversity and Inclusion assisted inpatient wards to set up 'Virtual Visiting' to connect patients with loved ones during the extended COVID-19 lockdown. Wards at Gosford, Woy Woy, Wyong and Long Jetty Hospitals received support and resources to be able to provide this option to patients and loved ones.

Patient Reported Measures (PRM)

The Agency for Clinical Innovation (ACI) has commenced the State wide rollout of the new minimal viable product, purpose built IT platform (HOPE) supporting the Leading Better Value Care and Integrated Care initiatives. The ACI provides support in partnership with the District's PRM lead with education sessions and planning for all Go Live services and sites. HOPE will provide healthcare providers with real-time point of care patient data collection to support informed decisions about care and treatment. The platform will enable aggregated patient experience feedback at a service level, to assist with service improvement whilst also enabling aggregated data analytics on patient populations.

All staff that will have access to HOPE undergo education and training prior to Go Live dates. Currently, the District is live with three services across six active sites with potential for the IT platform to be used across twelve sites. All feedback from clinicians, administration support and consumers regarding any aspect of the usability is provided to the ACI for consideration.

The Phase 1 build in HOPE has been under development for the last nine months and is ready for user acceptance testing in November 2021. The enhancements, fixes and new functionalities which have been built into HOPE will improve the clinicians' and consumers' experience.

There are three more services across six sites that are scheduled to go live before the end of 2021. The January to June 2022 implementation schedule has been endorsed by CCLHD and is under consideration with the ACI. In June 2021 Gosford Hospital Patient Reported Measures collections by volunteers in general ward areas were suspended due to COVID-19 restrictions and the unavailability of the volunteer workforce. Wyong Hospital Patient Reported Measures will commence following the lifting of the restrictions and the recruitment of volunteers for the Wyong site.



Caring for our Future

High quality, integrated, innovative services.

Caring for our Future

Developing a responsive, innovative, learning organisation underpinned by research, education and partnerships.

Delivering health care that meets the needs of the Central Coast community is our key strategic objective for our District. We are continuously looking at ways to integrate services with our health care partners to deliver health care to our consumers where and when they need it. Our capital works programs form a large component of ensuring that we deliver a sustainable future. Our District also invests in research to ensure that we enable our staff to deliver evidence-based care to our consumers. Our District is committed to ensuring that our health service meets the community's ever- changing needs and expectations.

Outlined below are some of the key achievements for 2020-2021, and what we will be striving to achieve to ensure we are *Caring for our Future* in 2021-2022.

Improvements Achieved through Priority Initiatives

Redevelopment Programs

Central Coast Clinical School and Research Institute (CCCSRI)

In 2020-2021, the development of the Central Coast Research Institute (CCRI) by the District, in partnership with the University of Newcastle, has progressed significantly with completion of the new building in June 2021. The building houses the Central Coast Research Institute for Integrated Care (CCRI), District services such as the Library, Research Office, Education and Training Unit and Healthcare Improvement Unit, as well as the University of Newcastle Central Coast Clinical School. The first occupants of the new facility moved in at the end of June 2021.

As a place of learning and teaching, everyone involved with CCCSRI wanted the building to celebrate the region through art, and to ensure that the land's first peoples were acknowledged and recognised. As a result, superb works of art by Aboriginal or Torres Strait Islander artists living on Darkinyung (Darkinjung) country are proudly displayed within the building. Through these works the artists celebrate their connection to Country, specifically the unique landscape of the Central Coast Regions, and everyone who works or learns in the building, or visits it, can appreciate and acknowledge the strong connection between the Darkinyung (Darkinjung) community and the CCCSRI.



Central Coast Clinical School and Research Institute

As this world-class teaching and research facility emerges, the CCRI will be able to provide a convening space to lead and advocate for education, research and innovation that helps to build research skills and capacity across the health, university and wider workforce. Engaging closely with the local community, the Institute forms part of a wider vision for a Health and Wellbeing campus that stimulates innovation that can deliver wider economic benefits to the Central Coast community, as well as a global hub of translational research activities designed to bring demonstrable health and wellbeing benefits.



“It’s time, the Wyong area deserves a new building and facilities to bring services closer to home. The redevelopment provides excellent opportunities for more jobs in the Wyong community. Exciting to see specialty services brought closer to the Wyong people. Our local hospital will be able to provide the care that the local community needs”.
(Community Member, Wyong)

Wyong Hospital Redevelopment

In 2020/21 our District continued the \$200million redevelopment of Wyong Hospital which will significantly enhance health care on the Central Coast and meet the growing needs of our community.

When complete, there will be an increase in overall service capacity following the development of a new services building (Block H) including:

- A new Emergency Department, with 12 more treatment spaces and an additional resuscitation bay;
- a new Intensive Care Unit (ICU), with an additional treatment space and opportunity for future expansion. This includes the additional transition of three rooms to negative flow pandemic rooms in response to updated design guidelines from Health Infrastructure in late 2020;
- a new Ambulatory Paediatric Unit with four more bed spaces for short stay patients, with future capacity for expansion;
- a new and expanded Medical Imaging Department which will have an additional CT scanner, x-ray machine, procedure room and MRI. A new CT scanner has been purchased;
- a new and expanded 28-bed Medical Assessment Unit with eight more beds than we currently provide;
- an additional 60 inpatient beds with future expansion space.

The refurbishment of the existing hospital will include:

- additional Operating Theatre capacity and recovery beds;
- an expanded Medical Day Unit;
- an expanded Transit Lounge; and
- a new Women’s and Family Health Clinic.

The Wyong Redevelopment has been affected by escalated COVID-19 restrictions, but the project team has worked well to pivot in response to circumstances, with quick responses to the suspension of building occur for two weeks and ongoing restrictions to contractors accessing the site. As a result, handover of the building was delayed and is expected to occur in September 2021, with Go Live week planned to commence on 11 October 2021. Significant involvement of Wyong Hospital staff in commissioning and education and training programs will result in a smooth transition to Block H.

At the same time, works continue on refurbishment of existing Operating Theatres, recovery spaces and the Sterilising Services Department. It is anticipated that these units will be opened in early December 2021.



Wyong Hospital



Wyong Hospital



Wyong Hospital

Connected Things in HealthCare Innovation Hub

In January 2019, we saw the establishment of our District's Innovation Hub known as the 'Connected Things in Healthcare' initiative. The initiative aims to foster an innovation culture through encouraging experimentation and prototyping in the Ideas Hub by our staff through partnerships with local startups, universities and community organisations. The Connected Things in Healthcare Lab started as a collaboration between our District and three Central Coast start-ups led by Spotto Pty Ltd. Continuing this partnership has been a key priority for 2020-2021.

One of the first projects for the Hub involved Spotto's new Bluetooth asset tracking solution, first piloted at Wyong Hospital by the Environmental Services team. Initially, the team conducted baseline studies that showed it could take 30 minutes or more to find and deliver equipment where it was needed. In September 2020 Bluetooth readers were plugged into available power points and once turned on, they connected to our wi-fi automatically. Bluetooth tags were then placed on the assets being tracked, like wheelchairs, trolleys and gas cylinders, so that the Bluetooth readers could recognise them. Then Spotto's web-based search engine, which is accessible using any device, started returning real-time results instantly, enabling Environmental Services staff to view where items were located. As a result, the time spent finding critical equipment reduced by more than 30%, saving staff valuable time and increasing efficiencies in patient care. The solution has been so successful and well received by staff that it is now being rolled out across the whole of CCLHD, with readers currently being installed around Gosford Hospital starting with Operating Theatres.

Growth in Research Towards a Research-Enabling Environment

A significant milestone has been the completion of the Central Coast Research Institute (CCRI) and relocation of the CCLHD Research Office into the new facility (Building A) in June 2021. This state-of-the-art research and education facility will enable growth and development of research activities both within the District and in partnership with the University of Newcastle and other key stakeholders.

Development of the draft Strategic Research Plan 2022-2026 began in early 2021 with several workshops held for consultation with District staff, including clinical trial stakeholders. Feedback was received by the Research Office on the draft Plan via these face-to-face and online workshops, through a survey and by email correspondence. The draft Plan was then further developed and circulated to external stakeholders. The development of this Plan continues on schedule for completion by December 2021.

A second Research Governance Officer was recruited to the Research Office in October 2020 to conduct research monitoring visits, assist with processing amendments for authorised projects, and prepare for the implementation of the National Clinical Trials Governance Framework at the District.

Research Enrichment and Collaboration

Research Enrichment is the focus of the newly developed CCLHD "Researcher Pathway for Health Professionals", which was designed by a working party of the Operational Research Committee to determine a core set of competencies (knowledge, skills and attitudes) that contribute to a culture of health services research and build research literacy and capability. The Pathway presents research competencies as a continuum of stages, illustrating how health professionals move from one level of engagement in research to another, showing evidence of professional development in this area. The Pathway includes an initial research competency assessment tool that permits health professionals to place themselves on the Pathway and suggests educational and experiential activities that support research competency development. Endorsed by the Operational and Board Research Committees in 2020/2021, the Researcher Pathway for Health Professionals is available on the Research Office intranet together with supporting material.

Research Collaboration and the development of dynamic research partnerships was a priority for 2020-2021. The Research Office, together with the Research Advantage team at The University of Newcastle and Hunter New England Local Health District (HNELHD) delivered three online Health Professionals Research Education Program (HPREP) workshops on economic evaluations, developing grant applications, and consumer and community engagement in research. Our consumer representative on the Operational Research Committee continues to provide an invaluable community perspective informing the work of the committee. Strengthening consumer and community engagement in research co-design and implementation is a priority for 2021-2022. All sessions were recorded and made available at the University of Newcastle website.

The Research Office was also able to continue to grow **Research Enrichment** and foster **Research Collaboration** through the District's partnership with the NSW Regional Health Partners (NSWRHP) Centre for Innovation in Regional Health (CIRH). Our District was awarded funding from the **Medical Research Future Funding** (MRFF) Rapid Applied Research Translation (RART) Grant scheme for a Palliative Care research project through NSWRHP.

The District appointed Dr Zoi Triandafilidis (Research Project Manager) and Dr Cassie Curryer (Research Project Support Officer) to support our District's MRFF-funded Palliative Care Projects to investigate the end of life journey for people with dementia and the experience of people in emergency departments at the end of life. This funding continues to highlight a solid growth in our District's research capability and continuation of these research projects will be a key priority for our District in 2021-2022.

Research Collaboration also continued with the NSWRHP through the Embedded Economist project, with CCLHD Director of Research, Professor Nick Goodwin, as the Principal

Investigator for the District. This project involved hosting a health economist from the Hunter Medical Research Institute on-site between October 2020 and February 2021 for one to two days per week to assist staff with economic analyses for their research projects and service planning initiatives. A Community of Practice commenced in September 2020 for a year and a university course on health economics was made available to staff.

In May 2021, CCLHD co-hosted the 5th Australian Nursing and Midwifery Conference in partnership with Hunter New England and Mid North Coast Local Health Districts and the University of Newcastle. The conference provided a forum for Nursing and Midwifery clinicians, researchers and educators to share knowledge and celebrate experiences of innovation. The conference was a resounding success with 230 delegates from five states in attendance. Our CCLHD nurses presented six oral and nine poster presentations highlighting a range of research and innovation projects.

CCLHD has partnered with the School of Nursing and Midwifery, University of Newcastle and the Mid North Coast and Hunter New England LHDs to conduct a two-year program to build the research capacity of Clinical Nurse and Midwifery Consultants (CNC/CMCs). The project's short title is 'ClinicalRCB' (for Clinical Research Capacity Building) and is funded by the NSW Regional Health Partners through a \$250,000 grant awarded in early 2021. The purpose is to build CNC/CMC research capacity, engagement, impact and leadership by establishing a collaborative program of mentorship and teamwork between the School of Nursing and Midwifery and the LHDs. Central to this program will be the development of a virtual meeting space and digital resources.

Research Activity

The Research Office continued to monitor existing research projects and approve applications for research projects. Applications for research projects decreased in 2020-2021 by 21%, with 81 new applications compared to 103 in the previous year (2019-2020) and 63 in the year before (2018-2019). Research applications reviewed by the Research Office included those with ethics approval from a certified Human Research Ethics Committee (HREC) and submitted to CCLHD for Site Specific Assessment (SSA), those that are considered of low or negligible risk (LNR) and are exempt from ethics/ HREC review (called HREC Exempt LNR research applications) and Access Requests, where the project has received HREC approval and will involve access to local participants, tissue or data without the project being conducted at CCLHD.

The total number of active applications being managed by the Research Office as at 30 June 2021 was 704 (consisting of 379 research projects, 295 Quality Improvement (QI) projects and 30 non-research activity case reports).



Central Coast Research Institute

Performance against 2020-2021

NSW Health KPI

Strategic Priority	Safety and Quality Domain	Measure	Period	Target	Result
Strategy 1: Keep People Healthy					
1.1	Effectiveness	Childhood Obesity – Children with height and weight recorded (%)	April 2021 - June 2021	>= 70%	57.2%
1.2/1.6	Equity	Smoking During Pregnancy – At any time (%): • Aboriginal Women	2020	<= 34.3%	35.5%
1.2/1.6	Equity	Smoking During Pregnancy – At any time (%): • Non-Aboriginal Women	2020	<=11.1%	11.4%
1.2	Efficiency	Hospital Drug and Alcohol Consultation Liaison – Number of consultations (% increase)	July 2020 - June 2021	1038	1068
1.4	Effectiveness	Hepatitis C Antiviral Treatment Initiation – Direct acting – by LHD residents (% variance)	July 2020 - March 2021	195	85
Outcome 1: Keeping people healthy through prevention and health promotion					
1.4	Effectiveness	Children fully immunised at one year of age (%)	2020	>= 95.0%	95.9%
1.2/1.6	Effectiveness	Pregnant Women Quitting Smoking – By second half of pregnancy (%)	October 2019 - September 2020	>= 21.7%	20.8%
1.6	Effectiveness	Get Healthy Information and Coaching Service – Get Healthy in Pregnancy Referrals (% increase)	July 2020 - June 2021	292	599
	Effectiveness	BreastScreen participation rates (%) • Women aged 50-69 years	July 2019 - June 2021	>= 55.0%	43.5%
	Effectiveness	BreastScreen participation rates (%) • Women aged 70-74 years	July 2019 - June 2021	>= 55.0%	49.8%
Strategy 2: Provide world class clinical care where patient safety is first					
2.1	Safety	Hospital Acquired Pressure Injuries (Rate per 10,000 episodes of care)	July 2020 - June 2021	<= 6.6	6.5
		Healthcare Associated Infections (Rate per 10,000 episodes of care)	July 2020 - June 2021	<= 117.6	156.4
		Hospital Acquired Respiratory Complications – (Rate per 10,000 episodes of care)	July 2020 - June 2021	<= 27.8	36.2
		Hospital Acquired Venous Thromboembolism (Rate per 10,000 episodes of care)	July 2020 - June 2021	<= 8.7	7.1
		Hospital Acquired Renal Failure (Rate per 10,000 episodes of care)	July 2020 - June 2021	<= 2.4	0.7
		Hospital Acquired Gastrointestinal Bleeding (Rate per 10,000 episodes of care)	July 2020 - June 2021	<= 11.9	14.0
		Hospital Acquired Medication Complications (Rate per 10,000 episodes of care)	July 2020 - June 2021	<= 13.9	17.6
		Hospital Acquired Delirium (Rate per 10,000 episodes of care)	July 2020 - June 2021	<= 50.0	74.6
		Hospital Acquired Incontinence (Rate per 10,000 episodes of care)	July 2020 - June 2021	<= 65.0	2.1
		Hospital Acquired Endocrine Complications (Rate per 10,000 episodes of care)	July 2020 - June 2021	<= 29.1	35.0
		Hospital Acquired Cardiac complications (Rate per 10,000 episodes of care)	July 2020 - June 2021	<= 41.7	50.5
		3rd or 4th Degree Perineal Lacerations During Delivery (Rate per 10,000 episodes of care)	July 2020 - June 2021	<= 391.6	231.0
		Hospital Acquired Neonatal Birth Trauma (Rate per 10,000 episodes of care)	July 2020 - June 2021	<= 104.3	36.2
2.3	Equity	Discharge against medical advice for Aboriginal inpatients (%)	April 2021 - June 2021	<= 1.6%	2.5%

Strategic Priority	Safety and Quality Domain	Measure	Period	Target	Result
2.4	Patient-Centred Culture	Patient Engagement Index (Number) Adult admitted patients"	October 2020 - December 2020	>= 8.5	8.68
	Efficiency	Elective Surgery Overdue – Patients (Number): • Category 1	June 2021	0	0
	Efficiency	Elective Surgery Overdue – Patients (Number): • Category 2	June 2021	0	128
	Efficiency	Elective Surgery Overdue – Patients (Number): • Category 3	June 2021	0	170
	Timeliness and Accessibility	Paediatric Admissions from Elective Surgery Waiting List – % variance from target (Number)	July 2020 - June 2021	921	706
	Timeliness and Accessibility	Emergency Treatment Performance – Admitted (% of patients treated in <= 4 hrs)	July 2020 - June 2021	>= 50.0%	20.6%
Outcome 4: People receive high quality, safe care in our hospitals					
2.1	Safety	Fall-related Injuries in Hospital – Resulting in fracture or intracranial injury (Rate per 10,000 episodes of care)	July 2020 - June 2021	<= 6.7	9.7
2.3	Effectiveness	Unplanned Hospital Readmissions – All admissions within 28 days of separation (%): • All persons	July 2020 - June 2021	<= 7.9%	7.9%
	Effectiveness	Unplanned Hospital Readmissions – All admissions within 28 days of separation (%): • Aboriginal persons	July 2020 - June 2021	<= 7.1%	8.6%
	Patient-Centred Culture	Overall Patient Experience Index (Number) • Adult admitted patients	October 2020 - December 2020	>= 8.50%	8.98%
	Patient-Centred Culture	Overall Patient Experience Index (Number) • Emergency department	October 2020 - December 2020	>= 8.50%	8.68%
2.4	Efficiency	Elective Surgery Access Performance – Patients treated on time (%): • Category 1	July 2020 - June 2021	100.0%	99.9%
	Efficiency	Elective Surgery Access Performance – Patients treated on time (%): • Category 2	July 2020 - June 2021	>= 97.0%	75.8%
	Efficiency	Elective Surgery Access Performance – Patients treated on time (%): • Category 3	July 2020 - June 2021	>= 97.0%	43.1%
Outcome 3: People receive timely emergency care					
2.4	Timeliness and Accessibility	Emergency Department Presentations – Treated within benchmark times (%): • Triage 1: seen within 2 minutes	July 2020 - June 2021	100.0%	100.0%
	Timeliness and Accessibility	Emergency Department Presentations – Treated within benchmark times (%): • Triage 2: seen within 10 minutes	July 2020 - June 2021	>= 95.0%	79.2%
	Timeliness and Accessibility	Emergency Department Presentations – Treated within benchmark times (%): • Triage 3: seen within 30 minutes	July 2020 - June 2021	>= 85.0%	54.7%
	Timeliness and Accessibility	Transfer of care – Patients transferred from ambulance to ED <= 30 minutes (%)	July 2020 - June 2021	>= 90.0%	70.4%

Strategic Priority	Safety and Quality Domain	Measure	Period	Target	Result
Strategy 3: Integrate systems to deliver truly connected care					
3.3	Effectiveness	Mental Health: Acute Readmission – Within 28 days (%)	July 2020 - June 2021	<= 13.0%	9.4%
	Appropriateness	Mental Health: Acute Seclusion <ul style="list-style-type: none">Occurrence (Episodes per 1,000 bed days)	July 2020 - June 2021	<= 5.1	5.0
	Appropriateness	Mental Health: Acute Seclusion <ul style="list-style-type: none">Duration (Average Hours)	July 2020 - June 2021	<= 4.1	2.5
	Appropriateness	Mental Health: Acute Seclusion <ul style="list-style-type: none">Frequency (%)	April 2021 - June 2021	<=4.1%	4.4%
	Safety	Mental Health: Involuntary patients absconded from an inpatient mental health unit – Incident Types 1 and 2 (rate per 1,000 bed days)	July 2020 - June 2021	<= 0.8	0.6
	Patient-Centred Culture	Mental Health Consumer Experience: Mental Health consumers with a score of Very Good or Excellent (%)	April 2021 - June 2021	>= 80.0%	75.0%
	Timeliness and Accessibility	Emergency Department Extended Stays: Mental Health presentations staying in ED > 24 hours (Number)	July 2020 - June 2021	0	7
3.2	Patient-Centred Culture	Mental Health Peer Workforce Employment – Full Time Equivalents (FTEs) (Number)	January 2021 - March 2021	>= 4.0	4.8
3.4	Timeliness and Accessibility	Aged Care Assessment Timeliness – Average time from ACAT referral to delegation – Admitted patients (Days)	July 2020 - June 2021	5 days	1.8 days
3.5	Effectiveness	Out of Home Care Pathway Program – Children and young people completing a primary health assessment (%)	April 2021 - June 2021	100.0%	94%
	Effectiveness	Domestic Violence Routine Screening – Routine Screens conducted (%)		>= 70%	
	Effectiveness	Sustaining NSW Families Programs – Applicable LHDs only – see Data Supplement: Families completing the program when the child reached two years of age (%)		>= 50.0%	
Outcome 2: People can access care in and out of hospital settings to manage their health and wellbeing					
3.1	Appropriateness	Potentially Preventable Hospital Services (%)	July 2020 - June 2021	<= 22.5%	22.40%
3.3	Effectiveness	Mental Health Acute Post-Discharge Community Care – Follow up within seven days (%)	July 2020 - June 2021	>= 75.0%	77.50%
3.6	Patient-Centred Culture	Electronic Discharge Summaries – Sent electronically and accepted by General Practitioners (%)	July 2020 - June 2021	>= 51.0%	76.1%
Strategy 4: Develop and support our people and culture					
4.3	Patient-Centred Culture	Workplace Culture – People Matter Survey Culture Index – Variation from previous year (%)	2018/2019	-1.0%	1.0%
	Patient-Centred Culture	Take Action - People Matter Survey – Take action as a result of the survey – Variation from previous year (%)	2018/2019	-1.0%	3.0%
4.1	Patient-Centred Culture	Staff Performance Reviews – Within the last 12 months (%)	January 2020 - December 2020	100.0%	62.6%
	Patient-Centred Culture	Recruitment – Average time taken from request to recruit to decision to approve/ decline/defer recruitment (business days)	n/a	<= 10 days	n/a
4.2	Equity	Aboriginal Workforce Participation – Aboriginal Workforce as a proportion of total workforce at all salary levels (bands) and occupations (%)	July 2020 - June 2021	>= 1.8%	3.0%

Strategic Priority	Safety and Quality Domain	Measure	Period	Target	Result
4.5	Patient-Centred Culture	Compensable Workplace Injury – Claims (% change)	July 2020 - June 2021	<= 162	322
Outcome 5: Our people and systems are continuously improving to deliver the best health outcomes and experiences					
4.3	Patient-Centred Culture	Staff Engagement - People Matter Survey Engagement Index – Variation from the previous year (%)	2018/2019	-1.00%	0.70%
5.4	Effectiveness	Research Governance Application Authorisations – Site specific within 15 calendar days – Involving more than low risk to participants (%)	January 2021 - March 2021	>= 95.0%	21.4%
Outcome 6: Our people and systems are continuously improving to deliver the best health outcomes and experiences					
Strategy 6: Enable eHealth, health information and data analytics					
6.2	Timeliness and Accessibility	Telehealth Service Access – Non-admitted services provided through telehealth (%)	July 2020 - June 2021	10.0%	0.4%

Future Safety and Quality Priorities and Plan for 2021-2022

Our District has identified three safety and quality priorities that will be the focus for our Board's Health Care Quality Committee for 2021-2022 and be targeted for improvement over the next twelve months. We will continue the ongoing implementation of the safety and quality initiatives outlined in this Safety and Quality account, our 2021-2022 Strategic Operational Plan and improve our formal results against the prescribed NSW Health KPI as outlined in the service agreement. These priorities will be monitored through our District performance reporting, directorate operational Safety and Quality Committees, governance committees and reported to the Clinical Safety, Quality and Governance committee, the HCQC and the Board. The three Safety and Quality priorities for 2021-2022 are:



• Priority 1:

Reducing the percentage of Unplanned Hospital Readmissions (including Aboriginal and non-Aboriginal patients) within 28 days of separation to < 6.3% by June 2022.



• Priority 2:

Improving the District performance on all Hospital Acquired Complication (HAC) rates to within target by June 2023.



• Priority 3:

Implementation and Monitoring of the Towards Zero Suicide initiatives including; Zero Suicides in Care, Alternatives to Emergency Departments, Assertive Suicide Prevention Outreach Teams as outlined in the service agreement.

Board Attestation Statement



Health
Central Coast
Local Health District

This attestation statement is made by

Professor Donald MacLellan

Name of office holder/member of Governing Body

Holding the position/office on the Governing Body

Central Coast Local Health District Board Chair

Title of officeholder/member of Governing Body

For and on behalf of the governing body titled

Central Coast Local Health District Board

Governing body's title (the Governing Body)

Central Coast Local Health District

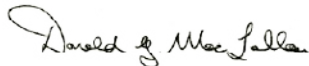
Health service organisation name (the Organisation)
See schedule attached

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, Central Coast Local Health District

Date 26 August 2021

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

Signed 

Position Acting Chief Executive, Central Coast Local Health District

Name Mr Brad Astill

Date 31 August 2021

Schedule of health service organisations covered by this attestation statement

Central Coast Local Health District	Address: PO Box 361 GOSFORD NSW
Gosford Hospital	
Wyong Hospital	
Woy Woy Hospital	
Long Jetty Healthcare Facility	
Wyong Mental Health Unit	
Gosford Mental Health Unit	
Central Coast – Community Mental Health	headspace Gosford
	Community Mental Health teams
Central Coast LHD – Dental/Oral Health	Gosford Dental Clinic – Gosford Hospital
	Woy Woy Dental Clinic – Woy Woy Hospital
	Wyong Dental Clinic – Wyong Hospital
Central Coast LHD – Community Health	Citigate Wyoming
	Erina Community Health Centre
	Gateway Community Health Services Gosford
	Kanwal Community Health Centre – Wyong Hospital
	Kincumber Community Health Centre
	Lake Haven Community Health Centre
	Long Jetty Community Health Centre
	Mangrove Mountain Community Health Centre
	Ngilyang Aboriginal Pregnancy, Child & Family Health Service
	Public Health Unit
	Toukley Community Health Centre
	Woy Woy Community Health Centre
	Wyong Central Community Health Centre

our values



at the **CORE**
 of everything we do

Caring for the Coast
 EVERY PATIENT EVERY TIME

