



Health
Far West
Local Health District

FAR WEST LOCAL
HEALTH DISTRICT

16 | 17
YEAR IN REVIEW

VISION AND VALUES

OUR VISION

Excellence in rural and remote health

OUR MISSION

Enabling health in our communities

OUR CORE VALUES

Collaboration Openness Respect Empowerment





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ABOUT FAR WEST LOCAL HEALTH DISTRICT



ABOUT FAR WEST LOCAL HEALTH DISTRICT

The Far West Local Health District is located in the far west of NSW. The northern part links more closely with South Australia, while the southern part has closer links with Victoria. The region consists of mostly open plains and is bisected by the Darling River. Land use is dominated by pastoral grazing and mining to the north, where irrigation is absent. Land use along the Murray River is more diverse, including citrus, grain and grape production. The local health district provides health care services across a geographic area of approximately 194,949 square kilometres.

Traditional custodians of the land covered by the District include the Barkandji/Paakantji, the Wilyakali, the Nyampa and the Muthi Muthi.

About 30,740 (2016 Estimated Residential Population) residents live within the District. People of Aboriginal and Torres Strait Islander heritage make up 12.8 per cent of the population, compared to 3 per cent for all NSW. Representation of culturally and linguistically diverse communities is very small in the district with 91.1 per cent of residents coming from an English speaking background.

In 2016-17, demand for health services changed in line with the ageing population, increased rates of chronic disease. The District is enhancing models of care that focus on integrated care and alternatives to hospital care. The increase in chronic disease is related to ageing and the relatively poor health status of some populations within the District.

Over the next decade, the District's population is expected to decrease by 10.8 per cent by 2036. There is, however, a planned land release in the Wentworth Shire that may increase the population over the next 25 years, doubling the existing population within that local government area. Additionally, mining activity and alternate electricity generation technologies are increasing in Broken Hill and in some outlying communities.

The proportion of the population aged 65 years and over will increase from 20.4 per cent of the population in 2016 to 28.7 per cent by 2036. With the elderly generally requiring a greater proportion of health care services than other

populations, it is expected that this growth will increase the demand for services in the District.

The main health issues facing the District are the prevalence of chronic disease and high proportion of the population engaged in behaviours likely to contribute to these conditions. This will require a greater emphasis on the provision of primary health care and support for self-management. In addition, clinical services need to contribute to the integrated management of individual consumers' health care, rather than the episodic response to issues that arise due to poor health.

Source: Australian Bureau of Statistics 2016





A WORD FROM OUR CHAIR AND CHIEF EXECUTIVE

We are pleased to present the Far West Local Health District Year in Review. We continued to build on our strengths and achievements throughout 2016-17.

Innovation is an important part of health care. We know that we have great staff and they do important work each day. But we also know that the Far West has particular challenges – different to the other regions and cities. We know that we need different answers. So we ask our staff to use their experience, commitment and imagination to see what we can do better to ensure that our community gets the best service possible. We do a great job in the present, but we need to do an even better job in the future, and it is our staff who are going to help us get there.

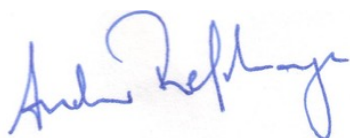
We are engaging with our community to better understand your needs and help you live your best life – whatever that might be for you. We are working closely with our partners to provide holistic and connected health services. We are using the latest technology to overcome our geographic isolation. Telehealth is helping us provide timely access to doctors and other health professionals, so you don't have to travel as often or as far for consultations.

The health sector is one of the biggest employers in our region. The Far West Local Health District has been working hard to develop our workforce, improve our culture and provide pathways to employment for local people. We are particularly proud of our School Based Traineeship program. Our Indigenous employment rates are the highest for NSW, which reflects our community and our genuine commitment to delivering culturally appropriate and safe care.

We are improving our facilities across the district so that we can provide better services close to home. Our new Community Health Centre in Broken Hill will be completed in 2018, along with improvements to specialist clinics and waiting areas of the Broken Hill Health Service. Housing in Wilcannia, Tibooburra, White Cliffs and Wentworth is being improved for our staff who work and live in our remote communities. A new HealthOne facility is planned for Dareton/Buronga, along with upgrade of the Tibooburra Health Service.

Primary Health Care Nurses are working from our new School Health Hubs to give children a healthy start and help them form good habits that will keep them healthy throughout their life. Over 120 people have benefited from the Connections Program, an after-hours service that links socially isolated people to activities in the community, ensuring that no-one is left behind.

We acknowledge the significant contribution of the former and current board, executive and staff towards the high quality of services delivered to patients and the communities we serve.



Dr Andrew Refshauge, Chair



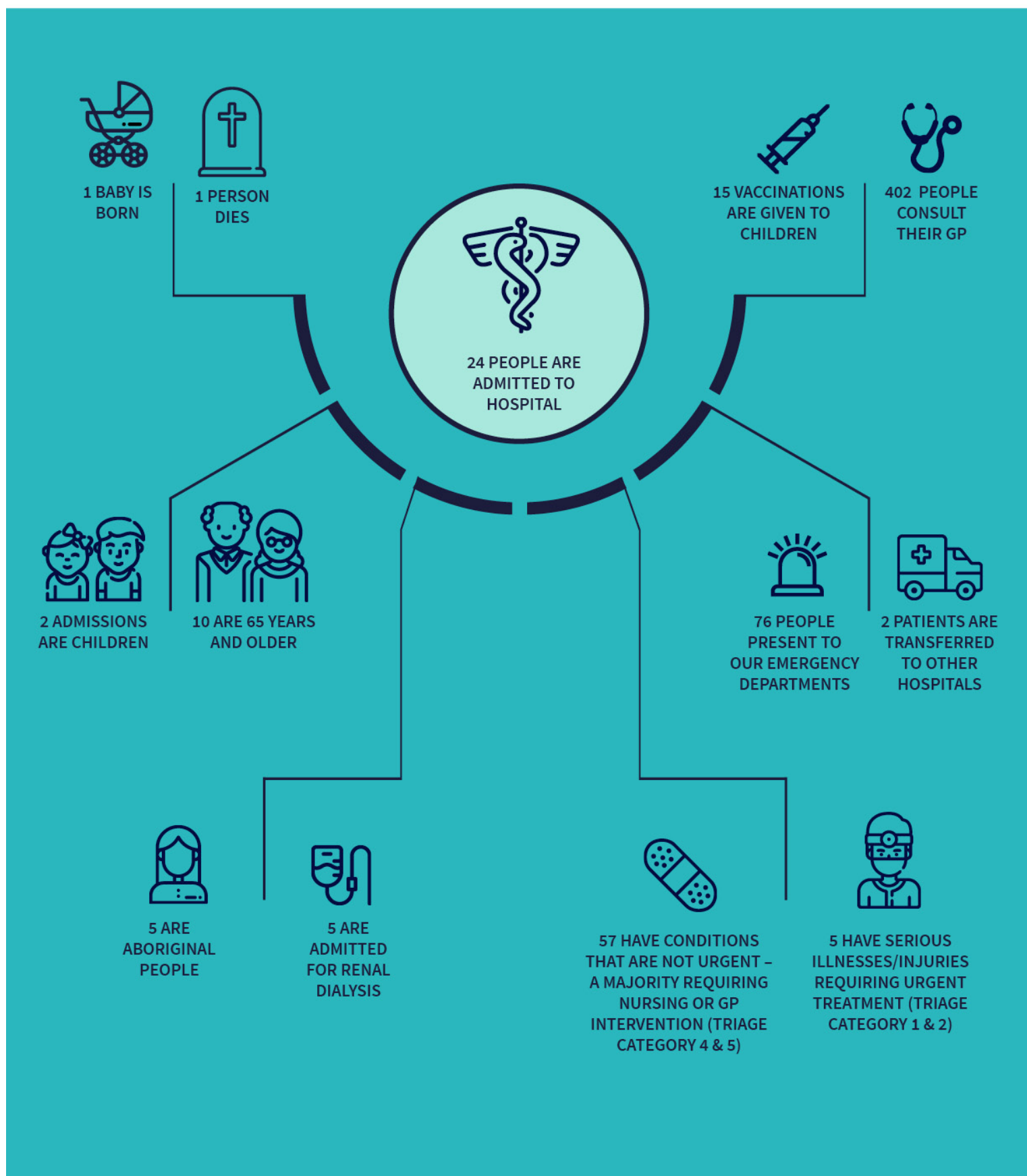
Stephen Rodwell, Chief Executive



AN AVERAGE DAY IN FWLHD 2016-17

Data Source: i Patient Manager (i.PM APAC), GWAHS iPM Production, Version 10.1.3 – Build 11

EVERY DAY IN FAR WEST LHD



EVERY WEEK IN FAR WEST LHD



6 RESIDENTS DIE
2 RESIDENTS DIE
ARE < 75 YEARS OLD
2 PEOPLE DIE IN
HOSPITAL



4 BABIES ARE
BORN; 1 BABY IS
ABORIGINAL; 0.2
ARE LOW BIRTH
WEIGHT



2 815 PEOPLE
CONSULT THEIR
GP



104
VACCINATIONS
ARE GIVEN TO
CHILDREN



168 PEOPLE ARE
ADMITTED TO
HOSPITAL
2 RESIDENTS ARE
ADMITTED TO A
PRIVATE HOSPITAL



72 ARE 65 YEARS
AND OLDER



15 ARE CHILDREN
(5 CHILDREN ARE
ABORIGINAL)



34 ARE
ABORIGINAL
PEOPLE



4 ARE ADMITTED
FOR A MENTAL
HEALTH
CONDITION



40 RESIDENTS
ACCESS RENAL
DIALYSIS



535 PEOPLE
PRESENT TO
OUR EMERGENCY
DEPARTMENTS



34 HAVE SERIOUS
ILLNESSES/INJURIES
REQUIRING URGENT
TREATMENT (TRIAGE
CATEGORY 1 & 2)



401 HAVE CONDITIONS
THAT ARE NOT URGENT –
A MAJORITY REQUIRING
NURSING OR GP
INTERVENTION (TRIAGE
CATEGORY 4 & 5)



13 ADMITTED PATIENTS
ARE TRANSFERRED TO
OTHER HOSPITALS
31% OF TRANSFERS
OCCUR WITHIN THE FWLHD



1 958 NON-ADMITTED
PATIENTS ATTEND
APPOINTMENTS



476 APPOINTMENTS
ARE WITH
COMMUNITY
NURSING SERVICES



340 APPOINTMENTS
ARE WITH SPECIALISTS

THE YEAR THAT WAS



5,408
VACCINATIONS



8 738
PEOPLE WERE ADMITTED
TO HOSPITAL



117
PEOPLE DIED
IN HOSPITAL



225
BABIES WERE
BORN

1 492

PATIENTS USED PRIVATE
HEALTH INSURANCE

4 058

WERE DAY-ONLY
ADMISSIONS

2

BIRTHS WERE
SETS
OF TWINS



2 251
SURGERIES



455
EMERGENCY

1 796
ELECTIVE

27,821
PEOPLE PRESENTED
TO EMERGENCY
DEPARTMENTS



683
PATIENTS WERE
TRANSFERRED TO
OTHER HOSPITALS



101 836
NON-ADMITTED PATIENTS
ATTENDED APPOINTMENTS

24 769
APPOINTMENTS WITH
COMMUNITY NURSING
SERVICES

17 702
APPOINTMENTS WITH
SPECIALISTS



8
PUBLIC
HOSPITALS
(INCLUDING
COMMUNITY HEALTH)



1
COMMUNITY
HEALTH
SERVICES



1
CHILD AND
FAMILY HEALTH
SERVICE



7
SCHOOL
HEALTH HUBS



9
DENTAL
CLINICS



687
FULL TIME
EQUIVALENT
(FTE) STAFF



47
PROPERTIES



15
SENTINEL
CHICKENS



170
BEDROOMS
INCLUDING STAFF
QUARTERS IN
BROKEN HILL



32 162
BOOKINGS
OF FLIGHTS,
ACCOMMODATION,
HIRE CARS AND
TRAINS PER ANNUM



159
VOLUNTEERS



782
INDIVIDUAL
STAFF

\$113.537M
TOTAL EXPENDITURE

YEAR IN REVIEW



YEAR IN REVIEW 2016-17

The Far West LHD in its sixth year continued to consolidate developments of the previous years with significant progress on initiatives.

The LHD continues to perform strongly against a range of indicators. Performance has been assisted by redesign projects that identified opportunities for improvement, an ongoing focus on key target areas and monthly forums with key stakeholders to monitor performance.

A local Integrated Care Strategy 'Staying Healthy' Program was implemented across Broken Hill targeting 20- 55 year olds at risk of developing lifestyle related chronic disease. This included funding positions in GPs to recruit patients to the Staying Healthy program and creating new partnerships with non-health partners to engage the difficult to reach population. Over the next 12 months the program will be spread to all Far West communities and have a share health care record platform in place accessible by providers and patients enabling real-time information sharing.

Continued efforts on developing a positive workplace culture and improving the workplace through its 'Yamirri Nharatji' program has included better staff engagement and interactions with patients and their families. The NSW Public Sector Employee Survey – People Matter 2016 had a 58% completion rate which increased to 58.4% for 2017 (third highest in the state). Staff feedback showed employees are increasingly engaged with the LHD and are motivated to give their best to help the LHD succeed.

A key patient safety initiative introduced over the last 6 months in the LHD has been the implementation of hourly patient rounding in some wards and inpatient facilities. Hourly patient rounding is an important initiative which has been shown to reduce falls and hospital acquired pressure injuries as well as alleviating patient anxiety.

2017/18 will be busy for the LHD including the capital refurbishments moving from planning to construction in its community and primary health care services and at Broken Hill Hospital.

Live Your Best Life public launches



KEY ACHIEVEMENTS FOR 2016-17

DESIGN DEVELOPMENT FOR THE \$30 MILLION REDEVELOPMENT OF BROKEN HILL HOSPITAL AND DENTAL FACILITY RECONFIGURATION.

The \$30 million redevelopment of the Broken Hill Health Service had completed its design development stage with tender for the construction contract was awarded in July 2017. Construction commenced in the third quarter of 2017.

School Based Traineeship program continues to grow with increased applications.

The inaugural School Based Traineeship (SBT) Program cohort all successfully completed their SBT in December of 2016 with currently nine SBT's in their final year and ten in their first year of the Program. Demand for the SBT Program has grown significantly over the past year, with more than 25 applications this year.

Progress in developing a positive workforce culture.

The LHD continues to develop and support a positive workforce culture. The LHD's NSW Public Sector Employee Survey – People Matter 2016 result had a 58% completion rate and a 68% Engagement index, demonstrating employees have a sense of personal attachment to our workplace and are motivated to give their best to help the LHD succeed. The LHD's workplace culture Studer program - Yamirri Nharatji - continues to improve the workplace by better staff engagement and interactions with the patients and their families.

Development of a Health Intelligence Unit for regional health data and related information.

The LHD established a new Health Intelligence Unit (HIU) as a 'one stop shop' for regional health data and related information. It provides a central point for coordinating, preparing and providing information to support decision making and facilitate a collaborative approach to health and social care planning.

Implementation of Palliative and End of Life Care Framework across all care settings continues.

The LHD continues implementation of its Palliative and End of Life (EOL) Care Framework across all care settings. The LHD hosted the NSW State Palliative Care Conference in October 2016 which helped to raise awareness of palliative care in rural and remote NSW. Broken Hill hosted one of the rural and regional Ministerial Roundtables on Palliative Care in May 2017, helping to inform the Minister on palliative care successes and challenges in the District.

Continued expansion of electronic medical record functionality across the LHD.

The LHD's Community Health & Outpatient Care (CHOC) Project extended the electronic medical record (eMR) functionality to community health services, replacing disparate legacy systems with an integrated medical record and replacing paper-based records by integrating patient information in a central system.

Consistent high performance in Emergency Department and Elective Surgery targets.

Broken Hill Health Service continues to achieve excellent patient flow in its Emergency Department. Patients are being seen in a timely manner meeting national targets. All Emergency Treatment Performance (ETP) targets were achieved

with a YTD result of 89.3% as at 30 June 2017. All elective surgery targets were achieved as at the 30 June 2017 with no patients waiting longer than their recommended waiting times for surgery.

Reduction of the 'Did Not Wait' rate in Broken Hill Emergency Department.

The Emergency Department 'Did Not Wait' (DNW) rate in the LHD has remained at just over 3% for Aboriginal people in the 2016/17 year following the implementation of a clinical redesign project in the 2015/16 year.

Development of Aboriginal Workforce Strategy and increased Indigenous employment rate.

The LHD developed an Aboriginal Workforce Strategy and accompanying Implementation Plan, guiding the LHD over the next four years (2016-2019) to increase the representation of Aboriginal people in the workforce and the responsiveness of health staff and services to communities and community needs. The LHD achieved an indigenous employment rate of 6.3% (FTE) against a NSW Health target of 1.8%, which is the highest in the State. The LHD target is to have an indigenous employment rate of 10.7% by 2019.

Strategic Plan endorsed outlining strategic priorities for health services across the LHD.

The LHD endorsed an updated Strategic Plan 2016-2021 outlining strategic priorities for health services. The Plan was developed from the outcomes of a planning day and series of workshops and in consultation with the Board, Executive and clinicians. The Strategic Plan outlines the Vision, Mission and Core Values for the LHD and includes putting the patients at the centre of decision making.

OTHER ACHIEVEMENTS

Childhood Obesity – Munch & Move. 93.75% of all early childhood services attended training. 81.25% of all early childhood services adopted 80% of practices (Tier 2 KPI – 70% services adopt 80% practices).

Childhood Obesity – Live Life Well @ School. 78% of all LHD primary schools attended training. 72.22% of all LHD primary schools adopted 80% of practices (Tier 2 KPI – 70% services adopt 80% practices).

Mental Health Drug and Alcohol Directorate, in collaboration with Mission Australia and Grow have implemented a Mental Health Peer Support Workforce – creating four FTE and 3 casual positions – as highlighted as a priority for the 'Living Well' plan.

PATIENT SAFETY, QUALITY AND INNOVATION

The Far West LHD Safety and Quality Account for 2017 is an inaugural report for the LHD Board and NSW Ministry of Health. The report describes our progress in achieving outcomes in patient safety and clinical care, in alignment with the NSW Health Quality and Safety Framework. It also includes our focus areas for 2018. The report is for the information of the LHD Board and NSW Ministry of Health.

KEY ACHIEVEMENTS FOR 2016-17

The Far West LHD celebrated innovation and staff excellence during the annual Innovation and Staff Excellence Awards ceremony held on Friday 4 August 2017. 11 projects were submitted for the 2017 awards with two project winners announced on the day: Redesigning Mental Health Care and Hourly Patient Rounding in Medical Ward. 2017 saw the introduction of additional categories for staff excellence for administration and support staff, allied health, medical and nursing staff.

Far West Innovation and Staff Excellence Awards 2017



A range of initiatives have been implemented in Mental Health Services following a review by the Chief Psychiatrist in 2016 including:

- Partnership with South Eastern Sydney LHD as a model service for Mental Health Patient Safety
- Benchmarking with Mount Isa Mental Health service
- Staff placements in other MHDA service to prevent isolation and promote supervision and mentorship, particularly for senior staff and managers
- Participation in Sub-Acute Mental Health service benchmarking, with a focus on improving physical health for people experiencing mental ill health
- Minor capital works in the Mental Health Inpatient Unit to address absconding risk (there have been no type 1 or type 2 absconding incidents since these improvements were implemented).

The Broken Hill Health Service achieved accreditation for four years against the 15 Equip National Standards in November 2016. The final report for Lower Western Sector accreditation was received in November 2017. The facilities of Wilcannia, Wentworth and Balranald achieved accreditation.

Digital quality (CaRe) screens have been implemented in inpatient facilities across the Far West LHD and provide a conduit for sharing quality and safety information with staff and consumers.

Slides included in CaRe screen displays



Far West LHD Vision

Excellence in Rural and Remote Health...

Providing safe services by...

Auditing how well we follow the rules



Accreditation



Reporting issues when we see them






Investigating incidents and near misses



Investigating Complaints



Standard 10 - April 2017 - Preventing Falls and Harm from Falls - Far West LHD





What were we checking this month? Audit date source: QARS N= 52

Falls Risk screen


Falls risk management plan

Documented Interventions

What does it mean?

Documentation	Information	Review	Plans
 81% Falls interventions documented	 61% Patient/ family/ carer provided with falls information	 67% Review of falls risk screen when there has been a change in condition	 52% Falls risk plan developed with patient / family & carers

What were the audit results?



What do we plan to do about it?

- 1

 Ensure all departments are able to readily access patient information on preventing falls. July 2017
- 2

 Ensure patient / family / carer are involved in developing falls risk management plans. July 2017
- 3

 Continue to audit falls risk assessment and management documentation and feedback audit results to staff and patients. Ongoing 2017

If you have any questions or suggestions speak with the Nurse Unit Manager or Health Service Manager

A clinical focus for each month has been established which aligns with the 10 National Standards and includes auditing and a rounding focus based on the Standard.

The quality audit schedule has been implemented using the online CEC Quality Audit Reporting System across the Far West LHD. The use of the centralised database has streamlined the process for reporting on audit results to the District Clinical Governance Committee, Health Care Quality Committee, Far West LHD Board and operational management meetings.

A number of patient rounding tools have been developed and implemented to facilitate real time feedback from our patients and enhance executive engagement in patient rounding.

The number of SAC 1 and SAC 2 incidents has been trending down over the last 2 years.

Table 1: SAC 1 incidents by month July 2015-July 2017

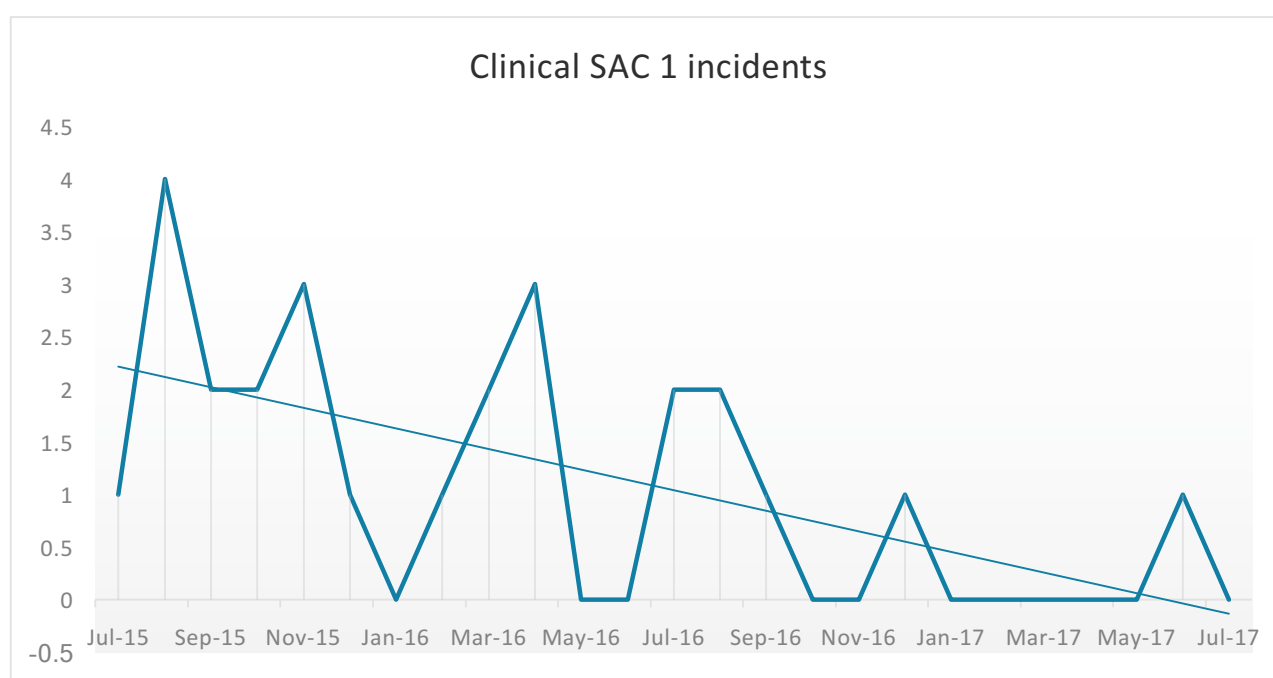
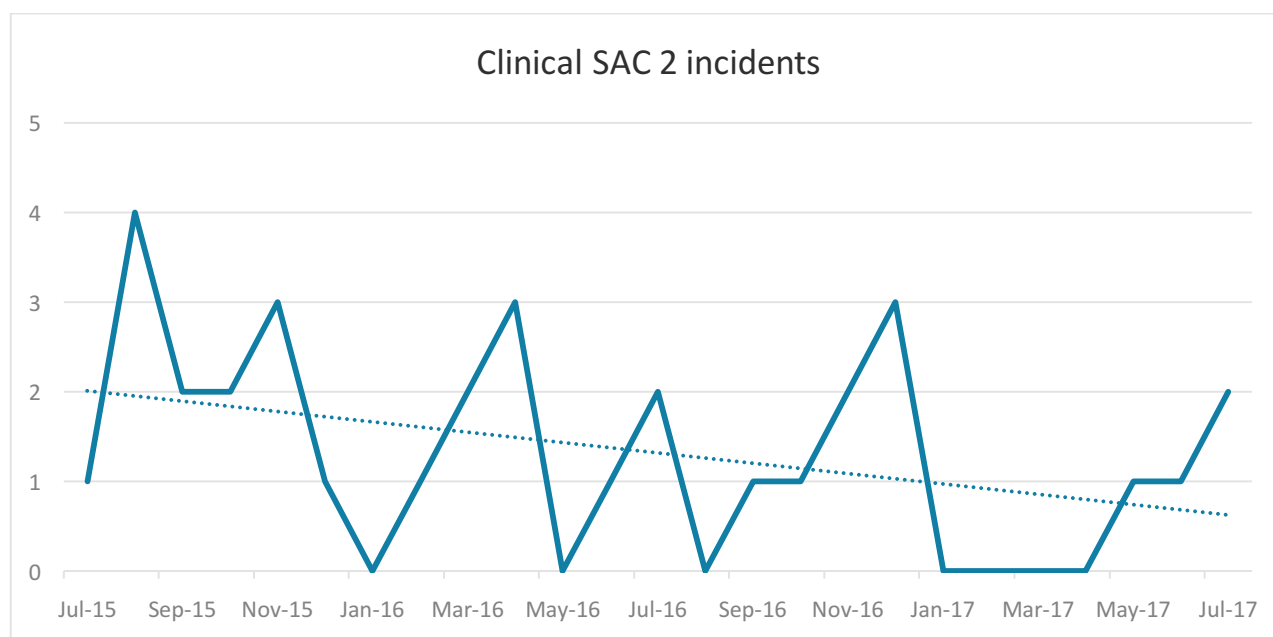


Table 2: SAC 2 incidents by month July 2015-July 2017



COMPLAINTS RESOLUTION

At least 80% of all complaints have consistently been resolved within 35 days.

Table: complaints resolution timeframes

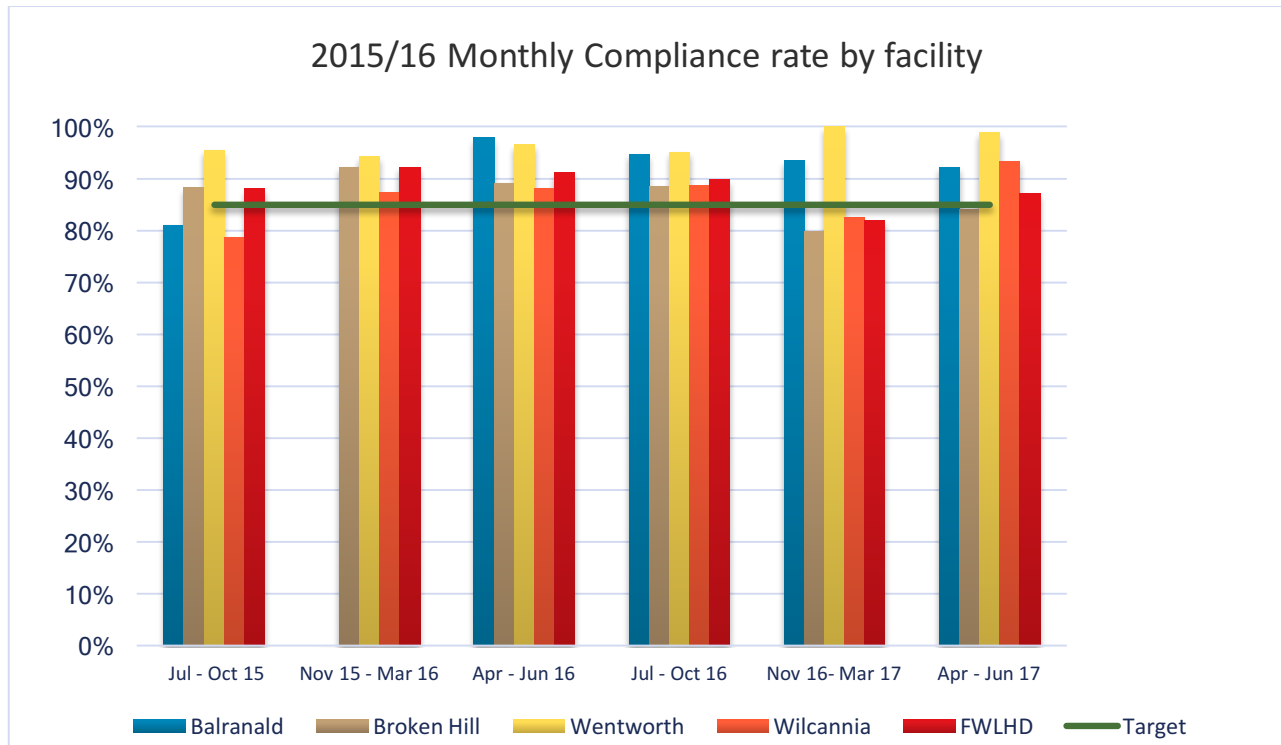
COMPLAINTS FAR WEST LHD

Key Performance Indicators	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
Resolution within 35 days (KPI 80%)	100%	100%	100%	100%	100%	86%	100%	100%	86%	83%	80%

INFECTION PREVENTION AND CONTROL

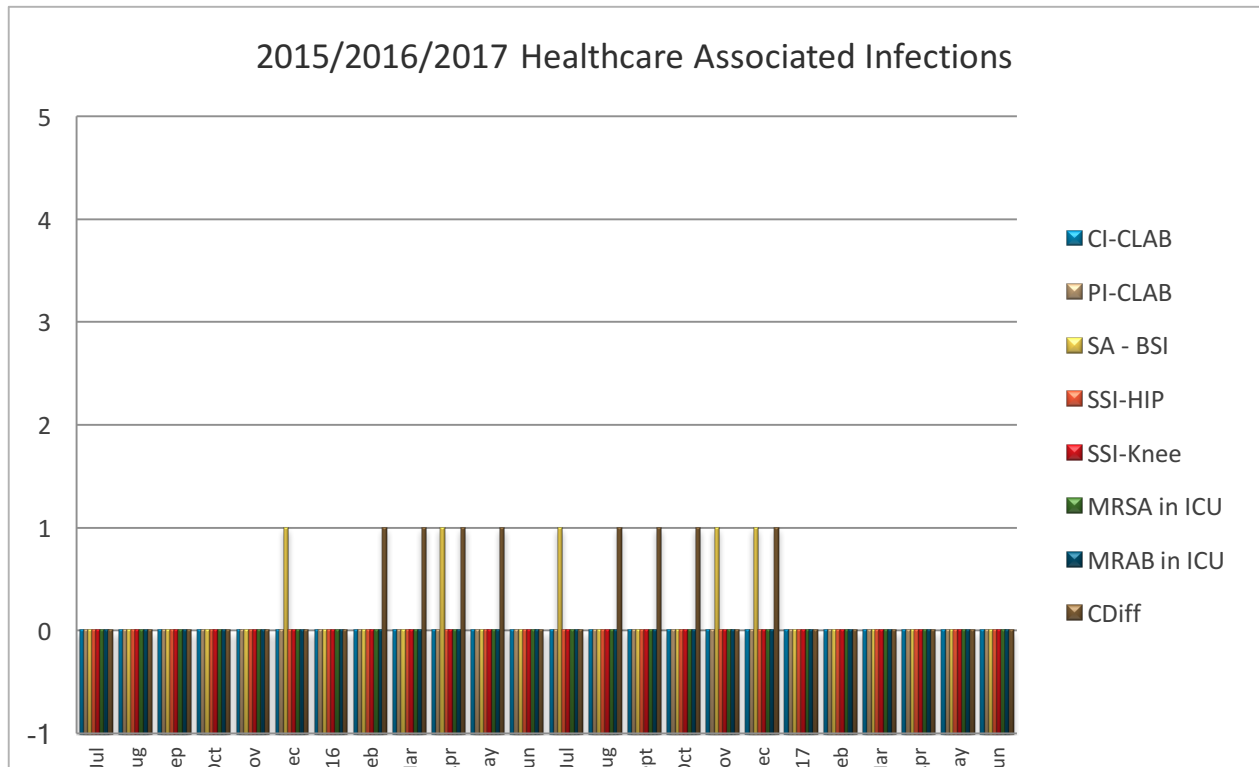
HAND HYGIENE

Hand hygiene compliance for the most recent auditing period reached 87.2%. This is above our target of 85% and an improvement from the last auditing period.



HEALTHCARE ASSOCIATED INFECTIONS

There have been no reportable healthcare associated infections from January 2017-June 2017.



STATEMENT ON SAFETY AND QUALITY FROM THE CHIEF EXECUTIVE

The pursuit of Safety and Quality in healthcare is a journey that is not always travelled on a straight road. The many elements that contribute to the development of a safety and quality culture can be difficult to define when it comes to culture and the measurement of engagement. The Far West LHD is committed to a focus on safety, a willingness to act, a commitment to fairness and a belief that we can achieve excellence with empathy and the engagement of our consumers and staff in providing good care.

Our goal is to work with our consumers and staff and to achieve the Safety and Quality goals identified in the Service Level Agreement and the priorities identified in the LHDs strategic plan.

Our goal is to keep people safe in our care.

PATIENT EXPERIENCE

Consumer feedback is incorporated into the governance of the organisation via:

- Patient stories (Board, HSM Meetings, MHDA Division, Wilcannia Health Service, Staff meetings all include patient stories)
- Post-discharge Patient Surveys
- Your Experience of Service (YES) surveys (MHDA)
- Yamirri Nharatji processes (Patient rounding / AIDET) recorded on Traffic Lights and reported up and down through the organisation
- Complaints / compliments reported at multiple levels

Patient stories are presented to the Far West Executive meetings and to the Far West LHD Board. Actions arising from discussion of patient stories are captured and monitored through the Far West Executive meeting. Opportunities to provide patient stories are promoted through the CaRe screens.

CaRe screen display promoting patient stories

The screen display is titled "WHY Patient, Family & Carer Stories?" and features several testimonials in speech bubbles:

- Green bubble (top left):** "Fortunately this wasn't something more serious (this time) but the emergency treatment Nev received was outstanding. July 2015"
- Yellow bubble (middle left):** "Sometimes when I leave the ward there are 4 nurses at the station, but no one in the corridor observing the patients at the end of the ward. Ben can't use the call buzzer so my concern is that he will try and get himself to the toilet and if he falls the staff will not know. February 2016"
- Blue bubble (bottom left):** "I was worried that no INR reading was taken prior to my operation. September 2015"
- Yellow bubble (top right):** "The domestic staff are really good and all the volunteers who have helped me are wonderful. February 2016"
- Blue bubble (middle right):** "The ED doctors and nurses were very caring. They monitored me and gave me pain relief. September 2015"
- Green bubble (bottom right):** "I didn't want to complain and am glad I got to tell my story. I hope that it helps the staff to understand what it's like having to go through this. March 2016"

Central text:

YOUR stories are a valuable way for our health service to collect crucial information about your experience and care.

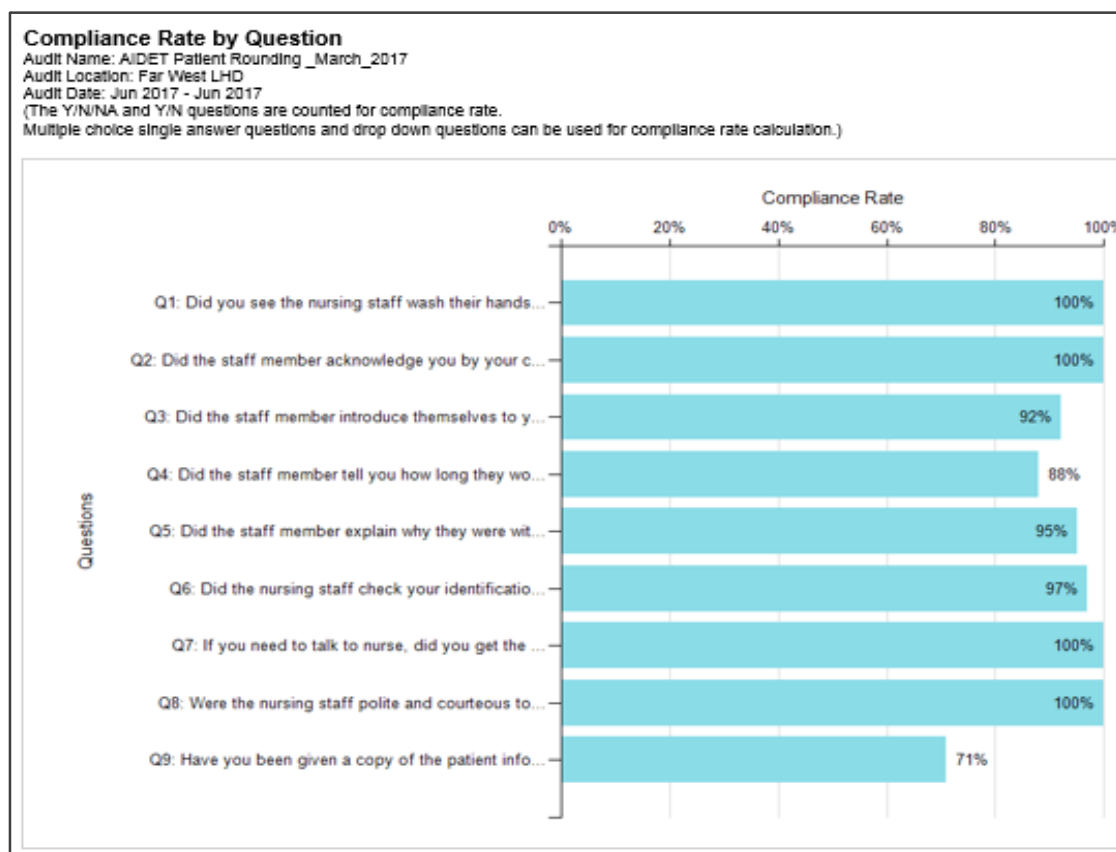
If you would like to share your story or would like more information please fill in your contact details and place it in the box next to Reception Desk.

We will contact you within 2 weeks.

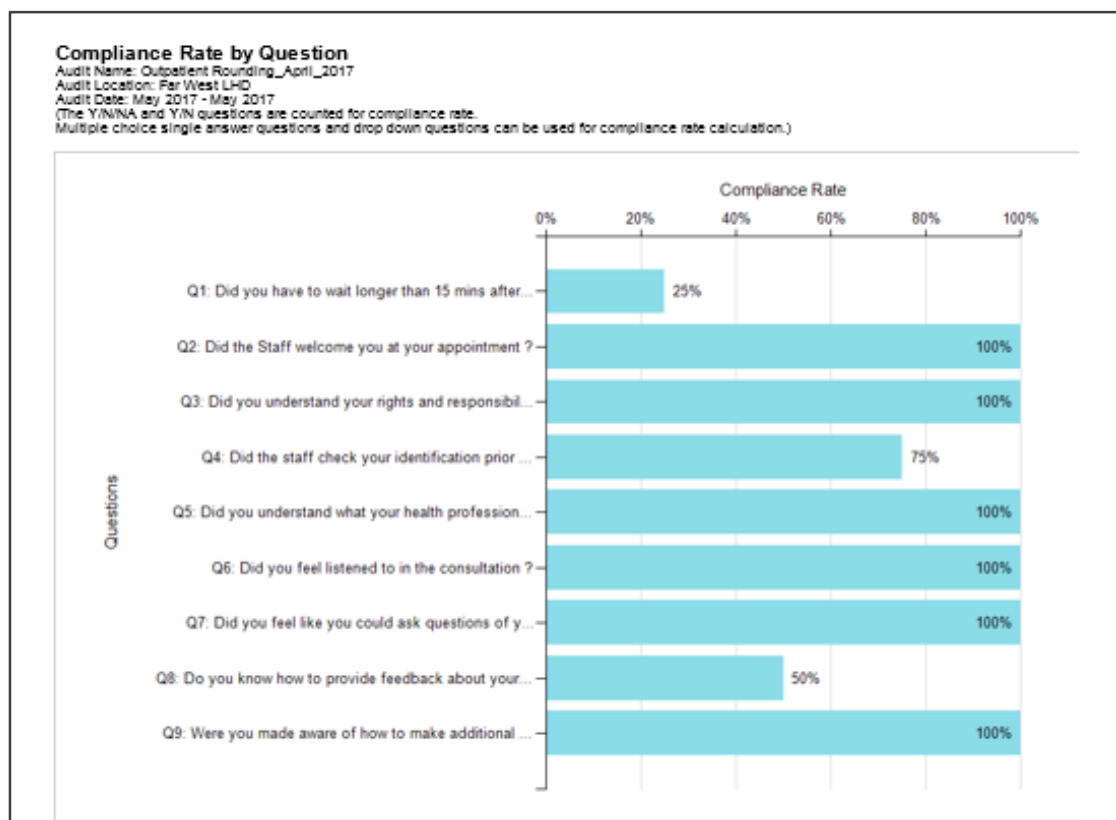
The comments displayed are taken from recent stories

A number of patient rounding tools have been developed to gauge patient experience and satisfaction with our services. Examples include the patient experience of clinical handover, the patient experience of AIDET, the patient experience of hourly patient rounding and outpatient surveys. The results of the patient rounding questions are entered onto QARS and reported on through the monthly Clinical Governance report.

Graph 1: AIDET inpatient rounding results June 2017



Graph 2: Outpatient rounding results May 2017



The Mental Health Drug & Alcohol (MHDA) Consumer and Carer Action Group (CCAG) support MHDA consumers and carers of all ages to have an active voice in the development of the MHDA service. An Aboriginal MHDA Trainee has joined the group to promote engagement with Aboriginal consumers and carers.

Screenshot of patient rounding feedback (displayed on CaRe screen)

Partnering with Consumers

2

March to May 2017

Patient Rounding Focus: AIDET

(Acknowledge, Introduce, Duration, Explanation and Thank You)

What is working well?	What is not working well?	Suggestions to improve.
<ul style="list-style-type: none"> Staff wash their hands before touching the patient Staff introduce themselves and explain their role Staff explain why they were with you Identification band checked before medication is given Opportunity to talk with the nurse Nursing staff are courteous 	<ul style="list-style-type: none"> Staff calling you by your correct name Staff member explaining how long they would be with you Patients being provided with a copy of the patient information booklet 	<ul style="list-style-type: none"> Use the sunflower tool to identify patients by their preferred name <div style="text-align: center; margin: 10px 0;"> </div> <ul style="list-style-type: none"> Providing the Patient Information Booklet to all patients

STAFF CULTURE

High quality care is enhanced where staff and volunteers are committed, engaged and supported. An understanding of staff culture may be incorporated, as well as supporting behaviours that impact quality of care and patient safety.

Far West LHD have implemented the 'Studer' program, the principles and the execution framework are reliant on 9 principles:

- Commit to excellence
- Measure the important things
- Build a culture around service
- Create and develop leaders
- Focus on employee satisfaction
- Build individual accountability
- Align behaviours with goals and values
- Communicate at all levels
- Reward and recognise success.

ROUNDING

Rounding is proactively engaging and listening to, communicating with, building relationships with and supporting staff.

LEADER ROUNDING

The people who work in this LHD are our most important asset. Satisfied and skilled staff means a positive workplace, increased team work, and safe, quality care delivered. The result of a positive and satisfied team is an increase in patient quality care outcomes and their perception of the care they receive.

Leader Rounding is a process to help leaders connect with staff on a regular basis to show concern and care, check on what is working well, identify people to recognise, establish what tools and equipment are required to do their job and identify systems to improve.

Rounding involves proactively communicating with individual staff on a regular basis, to:

- Identify what is working well in the department;
- Highlight the great work that staff are doing;
- Identify equipment needs, and
- Identify issues and solutions that we as a department need to focus on.

There are structured questions to be used by each manager to ask their staff at least once a month:

- What's working well?
- Is there anyone you would like to recognise for doing great work in: our team/ our unit/other teams/Services
- Is there one area we need to focus on to improve service in our Ward/Unit?
- If yes ask: Do you have any ideas or suggestions on how we can improve?
- Do you have the tools, equipment and training to do your job?

These questions have been designed to ensure that managers and staff are accountable for changes within their work area. Managers log all conversations on the Leader Employee Rounding Log, and create a Summary Report monthly to add to their Monthly Accountability Meeting.

Benefits of Rounding with Staff

- Reward and recognise staff;
- Emphasize the positive instead of the negative;
- Have first-hand knowledge of how organisational initiatives are affecting staff;
- Build on relationships between management and staff;
- Drives operational excellence – fixes systems, breaks down barriers and ensures the right tools and equipment are in place to get the job done and improve patient care, and
- Patients benefit from better care and better service.

SUMMARY OF SAFETY AND QUALITY PLANNING PROCESS AND GOVERNANCE STRUCTURE

The Far West LHD Clinical Governance Framework was endorsed by the Board in November 2017. The Clinical Governance Framework and the Far West Safety and Quality Plan draw heavily from the National Safety and Quality Health Service Standards. The Clinical Governance Framework defines the reporting process for the District to report on clinical incidents, audit results and initiatives related to the National Standards. The CGU monthly report is provided to the Board through the District Clinical Governance Committee and the Health Care Quality Committee. The same report is discussed at operational meetings and actions developed as required.

The Clinical Governance Business Plan draws from the Far West LHD Strategic Plan and the Service Level Agreement. Actions are assigned to staff in the Clinical Governance Unit and monitored through monthly accountability meetings. A planning session will be held in November to schedule the implementation of projects and programs throughout 2018.

As the District moves into the next version of the National Standards, further planning will be undertaken to establish systems to monitor and measure our progress with the implementation of the criteria listed in version two of the Standards. The Safety and Quality Plan and Clinical Governance Framework will be updated to reflect the revised National Standards. The Far West LHD will also be seeking to align the accreditation survey with an amalgamated review process for both Broken Hill Health Service and the Lower Western Sector.

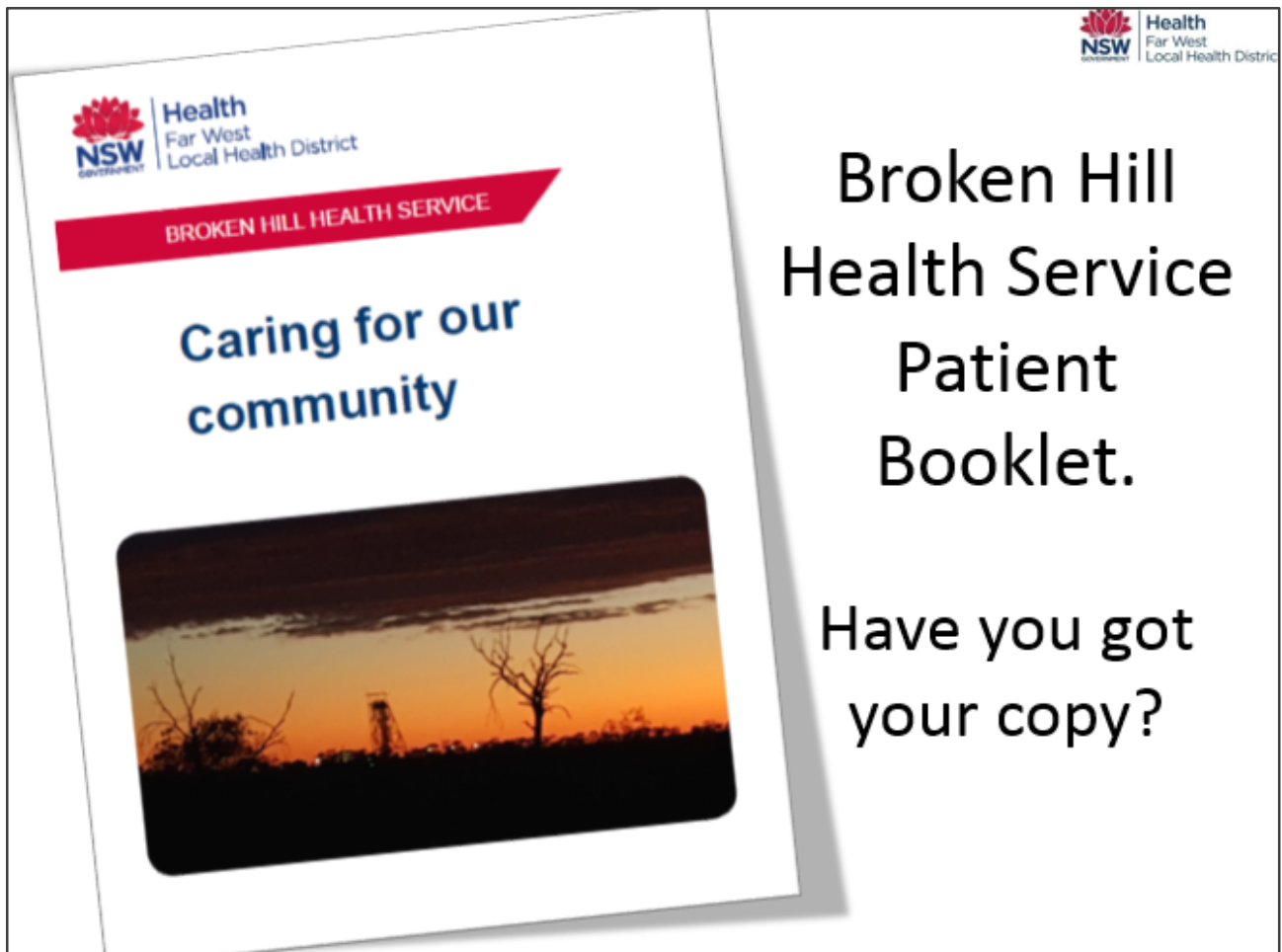
NSW Governor visits White Cliffs and HC Members



IMPROVEMENTS ACHIEVED THROUGH PRIORITY INITIATIVES

Patient information books were developed and implemented in 2016/17 for all of the inpatient facilities in the Far West LHD.

Broken Hill Health Service Patient Information Booklet



Hourly Patient Rounding has been implemented in most inpatient services in the Far West LHD. The winner of the small project award in 2017 was awarded to the Hourly Patient Rounding project on Medical Ward in Broken Hill Health Service.

CaRe screen slide promoting hourly patient rounding

We at FWLHD invest time.....

TO BE PROACTIVE IN ADDRESSING THE PATIENT NEEDS

Patient Hourly Rounding provides our patients with a consistent way of regularly getting checked on five areas of patient care.

Our staff check on you within every hour and will

- Use opening key words to reduce anxiety (AIDET)
- Perform scheduled tasks
- Address the 5P's - Pain, Personal needs, Placement, Position and Pump
- Assess additional comfort needs
- Conduct Environment assessment
- Ask, "Is there anything else they can do for you?"
- Assure when they will be rounding again.

Check on the plugs and pumps

Assess your pain

Assist you to the bathroom

Place all you need within easy reach

Position you comfortably

Pain Assessment

Personal Needs

Placement

Position

Pump

5P's

Patient Hourly Rounding

Checking five areas of Patient care to..

- Decrease Anxiety
- Decrease Falls and Pressure Injuries
- Increase Satisfaction
- Improve Shared Decision Making

Yamirri Nharatji
This way, the direction together

NSW Health
Far West Local Health District

A new model for rapid response teams was implemented and a document developed outlining the roles and responsibilities of the rapid response/code blue team. A three tiered calling system was implemented to escalate care for patients in life threatening situations.

The Midwifery Group Practice model of care is achieving positive outcomes for women and babies in the Far West LHD.

The Far West LHD is involved in a joint project with the Agency for Clinical Innovation (ACI) to implement the model of care for a level 4 role delineation Intensive Care Unit (ICU) for Broken Hill, which includes a networking relationship with a level 6 ICU.

A joint project 'Living Well Together' has commenced with the Balranald MPS and ACI to improve the standard of care for aged care residents.

Self-assessment against KPIs, improvement measures, and/or commentary on how the LHD is ensuring adherence to the National Safety and Quality Health Service Standards (as per table 2)

Broken Hill Health Service undertook an organisation wide accreditation survey in November 2017 and received accreditation for four years. The recommendations made as part of the survey are monitored through the Broken Hill Health Service Executive meeting and reported to the Health Care Quality Committee.

The Lower Western Sector undertook an organisation wide accreditation survey in August 2017. Five criteria were assessed as not met and work was undertaken to address the recommendations and meet the criteria. The final report for Lower Western Sector accreditation was received in November 2017. The facilities of Wilcannia, Wentworth and Balranald achieved accreditation.

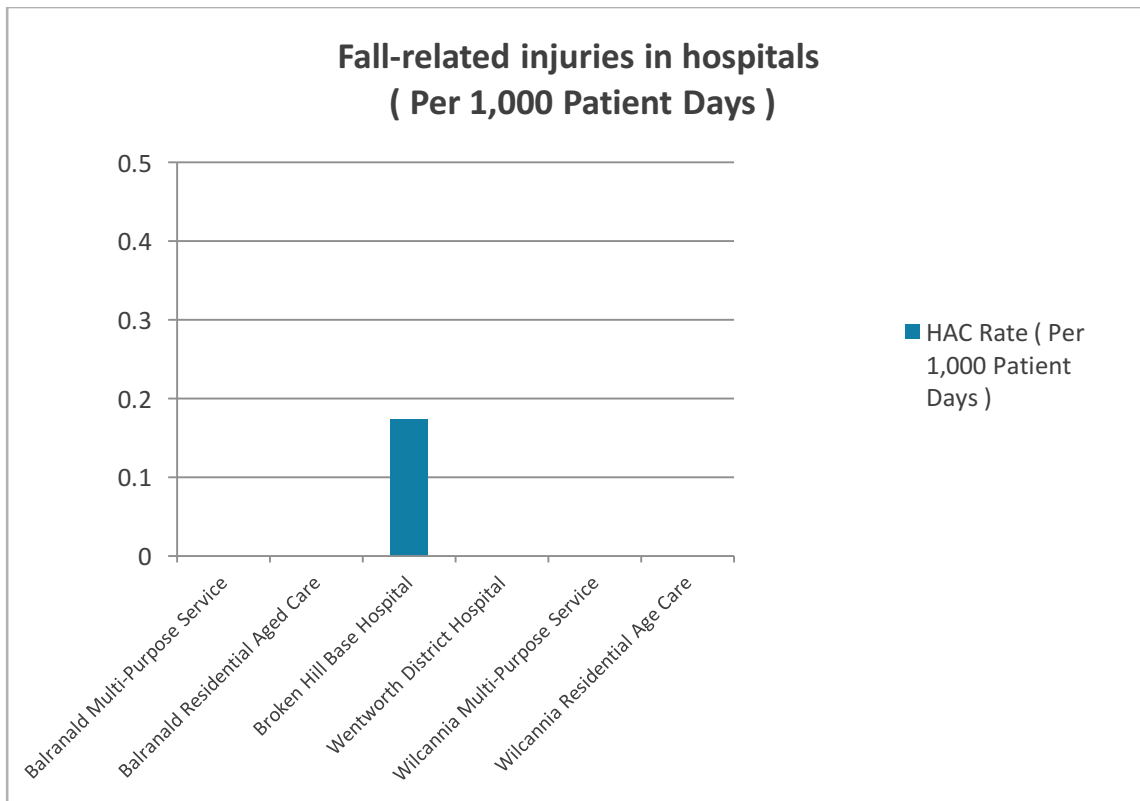
Fall-related injuries in hospital resulting in intracranial injury, fractured neck of femur or other fracture (per 1000 bed days).

There were four falls resulting in serious injury from July 2016-June 2017. The rate per 1000 bed days was 0.106 which is slightly higher than the NSW Health average of 0.097 (based on data extracted from QIDS). There were no falls resulting in serious injury during the period from February 2017 to June 2017. The LHD expects to see a continued reduction in the number of falls resulting from harm through the ongoing implementation of hourly patient rounding and the recent recruitment of a CNS for Falls Prevention.

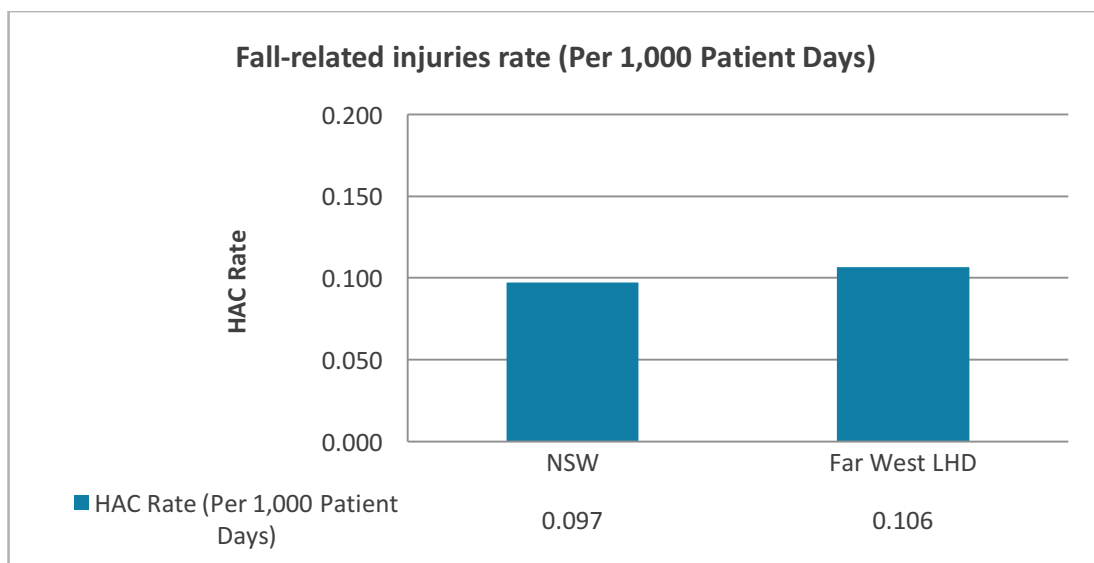
Fall-related injuries in hospitals (Per 1,000 Patient Days) (2016-17)

Category	Total Separations	*HAC Count	HAC Rate (Per 1,000 Patient Days)
Balranald Multi-Purpose Service	1,024	0	0
Balranald Residential Aged Care	4,122	0	0
Broken Hill Base Hospital	23,060	4	0.173
Wentworth District Hospital	7,797	0	0
Wilcannia Multi-Purpose Service	143	0	0
Wilcannia Residential Age Care	1,444	0	0

HAC - Fall related injuries in Hospital resulting in intracranial injury, fractured neck of femur or other fracture.



Year	Category	Total Patient Days	Number of HAC	HAC Rate (Per 1,000 Patient Days)
2016-17	NSW	6,275,551	610	0.097
	Far West LHD	37,590	4	0.106

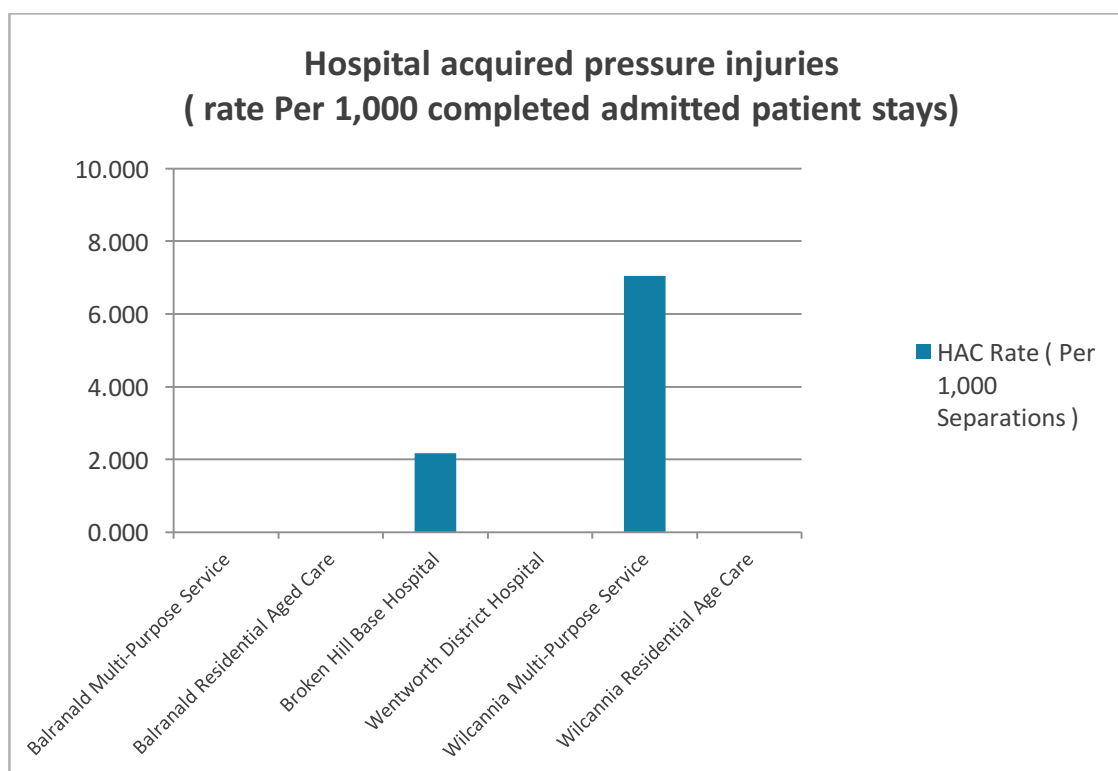


Hospital acquired pressure injuries (rate per 1000 completed admitted patient stays)

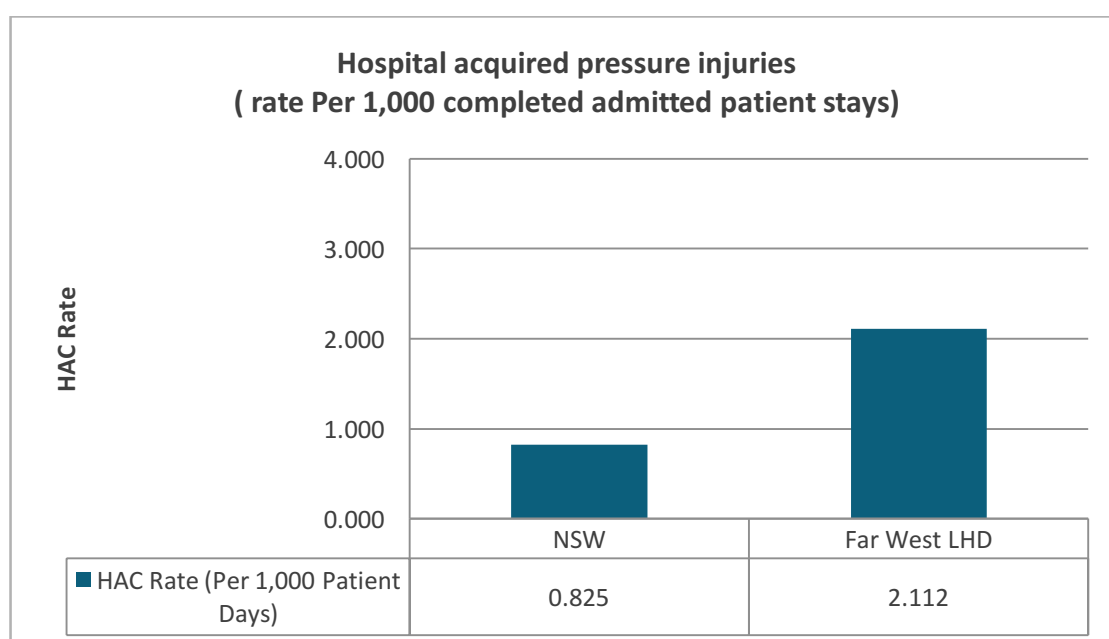
There were 14 hospital acquired pressure injuries from July 2016-June 2017. The rate per 1000 bed days was 0.2112 which is higher than the NSW rate of 0.825 (based on data extracted from QIDS). New pressure relieving equipment for Broken Hill and Wilcannia has been purchased in the last 12-18 months and ongoing education should see this rate continue to reduce.

Hospital acquired pressure injuries
(rate Per 1,000 completed admitted patient stays) (2016-17)

Category	Total Separations	*HAC Count	HAC Rate (Per 1,000 Separations)
Balranald Multi-Purpose Service	382	0	0.000
Balranald Residential Aged Care	7	0	0.000
Broken Hill Base Hospital	5,976	13	2.175
Wentworth District Hospital	105	0	0.000
Wilcannia Multi-Purpose Service	142	1	7.042
Wilcannia Residential Age Care	18	0	0.000



Year	Category	Total Patient Days	Number of HAC	HAC Rate (Per 1,000 Patient Days)
2016-17	NSW	1,484,260	1225	0.825
	Far West LHD	6,630	14	2.112



Surgical site infections (rate per 1000 surgical procedures)

The rate for surgical site infections per 1000 surgical procedures in 2016-17 was 14.412. This is higher than the rate for the previous year which was 7.07 and is higher than the NSW average which is 9.239. The Clinical Nurse Consultant for Infection Prevention and Control is currently investigating the reasons for this unexpected increase.

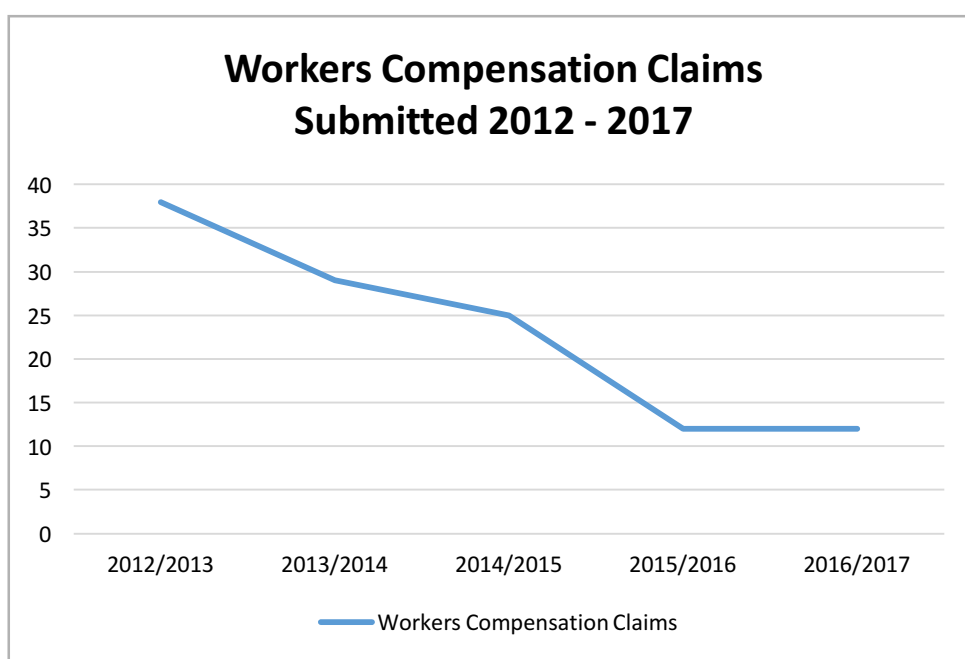
Mental health – involuntary patients absconded: (types 1 and 2) from an inpatient mental health unit

Two type one patients absconded from the Mental Health Inpatient Unit prior to alterations to the ward environment. There have been no type 1 absconded patients since the alterations were completed. There have been two type two patients who have absconded from the mental health inpatient unit.

Compensable workplace injury reduction: reduction in compensable injury claims (number)

The number of compensable workplace injury claims has fallen from 29 in 13/14 and 25 in 14/15 to 12 in both 15/16 and 17/18.

	13/14	14/15	15/16	16/17	17/18
Total No Claims	<u>29</u>	<u>25</u>	<u>12</u>	<u>12</u>	<u>1</u>
Closed Claims	29	25	10	8	0
Open Claims	0	0	2	4	1
% Claims Open	0%	0%	20%	33%	100%



Summary of Root Cause Analyses (RCAs): summary of RCAs completed, recommendations accepted and how implementation of those recommendations is progressing

The Far West LHD had seven SAC 1 incidents during the period from July 2016-June 2017:

- Suicide of mental health consumer x 4
- Death following a fall x 2
- Death of patient awaiting retrieval x 1

All of the recommendations made by the RCA teams for the SAC 1 incidents during this period have been accepted. The progress of RCA recommendations and Clinical Review recommendations is monitored through the CGU monthly report which includes the recommendations completed and the status of recommendations overdue. There are currently no overdue RCA recommendations. 100% of RCAs during this period were completed within 70 days, which is higher than the NSW average of 70.2% of RCAs being completed within 70 days.

Percentage of RCAs completed within 70 days –comparison Far West LHD and NSW Health

Safety and Quality Service Measures			
	Root Cause Analysis - Completed in 70 days		
	Jun 17	FY YTD Jun 17	Change on same period LY
	%	%	% Points
LHD Total	n/a	100.0	0.0
NSW Total	69.0	70.2	-10.1

Patient experience following treatment: overall rating of care received – adult admitted – good or very good (%)

Patient Experience Survey - Following Treatment (Patient Rating Care as Very Good)						
Hospital	Emergency Department Patients			Admitted Patients		
	Apr-Jun 2016	Jan-Mar 2016	Change on last period	Apr-Jun 2016	Jan-Mar 2016	Change on last period
Far West LHD	92.1 %	84.1 %	8.0 %	92.5 %	91.9 %	0.6 %
NSW Health	88.8 %	88.6 %	0.2 %	92.7 %	91.8 %	0.9 %

Mental health consumer experience (YES): completion rate (%)

Mental Health: Consumer Experience Measures (YES) Completion Rate						
Hospital	% of Inpatient Episodes			% of Community Episodes		
	Apr-Jun 2017	Jan-Mar 2017	Change on last period	Apr-Jun 2017	Jan-Mar 2017	Change on last period
Far West LHD	37.0 %	74.6 %	-37.5 %	0.4 %	0.3 %	0.0 %
NSW Health	29.7 %	27.2 %	2.5 %	3.7 %	2.7 %	1.0 %

Staff engagement: Public Service Commission (PSC) People Matter Survey – Engagement Index: variation from the previous year (%)

The staff engagement index for 2017 was 67% which is a 1% decrease from the previous year, however is 2% higher than the overall public sector result and 3% higher than the overall result for the cluster. The Far West LHD scored higher results than the cluster and public sector in five out of the six questions described as key drivers of engagement.

Table 1 & 2: snapshots of the People Matters Survey results for Far West LHD 2017

RESPONSE RATE 58% 429 OF 735 TOTAL RESPONDENTS	EMPLOYEE ENGAGEMENT 67% DIFFERENCE FROM 2016 -1 DIFFERENCE FROM CLUSTER +3 DIFFERENCE FROM PUBLIC SECTOR +2	SENIOR MANAGERS 47% DIFFERENCE FROM 2016 0 DIFFERENCE FROM CLUSTER +3 DIFFERENCE FROM PUBLIC SECTOR 0	COMMUNICATION 62% DIFFERENCE FROM 2016 +2 DIFFERENCE FROM CLUSTER +4 DIFFERENCE FROM PUBLIC SECTOR +2
ENGAGEMENT WITH WORK 76% DIFFERENCE FROM CLUSTER +4 DIFFERENCE FROM PUBLIC SECTOR +4	HIGH PERFORMANCE 66% DIFFERENCE FROM CLUSTER +4 DIFFERENCE FROM PUBLIC SECTOR +3	PUBLIC SECTOR VALUES 60% DIFFERENCE FROM CLUSTER +2 DIFFERENCE FROM PUBLIC SECTOR -1	DIVERSITY & INCLUSION 70% DIFFERENCE FROM CLUSTER +5 DIFFERENCE FROM PUBLIC SECTOR +3

KEY DRIVERS OF ENGAGEMENT

		AGREEMENT	% AGREEMENT 2016	AGREEMENT CLUSTER	% AGREEMENT PUBLIC SECTOR
1	Q7f. My organisation is committed to developing its employees	56%	59%	49%	50%
2	Q7b. My organisation is making the necessary improvements to meet our future challenges	61%	69%	55%	57%
3	Q7a. My organisation focuses on improving the work we do	74%	79%	67%	69%
4	Q7c. I feel that change is managed well in my organisation	46%	48%	41%	39%
5	Q9a. I have confidence in the ways my organisation resolves grievances	43%	45%	37%	36%
6	Q6h. I feel that senior managers listen to employees	38%	38%	38%	41%

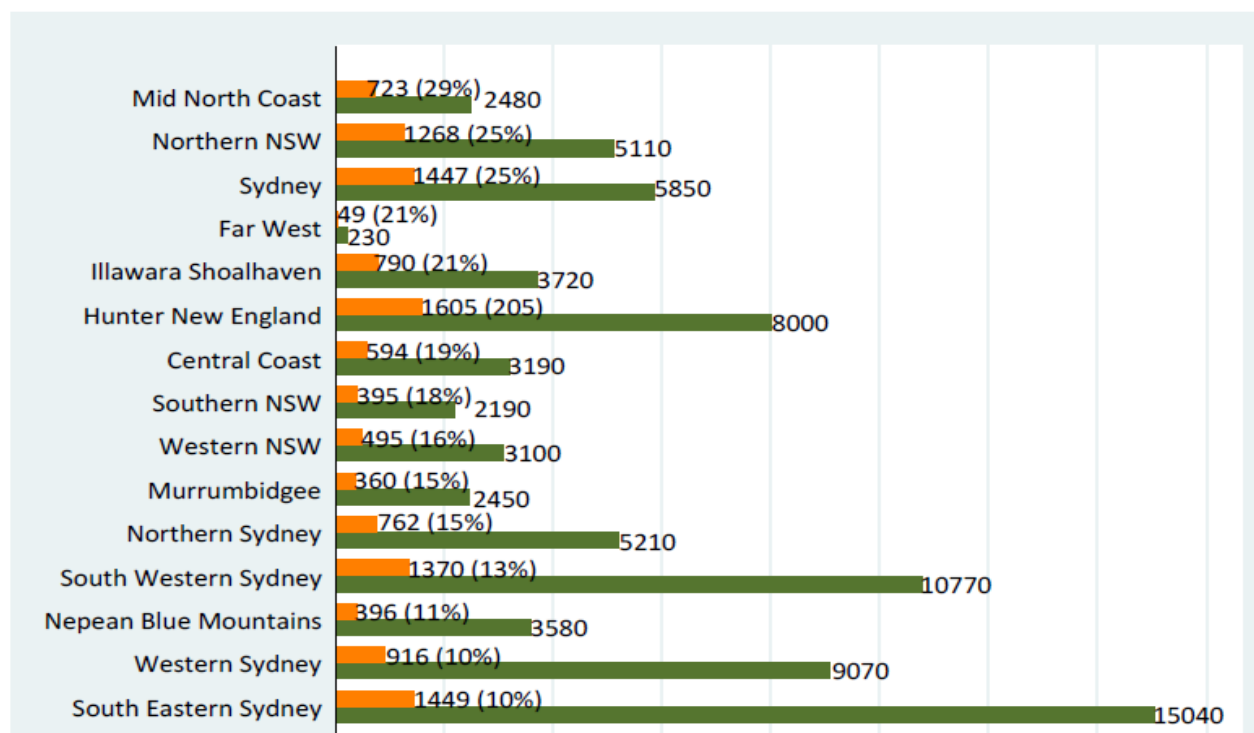
Emergency Treatment Performance: patients with total time in ED < 4 hours

The ETP for the Far West LHD for the FY ending June 2017 was 90.6%.

Hepatitis C treatment dispensed: LHD residents who have been dispensed hepatitis C treatment by prescriber type (%)

21% of LHD residents had hepatitis C treatment initiated from March 2016 to March 2017.

Figure 1: Number of unique NSW residents initiating hepatitis C treatment between 1 March 2016 and 31 March 2017 compared to estimated number of people living with hepatitis C in 2015¹ by LHD of patient residence



Domestic and family violence screening: routine domestic violence screens conducted (%)

The rate of routine domestic violence screening is currently around 30%.

Mental Health – acute seclusion rate: (episodes per 1000 bed days)

The acute seclusion rate per 1000 bed days is 6.4.

Mental Health – average duration of seclusion: (hours)

The average duration of seclusion is 3.9 hours.

SAFETY AND QUALITY PRIORITIES FOR THE COMING YEAR

LHDs are required to include initiatives/measures for improving safety and quality in the coming year as required to meet mandatory indicators for 2017/18. Detail could also be provided on the identification and exploration of focus areas required to drive continuous improvement in safety and quality according to local priorities.

In 2017/18 the Far West LHD will be working on:

- Implementation of the CEC End of Life Toolkit
- Validation of hourly patient rounding and implementation of hourly patient rounding in the maternity unit and mental health inpatient unit (Broken Hill)
- Improving discharge planning with the implementation of a patient led checklist and discharge follow up phone calls
- Implementation of the Leading Better Value Care initiatives
- Implementation of e-meds
- Implementation of Safety Huddles
- Evaluation of the patient/family escalation resources and process
- Continuing joint projects with the ACI for the Broken Hill ICU and Balranald MPS
- Adopting some initiatives from the South East Sydney Mental Health Patient Safety Program
- Developing a comprehensive clinical governance and accountability framework across all sections of the Mental Health Drug & Alcohol (MHDA) service
- Continuing to explore opportunities for current and future leaders in the MHDA service to seek out mentors and develop their leadership capacity.

SAFETY AND QUALITY IMPROVEMENT STRATEGIES

The Safety and Quality improvement strategies are largely driven by the requirements of the National Safety and Quality Standards and the accreditation process. This is reflected in the Safety and Quality Plan and Clinical Governance Framework for the District.

CAPABILITY BUILDING WITHIN THE ORGANISATION

Following on from the CEC facilitated OSIM workshop held in August 2017 the Far West LHD will be implementing a Change Management Framework to ensure a consistent approach to change and the development of skills and mentoring which align with the scope of any project being undertaken. This process will include AIM training which will be provided in-house to suitable candidates. The Change Management Framework will feed into the Far West LHD Innovation and Staff Excellence Awards.

Safety and Quality is included in the orientation for members of the Far West LHD Board and the corporate induction program for all new staff working with Far West LHD. The presentation covers Safety and Quality from the Board to the Ward.

MENTAL HEALTH AND DRUG & ALCOHOL (MHDA) SERVICES

KEY ACHIEVEMENTS FOR 2016-17

We implemented the Connections Program – our winning Mental Health Innovations submission – with our partner Mission Australia. Connections employs 8 Peer Support Workers to link socially isolated people to community activities in the evenings and on weekends. Over 70 people have joined in with different activities, several of whom have severe and disabling mental illness. Our greatest success so far has been one person with a long history in the MHDA service and who recently spent over 18 months in hospital. This person started going to gym with Connections and now goes in their own time as well. They attend most activities and have even started to lead some. They've stopped using drugs and alcohol as well. Another great story involved two estranged sisters linking up again in the safe environment of Connections – they now attend things together and their relationship is much healthier.

Mental Health Inpatient Unit – interior improvement project. New lounges, chairs, tables, TV, TV cabinet, outdoor furniture.

WORKFORCE

- Consolidating a District MHDA leadership team – Director, Clinical Director and Deputy Director MHDA
- consolidating leadership teams in clinical services consisting of the manager and a senior clinician in the MHIPU, Community MHDA teams, Integrated Violence Response Service
- Consolidating a consumer / carer engagement team consisting of a leader, Consumer Engagement Coordinator with lived experience of mental illness, and the Carer Support Officer
- Employing long standing vacancies (Got It! Coordinator, Perinatal Infant MH Worker)
- Team building / leadership sessions in most teams
- Psychogeriatrician commenced work

Broken Hill Community MHDA team winning the Far West LHD Innovations Award for their redesign project. This project resulted in efficiency – process changes gave the team additional clinical time equivalent to 1 FTE, and enhanced safety – each case manager has 1:1 clinical review with 1-2 senior clinicians.

MHDA ED performance – Far West LHD has the best MHDA Emergency Treatment Performance (ETP) in NSW (82.3)

Consumer satisfaction – Far West LHD is in the top 5 LHDs for overall consumer satisfaction for both inpatient and community care

Partnerships – Dareton MHDA Service has successfully initiated its first partnership with an NGO to provide services for people living with complex mental illness.

Arts in Wellbeing Program – successful Expression of Interest process resulted in the implementation of several successful projects (Drumbeats, Neural Knitworks, Destination Unknown, Me Myself I, Living Wisdom, Aboriginal Community Room artwork)

Title	Art Work
Destination Unknown – Journey through the Broken Hill MHDA Service	A short film and photobook to reduce the mystery and stigma about the patient journey in Mental Health – covering Emergency Department, Mental Health Inpatient Unit, Recovery Centre and Community team
Living Wisdom	Aged care residents in Balranald will work with a creative writing facilitator to record their life stories
Outback Neural Knitworks	Yarn based installation depicting the neurons of the brain to raise awareness of the impact of social connection and mindful activities on a healthy brain
You Are Not Alone	Young people aged 13-17 will work with an art therapist to express their emotions through art
Making Moments	An art practitioner will work with patients to develop a piece of art that encourages the person and their families and friends to savour their life experiences
Drumbeat	Semi structured drumming program that promotes wellbeing through the therapeutic benefits of music and Cognitive Behavioural Therapy
Me, Myself & I	Art therapy workshops for MHDA staff to enhance creativity and introduce staff to a practice that can help consumers
Zoo Mural	A mural featuring animals in the Paediatric Outpatients Clinic
Aboriginal Community Room Artwork	A mural in the Aboriginal Community Room
Safe Assessment Room Artwork	A mural in the Safe Assessment Room in the Emergency Department

MAKING MOMENTS

The first project for the Making Moments art project was completed in early December 2017.



Dulcie, pictured with Marian Halliday Art Facilitator, was a patient in the Sub Acute Rehabilitation Unit. At the time Marian approached Dulcie to participate in this project Dulcie had a broken wrist. This amazing lady did not hesitate and decided to accept the offer to take part in a project. Marian was impressed that Dulcie had clear ideas of what she wanted to do, how it should look and the medium she wanted to use. Dulcie designed the plaque, as she said she has always wanted to call her home “Rose Villa” and this will hang proudly on her door.

The mosaic is made of small pieces of coloured glass tiles, in Dulcie’s favourite colours, to outline the oval area and house number. The tiles, along with the rose, are then mounted on a painted wooden board. The rose was chosen by Dulcie from a selection of various designs offered to her by Marian and each of the tiles was lovingly placed to form the design. When the project commenced Dulcie could only use two fingers to press each tile in place, as the process continued and her hand became stronger she was able to complete the piece. The plaque is then sealed to ensure its durability and to prevent it perishing in weather conditions.

Dulcie told me it was a very good experience; she enjoyed working with Marian and is looking forward to receiving a copy of the photos taken at the handing over of the plaque, so that she can share this with her family and friends.

Although there is no charge to the patients or carers who wish to participate in the art projects, Dulcie insisted on donating \$40 to the project as she said she wanted another patient to be able to have this experience.

Marian – Art Facilitator

Mary – Volunteer Manager



OUR TEAM



OUR BOARD

The Far West LHD Board is chaired by Dr Andrew Refshauge and five Board members. Mr Stephen Rodwell, Chief Executive and the Board are responsible for:

- improving local patient outcomes and responding to issues that arise in the LHD
- monitoring the performance of the LHD against performance measures in the LHD Service Agreement
- delivering services and performance standards within an agreed budget, based on strategic and operational plans
- ensuring services are provided efficiently and producing annual reports that are subject to state financial accountability and audit frameworks and
- maintaining effective communication with local and state public health stakeholders.

Member	Appointment Start Date	Appointment End Date
Mr Thomas Hynes, Chair	1 January 2011	1 June 2017
Dr Andrew Refshauge	1 June 2017	15 June 2019
Mr Allan Carter	1 January 2011	7 October 2016
Ms Maureen O'Donnell	1 January 2011	31 December 2016
Mr John Harris	1 January 2011	31 December 2018
Mr Stephen O'Halloran	1 January 2011	31 December 2018
Ms Dale Sutton	1 January 2011	31 December 2016
Ms Melissa Welsh	1 January 2013	31 December 2016
Dr Peter Tomlinson	1 January 2013	February 2017
Mr William Johnstone	1 January 2013	March 2017
Mr Bradley Clarke	1 January 2015	7 October 2016
Professor David Lyle	1 January 2015	7 October 2016
Mr Clyde Thomson	1 January 2015	7 October 2016
Ms Mariette Curcuruto-Dunlevy	8 October 2016	7 October 2020
Ms Michelle Dickson	8 October 2016	7 October 2020
Mr Wincen Cuy	8 October 2016	7 October 2020

OUR EXECUTIVE LEADERSHIP TEAM

Mr Stuart Riley, Chief Executive (until 7 July 2017)

Stuart Riley worked in the health system for over 20 years in a range of roles including clinical, research, planning, evaluation management and consulting roles. Stuart first worked in Broken Hill in 1996 on a secondment to the then Far West Ward Aboriginal Health Service (now Maari Ma). In late 1996 he was appointed General Manager of Broken Hill Hospital and oversaw the redevelopment of the current facility and a range of organisational and operational changes. Between 2001 and 2011 Stuart undertook a wide range of consulting projects nationally related to health. He commenced in the role of Chief Executive for Far West LHD in January 2011.

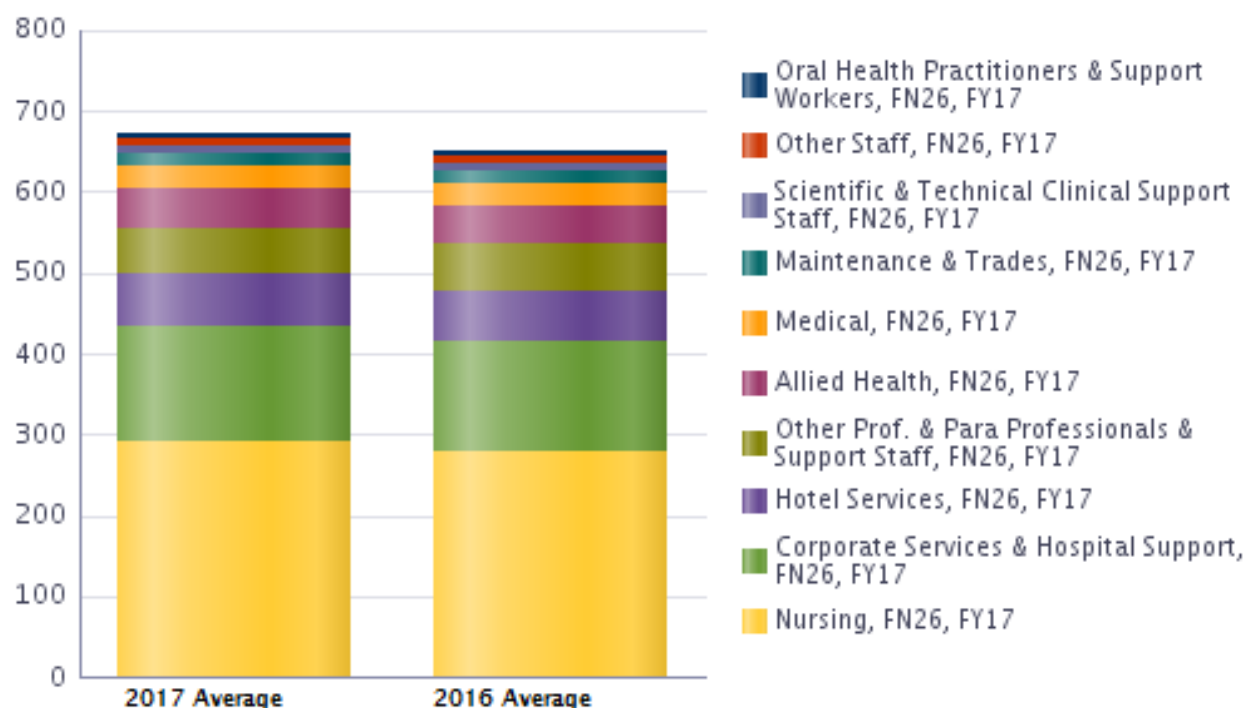
- Stuart Riley left the organisation on 7 July 2017 to return to South Australia.
- Mr Stephen Rodwell, Acting Chief Executive from 8 July 2017. Appointed Chief Executive September 2017.
- Ms Diana Ferry Executive Officer
- Mr John Leehane, Director of Finance and Corporate Services
- Ms Zandra Corey, Director of Clinical Governance
- Dr Kathleen Atkinson, Director of Medical Services (until September 2016)
- Dr André Nel, Director of Medical Services
- Mr Ken Barnett, General Manager Broken Hill Health Service
- Ms Dale Sutton, General Manager Lower Western Sector and District Director of Nursing and Midwifery
- Ms Susan Daly, Director Mental Health Drug and Alcohol
- Ms Melissa Cumming, Director Cancer Services, Innovation (Rural) and Palliative Care
- Ms Michelle Harkin, Chief Information Officer, Western & Far West Local Health Districts
- Dr Thérèse Jones, Director Population Health Western & Far West Local Health Districts (until 31 December 2016)



1. DENTAL HEALTH AWARENESS WEEK
2. FIVE PREGNANT MIDWIVES
3. DEMENTIA AWARENESS WEEK
4. DONATION OF CHAIRS TO BROKEN HILL HEALTH SERVICE ONCOLOGY UNIT
5. NEW JUNIOR MEDICAL OFFICERS

OUR STAFF

FWLHD STAFF PROFILE FTE



WORKFORCE OVERVIEW

A total of 687 full time equivalents (FTEs) comprising 782 individuals were employed by FWLHD in 2016-17.

In 2016-2017, 182 new staff members joined Far West. They brought a range of skills from our local communities, other LHDs and across Australia.

The District has the highest proportion of Aboriginal staff of all Local Health Districts. At 30 July 2017 the District employed 59 Aboriginal and/or Torres Strait Islander staff, making up 7.5% of the total workforce FTE. The Aboriginal Workforce Strategy 2016-2019 outlines strategies to recruit and retain Aboriginal staff members, to ensure that our services meet the needs of our communities now and into the future.

In our medical teams, one Rural Generalist registrar was appointed and a further two training positions were accredited.

WORKFORCE DEVELOPMENT

Far West LHD has continued its award-winning School Based Traineeship program; 20 SBTs are completing certificates in Aboriginal and/or Torres Strait Islander Primary Health Care, Allied Health Assistance, Health Services Assistants, and Business Administration. The program is designed to provide a pathway for local young people to gain employment in the health industry. The first cohort completed the program in December 2016, and the third cohort started in February 2017.

The Nursing Graduate Program is increasingly successful with the demand for positions exceeding the number of positions available. 18 new graduate positions were filled in February 2017.

At the end of their Program, our 2017 Graduate Nurses will be offered 0.8 roles in the District.

The Far West is represented across several state-wide leadership programs, with our staff successfully competing with colleagues from across NSW Health to secure a place in these programs:

- Clinical Excellence Commission Foundational Clinical Leadership Program, to explore and build on leadership for middle managers and clinicians;
- Clinical Excellence Commission Executive Clinical Leadership Program, to improve patient safety and clinical quality through enhanced leadership practices.
- Health Education and Training Institute Next Generation of Leaders and Managers within NSW Health, to facilitate the development of future managers.
- NSW Health NSW Health Senior Executive Development Programs to train senior leaders to operate effectively in a broader range of senior roles within the complex and adaptive NSW Health system.
- Leaders from across the LHD also participate in quarterly sessions run by the Advisory Board Company, utilising research, technology and consulting to improve health outcomes.

CULTURE INITIATIVES

As part of the Public Service Commission People Matter Survey, Far West performed +2 to +5 points above the cluster in all the key themes (Employee Engagement, Senior Managers, Communication, Engagement with Work, High Performance, Public Sector Values & Diversity and Inclusion).

Through **communication** and **collaboration** with staff, we achieved an Engagement Index of 67%, placing us in the top three across the State.

The results from this Survey will be used to guide local discussions and action planning to continue to improve workplace culture in each of our facilities to assist us in providing the best possible health care to the people of Far West NSW.

The Get Healthy FWLHD Program was started in 2016 and continued in 2017. Staff from across the District participated in the six month challenge which focused on healthy goals and lifestyle behaviours. The successful Program will run again in 2018.

KEY ACHIEVEMENTS



KEY ACHIEVEMENTS

To ensure we recognise the high performing staff across our District, the Far West Staff Awards were introduced in August 2016 in conjunction with the Far West LHD Innovation Awards. Categories awarded included Staff Member of the Year, Team of the Year, Rounding Recognition. The Awards will continue in 2017.

The inaugural Get Healthy Far West LHD Program finished in October 2016 with teams from across the District awarded prizes for improvements in their healthy lifestyle behaviours. The six month competition-style Program is running again in 2017 and will continue in 2018.

Staff Accommodation across the District have received crucial maintenance and funding to upgrade accommodation to

The Broken Hill Staff Retention Committee was formed, with the aim to innovate ways to welcome and keep new staff members to the District.

The Aboriginal Staff Network was created for Aboriginal and Torres Strait Islander staff to collaborate on projects, identify learning and development opportunities and participate in Panels and Committees. This network is a key action item from the Far West LHD Aboriginal Workforce Plan.



1. NATIONAL VOLUNTEER WEEK
2. NAIDOC WEEK
3. RONALD MCDONALD HOUSE VISIT
4. NAIDOC WEEK AND NEW ABORIGINAL COMMUNITY ROOM AT BROKEN HILL HEALTH SERVICE
5. OUTBACK NEURAL KNITWORKS

OUR PARTNERS

The Far West NSW LHD has strong relationships with several key health organisations to provide healthcare services and support to ensure the best health outcomes for the communities living in Far Western NSW.

Over the years, health organisations have recognised the importance of taking an ongoing working collaborative approach to help overcome the challenges of providing timely and quality healthcare to rural and remote communities.

AMBULANCE SERVICE OF NEW SOUTH WALES

The Ambulance Service of New South Wales has stations and staff located at Balranald, Broken Hill and Wentworth. The FWLHD provides ambulance services on behalf of the Ambulance Service of New South Wales, and in partnership with community volunteers, at Ivanhoe, Menindee, Tibooburra, White Cliffs, and Wilcannia.

COOMEALLA HEALTH ABORIGINAL CORPORATION

The Coomealla Health Aboriginal Corporation (Coomealla Health) is an Aboriginal Community Controlled Organisation based in Dareton. It aims to provide a holistic approach to culturally respectful primary health care and also provides services to the Greater Sunraysia area of NSW and Victoria.

MAARI MA HEALTH ABORIGINAL CORPORATION

Maari Ma Health Aboriginal Corporation (Maari Ma) is an Aboriginal Community Controlled Health Organisation based in Broken Hill. It provides primary health care services in Broken Hill and also outreach services to smaller communities using facilities operated by the Far West LHD. The LHD also contracts Maari Ma to provide a range of services in communities outside Broken Hill.

ROYAL FLYING DOCTOR SERVICE - SOUTH EASTERN SECTION

The RFDS provides primary health services to people living outside Broken Hill, as well as a range of primary health services in facilities operated by the LHD. The RFDS provides emergency, aeromedical evacuations, inter-hospital transfers, GP clinics, remote consultations in dental, mental health, women and children's health and audiology as well as supports visiting specialists.

WESTERN NSW LOCAL HEALTH DISTRICT

The Far West LHD has a Service Agreement with its neighbour Western NSW LHD for the shared functions of Population Health and Health Information Communication and Technology. Staff members from both Directorates are located in Broken Hill.

WESTERN NSW PRIMARY HEALTH NETWORK

In 2015, the Western NSW Primary Health Network (PHN) was established incorporating the whole of Far West LHD and functions of the previous Far West and Lower Murray Medicare Locals. The PHN is a Commonwealth funded health initiative with key objectives to increase the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes; and to improve coordination of care to ensure patients receive the right care in the right place at the right time.

UNIVERSITY DEPARTMENT OF RURAL HEALTH - BROKEN HILL

The Broken Hill University Department of Rural Health (UDRH) focuses on expanding and enhancing the rural and remote health workforce including medical, nursing and allied health students through multidisciplinary education and training, research, professional support and service development. It also provides research training for GPs and primary health care workers as well as providing professional development support for other local health professionals.

New Community Health Centre construction
at Crystal Street, Broken Hill.



OUR VOLUNTEERS



OUR VOLUNTEERS

Far West Local Health District has a total of 159 registered volunteers across the District; but this figure does not include Auxiliaries in the outlying sectors or the Health Councils.

Our organisation is extremely lucky to have people who generously donate their time and efforts for the common good of both our organisation and the communities we serve, and is proud of our volunteers and their contribution to our organisation and our communities.

Our volunteers are involved in a variety of projects and activities including:

Broken Hill cohorts Aqua Volunteer Leaders; Broken Hill Kiosk Auxiliary; Artist in Residence; Dementia/Delirium & Palliative Care Volunteer Team; Fundraising Volunteers; Patient Family Support Staff/Volunteer Team; Consumer Representatives; Mental Health Inpatient Unit Volunteers; Tai Chi Volunteer Leaders; HR volunteer; Co-located Volunteers from the Royal Flying Doctor Service; Hospital Visitor; Telecross; Local Clubs and St Vincent de Paul.

Balranald Seniors Activity Centre; exercise, transport and day care.

Dareton – Wentworth Tai Chi Volunteer Leaders; Hospital; Seniors Activity Centre; Aqua.

A brief description of some of the volunteer-assisted activities across the District:

- The Broken Hill Hospital Kiosk Auxiliary; who make and sell homemade food (and I am sure many of our staff are addicted to their scones); all their profits from the Kiosk are returned to the hospital by way of donated equipment. In the 2016-17 financial year the Kiosk donated \$176,500 to the Hospital.
- The Patient Family Support Team: a group of 9 current staff members who volunteer, after hours weekdays and 24 hrs on weekends, on a call out basis to assist family and loved ones of critical patients who have been brought in to the Broken Hill Hospital Emergency Department.
- The Dementia Delirium and Palliative Care Volunteer Team: visiting referred patients assisting with their needs and those of their family/carers.
- Tai Chi and Aqua classes – In conjunction with Health Promotions – NSW Western LHD

We have volunteer involvement in Balranald, Dareton and Wentworth running exercise groups and contributing to the Hospital, Multi-Purpose Services and transport along with Hospital Auxiliaries across the District.

The volunteer program is a multi-disciplinary effort. Our staff are exceptional in their willingness to share their skills and time to include our volunteers in their teams and facilities. Many staff members assist our volunteers by contributing to their training needs, including mandatory training and role specific training. For example, the DDPC Team receive specific training from Melissa Cumming, Director Cancer Services, Innovation (Rural) and Palliative Care, and Dr Sarah Wenham in relation to their role with palliative care patients. We have outstanding staff members who contribute and collaborate with our volunteers to ensure that our Volunteer Program complies with all of NSW Health requirements and the high standards that Far West LHD sets for volunteer involvement. At the same time acknowledging that, out of necessity, we do things differently in regional and remote areas. We need to tailor our approach to cater for and to ensure we enhance and utilise the skills offered by our community members to better deploy the contribution of their valuable time and expertise they freely share with us.

Far West LHD promotes and celebrates our volunteers to demonstrate our appreciation for their efforts and to reflect and recognise the value of their contribution. Throughout the year we hold several “thank you” events including:

- National Volunteer Week (NVW) is a weeklong celebration of volunteers held in May each year. The Chief Executive, Stuart Riley, made time to attend these functions whenever possible. He thanked the volunteers and handed out Appreciation Certificates to volunteers and those from our co-located services; Telecross / Red Cross, Local Clubs and St Vincent de Paul. Similar events were held in Balranald and Wentworth. Our Chief Executive and Executive are extremely supportive of our volunteers and we often have Board Members attending various volunteering events.
- During these celebrations the Far West LHD/Pamela Lord, Volunteer of the Year Award is announced. The Award is presented by the Chief Executive and Mrs Lord. In 2017 the winner was Albert Lansdown. (Balranald Volunteer). The inaugural award was presented to Mrs Pamela Lord in 2015 to commemorate her 50 years of volunteering as the RFDS Broken Hill Women’s Auxiliary Hospital Visitor.

In addition to our own in house award, a concerted effort is made to nominate our volunteers for local, regional and state awards. In the last 4 years our Recognition and Acknowledgement program has had tremendous success with 10 State Finalists and 3 State Award Titles:

- 2013 State Finalist Team of the Year in the NSW Volunteer of the Year – Patient Family Support Staff Volunteers;
- 2014 NSW Volunteer of the Year Team Award winner – Broken Hill Women’s Auxiliary RFDS
- 2015 NSW Senior Volunteer of the Year 2015 – Eleanor Blows;
- 2015 NSW Health Volunteer of the Year: Karen Kemp; and
- 2016 State Finalist for Team of the Year (Kiosk) and Senior Volunteer of the Year: (Lesley Sumsion).

In the 2017 Regional Awards we have 5 individuals and one team nominated:

- Barbara Bone, Dareton Wentworth Tai Chi Leader;
- Albert Lansdown, Balranald MPS;
- Sandra Miller, Broken Hill Hospital Kiosk;
- Timothy O’Neill, Patient Family Support Staff Volunteer;
- Christine Simons: MHIPU & PC Massage volunteer; and
- Team entry of our 3 person Fundraising Team: Margaret Tonkin, Eileen Crowhurst and Catherine Hyde.

Along with the Regional and State Awards we have enjoyed local success; in 2015 winning the Broken Hill City Council Volunteer of the Year with 2 Teams of Volunteers winning the Team Award; and in 2016 Lesley Sumsion won Volunteer of the Year Health & Social Services category.

As a result of this recognition and promotion of our volunteers, our organisation and volunteers receive broader public recognition and our volunteers have gained a higher profile in the community, receiving many compliments. We have also experienced the knock on effect from this recognition, with donations from community organisations and individuals.

In the past 4 years Regional Express (REX) has donated flights for some of our volunteers to attend the State Finals in Sydney; locally the Y’s Men of Broken Hill donated the cost of purchasing and maintaining the piano in our Hospital Foyer. The South Broken Hill Golf Club donates the hall where the Tai Chi classes are conducted and donations were received from a local business woman for volunteer Team’s Polo Shirts and weights for the Aqua volunteers and participants. Recognition by our community and their donations enhance the work of our volunteers and also develop the community involvement and feeling of ownership of our hospital.

For more information on Far West LHD Volunteer Services for our staff, potential volunteers and our community:

- Volunteer Link on our Intranet and Internet
- Far West In Focus newsletter
- Volunteer's Quarterly Newsletter
- Far West LHD Facebook
- Volunteer Handbook

HIGHLIGHTS THIS YEAR

A few of the many highlights for our Volunteers in the 2016/17 period:

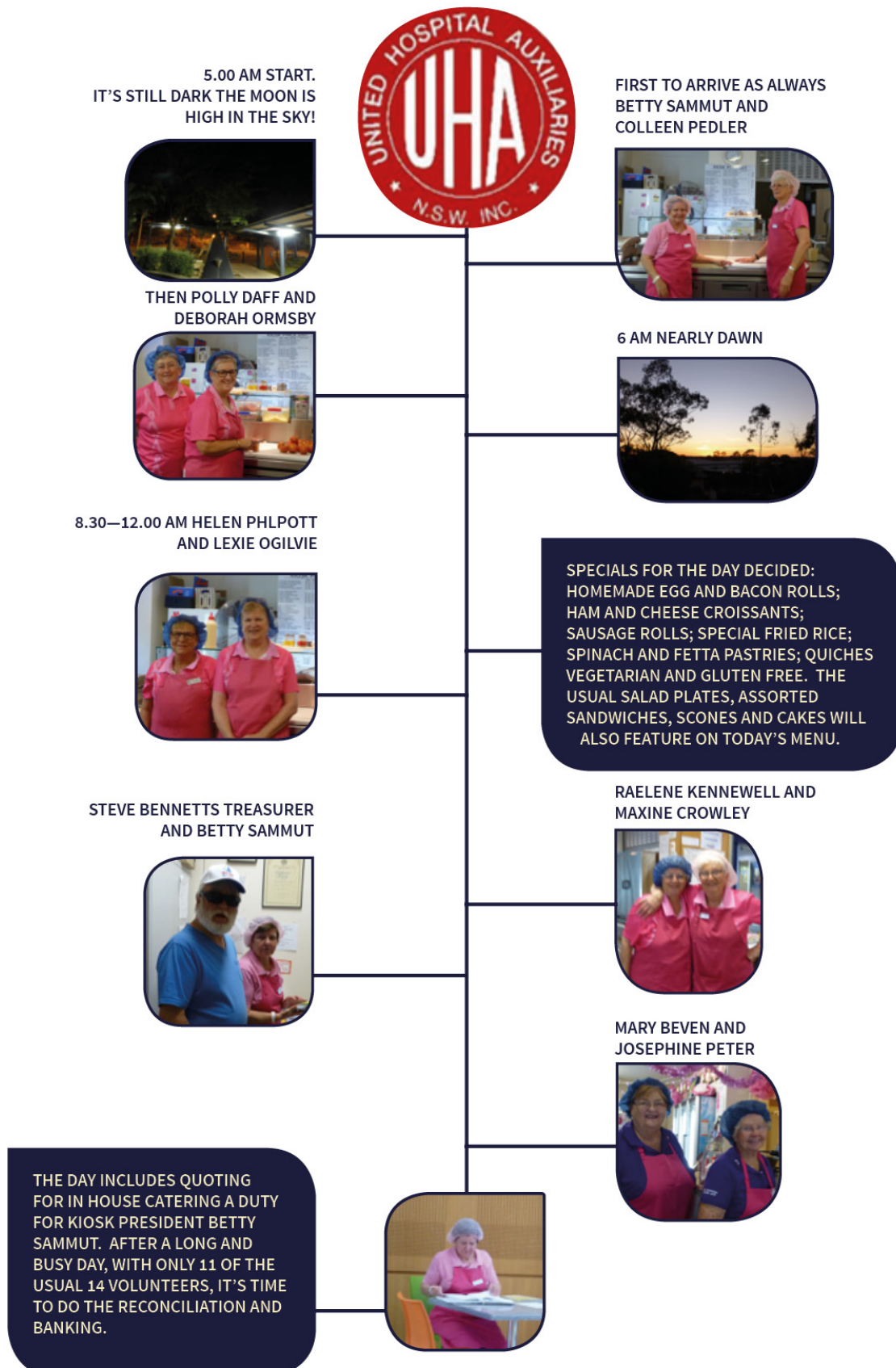
2016

- ABC Open filming DVD on Mrs Pamela Lord;
- Centre for Volunteer presents Regional Awards in the NSW Volunteer of the Year to volunteers in Broken Hill;
- ABC Film Crew capturing volunteering efforts of Josephine Peter, NSW Local Hero, with her volunteering colleagues in the Broken Hill Hospital Kiosk;
- A team of Far West LHD volunteers contribute to three day Palliative Care NSW Conference held in Broken Hill;
- REX sponsored two volunteers to attend State Finals of the NSW Volunteer of the Year Awards in Sydney; and
- Broken Hill Hospital Kiosk Auxiliary celebrates 75th Anniversary.

2017

- Far West LHD Volunteers name Citizen of the Year in both Broken Hill and Balranald City Council Australia Day celebrations;
- Kevin Humphries MP, Member for Barwon, presented the 2016 Awards
- NSW Premiers Recognition Program and Hidden Treasures Honour Roll acknowledgements to 19 of Far West LHD volunteers;
- Dareton-Wentworth Tai Chi Volunteers celebrate 10 year of providing free classes to their community;
- National Volunteer Week Celebrations and face to face Mandatory Training delivered by multi-disciplinary team of Far West LHD staff;
- Broken Hill Hospital Kiosk presents donation of \$176,500 to hospital; and
- FWLHD Volunteer Manager, Mary Leehane, was awarded 2017 NSW Volunteer of the Year Award for Excellence in Volunteer Management. Timothy O'Neil, Manager Nursing Leadership & Workforce Development at FWLHD and a member of the LHD's Patient Family Support Staff Volunteer Team, was Regional Adult Volunteer of the Year winner for the Western Region and was a finalist in the NSW Volunteer of the Year Awards.

A DAY IN THE LIFE OF THE BROKEN HILL BASE HOSPITAL KIOSK AUXILIARY – ESTABLISHED 1941



INTERESTING STATISTICS FROM OUR KIOSK

- 2016-17 Financial Year donation to the Broken Hill Health Service: \$176,500.
- Conservative estimate of volunteering hours contributed by our wonderful volunteers: 15,750.

To our exceptional Volunteers — Thank you one and all, your volunteering is not only appreciated by Far West LHD Management and Staff, but by the whole community who benefits from your outstanding contribution.



1. SUSAN BEAHL AND DR KENNETH LIM
2. TEARRA CHARLES TAFE WINNER WITH CERTIFICATE
3. DONNA K CRUICKSHANK PREMIER AWARD WINNER
4. DENISE MCCALLUM - IPAD IN BROKEN HILL HEALTH SERVICE EMERGENCY DEPARTMENT
5. DOMESTIC VIOLENCE PARK DAY



FINANCIAL SUSTAINABILITY

FINANCIAL SUSTAINABILITY

FWLHD ensures systems and controls are in place to safeguard our finances and assets.

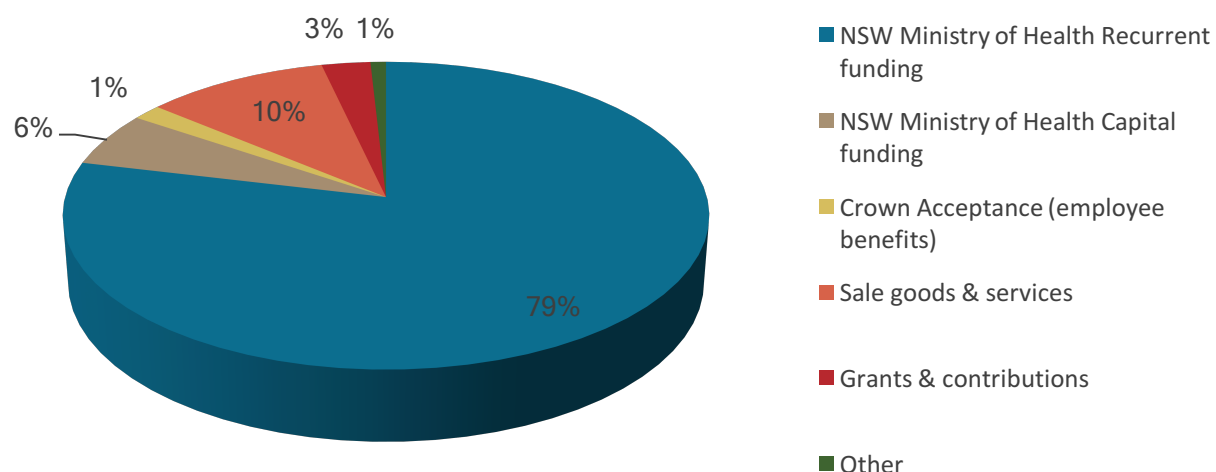
Financial sustainability instils resilience, productivity, growth and innovation which is fundamental to providing excellence in rural and remote health care to the people of Far West.

HIGHLIGHTS

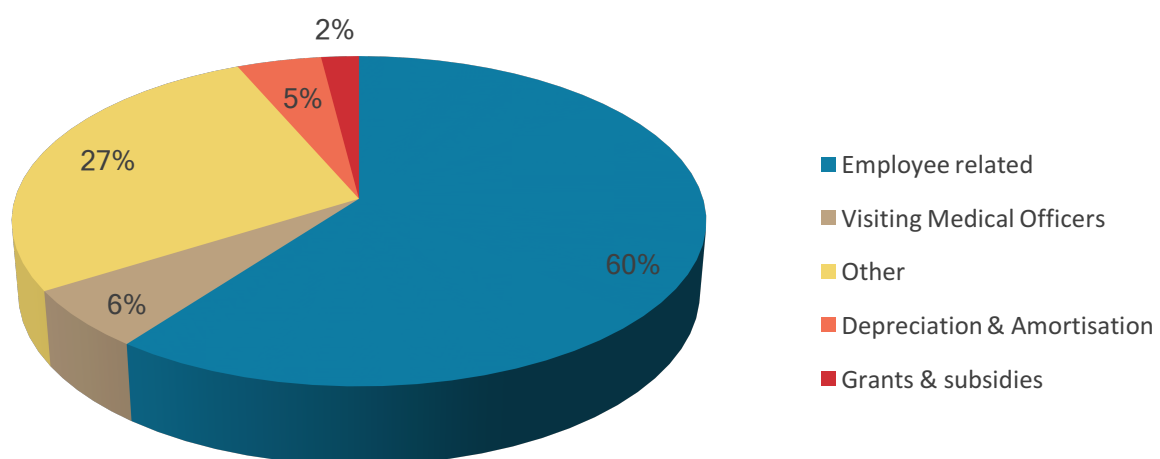
The Asset Replacement and Refurbishment Program (ARRP) provided for the replacement and / or refurbishment of equipment throughout the District. The Broken Hill Hospital received funding for a Chiller set, pan sanitisers and utensil washers and much of the vinyl flooring has been replaced. The generator at Tibooburra was replaced. Wilcannia received upgrades to the staff quarters.

- Funding was secured for the Crystal Street redevelopment and initial works have commenced.
- The Broken Hill Kiosk Auxiliary donated \$0.176 million toward the purchase of equipment for the Broken Hill Hospital.
- The Broken Hill Contribution Fund donated \$0.04 million toward the purchase of equipment.
- Friends of Palliative Care Inc donated \$0.05 million to Dareton Primary Health to support the ongoing commitments of Palliative Care services in the region.
- FWLHD provided travel booking for 32,162 NSW Health passengers in 8 Districts and specialty networks and continue to be recognised for excellence in travel services for NSW Health.
- FWLHD retained a NSW Health performance rating of zero.
- The Audit Office of New South Wales provided an unqualified audit opinion on the 2017 Far West Local Health District financial statements.
- FWLHD's expenditure for 2016-2017 was \$113 million with 60 per cent of the cost attributed to employee related costs.
- FWLHD's revenue for 2016-2017 was \$111 million with 79 percent received from the NSW Ministry of Health in the form of recurrent funding.
- FWLHD's had revaluation surplus of \$2 million for land, buildings and infrastructure. This resulted in a net result after revaluation of \$.003 million.

Revenue



Expenditure



ANNUAL FINANCIAL STATEMENTS

The complete audited financial statements are published in the 2016-17 NSW Health Statutory Financial Report and are available on our website <http://fwlhd.health.nsw.gov.au/index.php>.



1. BINGO DRAG AT PALACE - WORLD AIDS DAY
2. FALLS PREVENTION AWARENESS DISPLAY
3. GET HEALTHY WINNERS ANNOUNCED
4. VOLUNTEERS HONOURED ON AUSTRALIA DAY
5. CARDIO REHAB END OF YEAR CELEBRATION
6. BROKEN HILL CONTRIBUTION FUND DONATION OF EQUIPMENT
7. HOSPITAL SUNDAY DEDICATION CEREMONY
8. HAPPY DOCTORS DAY IN MAY AT BROKEN HILL HOSPITAL

LOCATION DIRECTORY



LOCATION DIRECTORY

LOCAL GOVERNMENT AREAS

- Broken Hill
- Central Darling
- Wentworth
- Balranald
- Unincorporated Far West

PUBLIC HOSPITALS (INCLUDING COMMUNITY HEALTH)

- Broken Hill Health Service
- Menindee Health Service
- Tibooburra Health Service
- Wentworth Health Service
- White Cliffs Health Service
- Ivanhoe Health Service (HealthOne)
- Balranald Multi-Purpose Service
- Wilcannia Multi-Purpose Service

COMMUNITY HEALTH CENTRES

- Dareton Primary Health Care Service

CHILD AND FAMILY HEALTH SERVICES

- Broken Hill Child and Family Centre

ORAL HEALTH CLINICS

- Broken Hill Dental Clinic (Morgan Street)
- Balranald Dental Clinic
- Dareton Dental Clinic
- Ivanhoe Dental Clinic
- Menindee Dental Clinic
- Tibooburra Dental Clinic
- White Cliffs Dental Clinic
- Wilcannia Dental Clinic
- Lower Western Sector Dental Van

SCHOOL HEALTH HUBS

- Alma Public School
- Burke Ward Public School
- Broken Hill Catholic School
- Central School
- Morgan Street Public School
- North Public School
- Railway Town Public School



Morgan Street

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