

SECTION 6

# NSW HEALTH ORGANISATIONS



# NSW MINISTRY OF HEALTH

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## Secretary: Elizabeth Koff

### Key achievements 2017-18

- The Rural Ambulance Infrastructure Reconfiguration continued, delivering new and upgraded regional and rural infrastructure. Complementing this, a record workforce boost will see 750 extra paramedics and call centre staff employed over the next four years.
- Eight health infrastructure mega-projects, each valued at more than \$500 million, are currently at various stages of development, from planning to construction. They include the \$932 million Westmead Redevelopment, the \$550 million Nepean Redevelopment, the \$720 million Randwick Campus Redevelopment, the \$700 million-plus Blacktown and Mount Druitt Hospitals Expansion, the \$632 million Campbelltown Hospital Redevelopment, and the \$582 million Tweed Valley Hospital.
- In 2017-18 the Asset Refurbishment and Replacement Program funded 115 projects, worth \$50.3 million, across 18 local health districts and speciality networks, delivering critical repairs and maintenance.
- A record 48,286 full time equivalent nurses and midwives working in NSW Health hospitals and health services. In June 2018, there were 12,137 full time doctors employed within the NSW health system, representing approximately 10 per cent of the total health workforce, and 10,445 allied health professionals.
- There were a record 999 medical intern training positions in NSW in 2018, an increase of 149 positions since 2012. A further six NSW intern positions in southern NSW were recruited as part of the Australian Capital Territory intern training network. This represents an annual investment in the order of \$107 million to train interns.
- In 2018, 20 Aboriginal medical graduates started as interns in NSW. This is the highest since the Aboriginal Medical Workforce recruitment pathway started.
- The rate of Aboriginal employment in NSW Health has risen to 2.5 per cent from 1.8 per cent in 2011 and includes doctors and nurses. Local health districts and other public health organisations responded with Aboriginal workforce plans and initiatives and have halved the gap in employment outcomes between Aboriginal and non-Aboriginal peoples.
- The annual NSW Health Junior Medical Officer Recruitment campaign successfully recruited 3146 junior medical officers for the 2018 clinical year across specialty training positions including endocrinology, haematology, medical oncology, general medicine and paediatrics.
- Overall public dental activity is steadily increasing. In 2017-18, NSW public dental services provided over 817,000 episodes of care to over 385,000 people, up some 25,000 since 2016-17. Of the people treated, 7.1 per cent were Aboriginal or Torres Strait Islander people.
- The NSW Government invested \$24.8 million in 2017-18 for 41 Aboriginal Community Controlled Health and related organisations to deliver culturally safe and tailored health services across 44 sites.
- In 2017-18 the NSW Government committed an extra \$20 million for mental health reform, bringing recurrent investment in reform to \$95 million a year. The fifth National Mental Health and Suicide Prevention Plan 2017-2022 was released in October 2017. It has a focus on integrated regional planning and service delivery between primary health networks (PHNs) and local health districts (LHDs) as a priority area.
- In 2017 more than 630,000 people visited the iCanQuit website, and there were 10,248 incoming calls to the NSW Quitline.
- The supplementary meningococcal school-based vaccination program for students in Years 11 and 12 in 2017 reached 72 per cent and 76 per cent coverage respectively. In 2018 the vaccine is being offered to students in Years 10 and 11.
- NSW Health continued to make progress towards the virtual elimination of HIV. In 2017, HIV testing, increased by six per cent compared with 2016, and 95 per cent of people diagnosed with HIV were on treatment. By 30 April 2018, nearly 9500 people at high risk of HIV infection had access to HIV pre-exposure prophylaxis (PrEP) through the EPIC-NSW trial.
- NSW Health continued to increase access to hepatitis C treatment, including for people in primary care settings such as Aboriginal Community Controlled Health Services, and for vulnerable populations in prisons and drug and alcohol services. Between March 2016 and March 2018, 25 per cent (19,819) of the people estimated to be living with hepatitis C in NSW had been treated.
- The Housing for Health Program, delivered to Aboriginal communities, made houses safe and suitable for healthy living, by fixing leaky toilets, electrical repairs, and ensuring there is sufficient hot water and somewhere to wash people and clothing. In 2017-18, 701 houses in 21 communities were made safe and healthy, with 4921 items repaired or replaced and helping 2721 people.

# STATUTORY HEALTH CORPORATIONS

## AGENCY FOR CLINICAL INNOVATION

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### Chief Executive: Dr Jean-Frédéric Levesque

Dr Jean-Frédéric Levesque joined the Agency for Clinical Innovation (ACI) as Chief Executive in June 2017. He brings experience in clinical practice in refugee health and tropical medicine, in clinical governance and in academic research to the ACI.

Dr Levesque is a member of the Strategic Analytic Advisory Committee of the Canadian Institute of Health Information and a Fellow of the Royal College of Physicians of Canada in Preventive Medicine and Public Health.

He holds a Doctorate in Public Health, a Masters in Community Health and a medical degree from the Université de Montréal, Canada. He is a Conjoint Professor at the Centre for Primary Health Care and Equity of the University of New South Wales.

### Year in review

In 2017-18, the Agency for Clinical Innovation (ACI) embarked on a period of growth and change, which saw the establishment of a new Paediatric Network, Aboriginal Chronic Conditions Network, General Practitioner Advisory Group and Intensive Care NSW.

A new organisational structure realigned how ACI's clinical networks, taskforces and institutes work together, and provided strong clinical leadership into our work. The new structure integrated these groups into streams in a way that will allow ACI to tackle bigger problems that span across networks.

Leading Better Value Care continued to be a key priority for the ACI. This year 13 local health districts implemented the Osteoarthritis Chronic Care program and 12 implemented the Osteoporotic Refracture Prevention program. These new services gave patients with osteoarthritis or osteoporosis access to evidence-based, coordinated chronic care programs to manage their elevated risk of refracture.

ACI's audit and improvement team conducted 96 audits across 13 local health districts and specialty health networks, to investigate clinical variation in target areas such as chronic obstructive pulmonary disease, diabetes and congestive heart failure.

Building integrated care was at the forefront of ACI's mandate to improve healthcare for NSW. Working in collaboration with the NSW Ministry of Health and eHealth, ACI focused on planning the implementation of a statewide IT program that captures patient-reported measures. This program enabled patients to provide direct, timely feedback about their health outcomes and experiences, to drive improvements across NSW.

The Patient Reported Measures Program continued to build capacity and infrastructure to capture and use patient feedback routinely in a clinical setting. An additional 54 sites across 11 local health districts and specialty health networks participated this year, driving patient-centred care and local improvement opportunities.

Four new hospitals were enrolled in the NSW Collaborative of the National Surgical Quality Improvement Program – a program designed to embed targeted change initiatives to improve patient outcomes and the care quality of their surgical services. This year the program focused on reducing urinary tract and surgical site infection rates.

The ACI began a partnership with Central Coast Local Health District, supporting a pilot to reduce exit block from intensive care units. Four sites across three local health districts were enrolled as part of the pilot phase. Staff from the sites attended capability training workshops to equip teams with the skills and knowledge needed to set up and lead the project locally.

The ACI also developed a capability building program for junior medical officers and nursing staff to support their treatment of people with diabetes in hospital. This included a new 'Thinksulin' clinical decision support app and an accompanying eLearning program.



**The NSW Trauma app, which provides clinicians with easy access to evidence-based, up-to-date information to deliver optimal care, won a Merit Award at the Australian Information Industry Association iAwards in September 2017**

### Key achievements 2017-18

- Enrolled four new hospitals in the NSW Collaborative of the National Surgical Quality Improvement Program, designed to improve patient outcomes and care quality of their surgical services through targeted change initiatives.
- Completed 96 clinical audits across 13 local health districts and specialty health networks, investigating clinical variation in chronic heart failure, chronic obstructive pulmonary disease and diabetes.
- Finalised procurement and the business case for a new system that will record real-time patient reported outcomes and experience measures. Once complete, the system will be able to integrate with the different clinical information systems used in the hospital, community and primary care settings.

- Implemented the Osteoarthritis Chronic Care and Osteoporotic Refractive Prevention programs across 13 and 12 local health districts respectively. Musculoskeletal Network clinicians are working with eHealth to design an eMR system that can refine clinical processes and outcomes for people receiving services under these two programs.
- Rolled out the Patient Reported Measures Program to a further 54 individual sites across 11 local health districts and specialty health networks, to build capacity and infrastructure to capture and use patient feedback.
- The ACI's Intensive Care NSW team partnered with 14 sites to implement a service model for Level 4 intensive care units, aimed at providing high-quality care as close to home as possible.
- Established the Aboriginal Chronic Conditions Network throughout NSW to improve the experience and healthcare of Aboriginal people with a chronic condition. The Network is led by a predominantly Aboriginal executive inclusive of the diverse Aboriginal health sectors.
- Received a Merit Award at the Australian Information Industry Association iAwards for the NSW Trauma app, which provides clinicians with easy access to evidence-based, up-to-date information to deliver optimal care.
- The NSW Diabetes Taskforce developed a capability building program that supports junior medical officers and nursing staff in caring for people with diabetes who need hospitalisation and insulin management. The program included a decision support app, 'Thinksulin', and eLearning support.
- Developed an Operating Theatre Productivity Index as a new measure for productivity of elective operating theatres using routinely captured administrative data. The measure can be used to create a better understanding of how an operating theatre works.

## BUREAU OF HEALTH INFORMATION

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### Chief Executive: Dr Diane Watson

Dr Diane Watson was the inaugural Chief Executive of the Bureau of Health Information (BHI) from 2009 to 2012, and returned to the position in February 2018.

Dr Watson has led the establishment of three reporting agencies in Australia that use big data to drive decisions on healthcare provision, both nationally and locally. Prior to re-joining BHI, she was the inaugural Chief Executive Officer of the Victorian Agency for Health Information and the inaugural Chief Executive of the National Health Performance Authority.

Dr Watson has held senior management positions for almost 20 years, measuring, monitoring and reporting on the performance of healthcare systems to drive improvements in health, care and productivity. During this time, she has set the future direction of high profile, board-governed agencies and inspired a strong sense of purpose among a highly talented and specialised workforce.

### Year in review

Using advanced data analytics, data visualisation, and communications, the Bureau of Health Information (BHI) continued to deliver a suite of reports and information products on the performance of the NSW public health system.

We do this to provide the community, health professionals and policy makers with information that increases the visibility of the healthcare system's performance, informing actions to improve healthcare and strengthen accountability.

BHI's reports cover a wide range of topics including emergency department and surgical procedure waiting times, ambulance response times, patients' experiences in a variety of healthcare settings, and clinical variation between hospitals in mortality and readmissions.

In 2017-18, BHI published 19 reports, chartpacks and data releases on healthcare performance. We reported, for the first time, on the experiences of patients with disability in NSW public hospitals. The report compared the experiences of patients who said they have disability with those who said they do not; as well as local health district and hospital variation drawn from responses from the disability group.

BHI published its first online chartpacks, which summarised healthcare performance information through key graphs that can be downloaded in different formats, making complex healthcare information more accessible and engaging. Data visualisation can be a simple yet powerful way to present data, as it enables large amounts of data to be quickly and easily digested, while also helping the viewer to make fair comparisons and identify patterns and trends. Our team continued to introduce innovations to the BHI website to increase transparency and add to the information available for a wide range of audiences.

BHI's chartpacks highlighted patient-reported experiences at outpatient cancer clinics throughout NSW, and compared the NSW healthcare system with 11 countries who took part in the 2016 Commonwealth Fund International Health Policy survey. BHI also worked with the Clinical Excellence Commission to produce a chartpack on reporting of hand hygiene compliance, bringing together data from different sources, including patients' observations of hand washing.

The July to September issue of Healthcare Quarterly reflected the resilience of the NSW public health system at a time of an extraordinarily high number of influenza cases. The January to March issue reported, for the first time, on the number of inpatient episodes at NSW public hospitals that involve mental health treatment. This was an important step toward performance reporting in this area and supports a growing public interest in mental health services.

Our picture of activity and performance throughout the state became more complete, with 44 emergency departments from regional NSW switching to electronic record systems, and being introduced to Healthcare Quarterly. This brought the number of emergency departments included to 175 facilities.

BHI's Healthcare in Focus report took a comprehensive look at healthcare performance in NSW. It drew on different data sources and featured some 140 indicators – placing NSW results, where possible, in an international or national context. This report was structured around a conceptual framework that considered performance in terms of six key dimensions: accessibility; appropriateness; effectiveness; efficiency; equity; and sustainability.

We continued to manage and expand the NSW Patient Survey Program to support integrating patient feedback into health system improvements. BHI asked 270,000 patients about their time in the NSW health system during 2017-18. We sent surveys to adult patients admitted to NSW public hospitals (including small and rural hospitals), admitted children and young patients, emergency department patients of rural, regional and metropolitan hospitals, maternity patients, patients attending outpatient clinics, including cancer clinics, and for the first time, to women visiting a BreastScreen NSW centre for a routine screening mammogram.

The survey program is a rich source of data, which BHI makes publicly available on our website, through our interactive data portal Healthcare Observer, and in many of the reports and other information products we publish.

We continued to participate in international and national meetings and published work in peer reviewed literature, to ensure our reporting aligns with best practice in measurement and reporting in Australia and around the world. BHI held its Challenging Ideas seminar, which examined why public reporting is a critical component of safety improvement.

In early 2018 we began a series of face-to-face meetings with our stakeholders, seeking their views on BHI's strengths, and the BHI output they hoped for over the next three years. What they told us went a long way to informing our decision-making on our new strategic plan, which will be finalised in 2018-19.

I would like to acknowledge the leadership of Acting Chief Executive Dr Kim Sutherland while former Chief Executive Jean-Frédéric Levesque was on secondment to the Agency for Clinical Innovation.



**BHI surveyed more than 270,000 patients about their experiences and outcomes of care**

### *Key achievements 2017-18*

- Released Patient Perspectives: Exploring experiences of hospital care for people with disability, our first report on how the experiences and outcomes of care for patients with disability in NSW compare with those without disability.
- Published four Healthcare Quarterly reports featuring information about activity and performance for NSW public hospitals and ambulance services, adding 44 emergency departments to the analysis and introducing quarterly reporting on mental health patient stays.
- Surveyed more than 270,000 recent patients for the NSW Patient Survey Program and achieved response rates across surveys as high as 61 per cent. Tens of thousands of people responded by post and online to provide information about their experiences at a variety of settings in the NSW public health system.
- Partnered with the Commonwealth Fund to collect and report on the healthcare experiences of older adults (65+) in NSW. A chartpack presented data comparing the NSW population with 10 comparator countries and their respective health systems, including measures such as access to care, patient experiences with GPs and hospital care, care for chronic conditions, and end of life care.
- Collaborated with Cancer Institute NSW to produce a chartpack that reflects the experiences of care and self-reported outcomes of more than 12,000 patients who visited an outpatient cancer clinic in NSW hospitals during November 2016.
- BHI's Healthcare in Focus report took a comprehensive look at healthcare performance in NSW. It drew on different data sources and featured some 140 indicators – placing NSW results, where possible, in an international or national context.
- Developed new key performance measures for patient experience, to be used in the service agreements between the Ministry of Health and local health districts. This resulted in the replacement of historic measures with two new indices comprising four and six scored questions, as well as a new improvement measure on treating patients with respect and dignity.
- BHI's incoming Chief Executive led an extensive round of stakeholder consultation, ranging from the Ministry to pillars and local health districts, seeking their views on BHI's strengths and what they hoped for in terms of BHI output over the next three years. This information is forming the basis for a new strategic plan which is being developed to better align products with health priorities and improve responsiveness.
- Commissioned a survey of BHI's external stakeholders which showed that 85 per cent agreed that BHI reports objectively and fairly on healthcare performance of the NSW public health system – well above the target of 70 per cent in our performance agreement with the Ministry. A substantial majority (77 per cent) were satisfied with the way in which BHI engaged with them – exceeding our performance agreement target of 70 per cent.
- Conducted targeted oversampling of 30,000 patients across nine disease groups to provide patient experience and outcome data to the Leading Better Value Care program. This data will become part of the Register of Outcomes, Value and Experience (ROVE) that represents one of the most detailed linked datasets in Australia.

## CANCER INSTITUTE NSW

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### Chief Executive Officer: Professor David Currow FAHMS

Professor David Currow FAHMS is the Chief Cancer Officer of NSW and Chief Executive Officer of the Cancer Institute NSW.

Prior to his appointment in March 2010, he was the foundation Chief Executive Officer of Cancer Australia.

Professor Currow is a Fellow of the Australian Academy of Health and Medical Sciences; the previous president of the Clinical Oncological Society of Australia; and past president of Palliative Care Australia. He has also:

- served on the American Society of Clinical Oncology working party on palliative care education
- chaired the working party for the Union of International Cancer Control on Palliative Care for the United Nations summit on non-communicable diseases
- been a faculty member of the Australia and Asia Pacific Clinical Oncology Research Development workshops.

### Year in review

Cancer remains one of the biggest causes of premature death in our community. While the number of people in NSW diagnosed with cancer is steadily rising, advances in prevention, early detection, diagnosis and treatment are allowing many more people to survive and live longer with the disease.

The Cancer Institute NSW provides the strategic direction for cancer control across the state, which is driven by the goals and objectives of the NSW Cancer Plan:

- Goal 1: Reduce the incidence of cancer
- Goal 2: Increase the survival rate of people with cancer
- Goal 3: Improve the quality of life of people with cancer

The Institute continues to collaborate with local health districts, specialty health networks, primary health networks, the NSW Ministry of Health, NSW Health pillars, government and non-government organisations, researchers, health professionals and the community to develop and implement initiatives across the full spectrum of cancer control.

Some groups are more affected by cancer than others, including Aboriginal people, people from culturally and linguistically diverse (CALD) backgrounds, and people from rural and remote and lower socioeconomic backgrounds.

We continue to focus on improving outcomes for these communities and ensuring that people diagnosed with cancer across NSW receive the right treatment, in the right place, at the right time.

The Institute held a number of inaugural events this year to foster collaboration and engagement among key stakeholder groups with a focus on improving cancer outcomes. These included the Aboriginal Cancer Network Forum, the Multicultural Cancer Forum and a Fellows' Forum series, which brings together early-career cancer researchers to network and share what they have learned.

As outlined in the NSW Cancer Plan, we continue to focus on some cancers that have high incidence rates and poorer outcomes (e.g. lung and bowel); as well as enhancing primary care involvement in cancer control; and ensuring patient-centred quality cancer care is upheld across the state.

The Institute has led the strategic development and implementation of key programs, including the Smoking Cessation Framework for NSW Health Services and the second NSW Skin Cancer Prevention Strategy to enhance cancer prevention initiatives at a state and local level.

The Institute is now in its eighth year of Reporting for Better Cancer Outcomes (RBCO), providing local and statewide cancer data and information to all local health districts, primary health networks and participating private hospitals to inform health system performance and areas for improvement. In 2017, the RBCO program reported on 53 key performance indicators across cancer control, including eight which are focused on patient-reported measures. This is almost double the number of indicators reported in 2015. Each year, we are providing a more comprehensive view of cancer control across the state, which is making a real difference to the NSW community.

We continued to support and promote multidisciplinary cancer care teams as best practice cancer care that enhances communication between specialists, patients and their GPs.

Patient experience moved to being reported as part of the Reporting for Better Cancer Outcomes program (in collaboration with the Bureau of Health Information).

As the largest funder of cancer research in NSW, the Institute managed its strategic investment on behalf of the NSW Government to build research capacity, attract and keep world-class researchers, foster innovation and support the translation of discoveries into clinical practice.

While there is still much to do, for people living in NSW their chances of surviving cancer are among the highest in the world as we continue to lessen the impact of cancer across the state.



**10% increase in the number of Cancer Institute NSW funded cancer clinical trials, and a 25% increase in the number of people enrolled on these trials, compared with 2016-17**

### Key achievements 2017-18

- The Cancer Institute NSW released the Smoking Cessation Framework for NSW Health Services on behalf of the NSW Smoking Cessation Collaboration. The Cancer Institute NSW has worked with local health districts to support local implementation. The Institute's Innovations in Cancer Treatment and Care Conference, held on 14 September 2017, focused on smoking cessation in cancer patients. More than 440 health professionals and researchers attended; 60 of whom shared their work.
- Developed and released the second NSW Skin Cancer Prevention Strategy on behalf of the NSW Skin Cancer Advisory Committee. This reflects our commitment to improving skin cancer prevention by focusing strategies and actions around increasing implementation of comprehensive effective sun protection policies and guidelines; improving access to adequate shade; and increasing the adoption of sun protection behaviours across the state.
- Developed and implemented a statewide Client Experience Survey for BreastScreen NSW, in partnership with the Bureau of Health Information. Approximately 17,000 women were surveyed, with a response rate of 61 per cent. Overall, 97 per cent of women rated their experience as 'very good' or 'good', and 93 per cent said they would 'definitely' continue with routine mammograms.
- Broadcast the bowel cancer screening campaign, Do the Test, and the new BreastScreen NSW campaign, Not in My Family. Preliminary results for both campaigns are very positive.
- Convened an online community of practice of all NSW primary health networks to share information and resources regarding the three national screening programs for breast, bowel and cervical cancers. This will improve consistency, and promote the programs with general practice.
- Established an Aboriginal Program Development Committee with members of the Aboriginal community. The committee consulted on 12 programs of work, including a Lung Cancer Optimal Care Pathway for Aboriginal People, implementation of the Institute's Innovate Reconciliation Action Plan and design of the inaugural Aboriginal Cancer Forum.
- Launched NSW Prostate Clinical Cancer Registry, with 4745 men currently participating. Thirty hospitals (including two private hospitals) and 76 private practice clinicians are participating in the collection of data, which will help inform improved prostate cancer outcomes.
- Developed resources to inform people with cancer about the importance of having their care overseen by a multidisciplinary cancer care team (MDT). Cancer services, MDTs and specialists for selected high-volume specialist centres are listed on the Canrefer website. The website saw an increase in users of 11.6

per cent (11,054 additional sessions) in 2017-18.

- Opened 482 cancer clinical trials for recruitment in NSW. Of these, 276 were Cancer Institute NSW portfolio trials (i.e. investigator-initiated, non-commercial). There were 2238 participants enrolled in these portfolio trials. This represents a 10 per cent increase in the number of portfolio trials and a 25 per cent increase in the number of people enrolled on these trials compared with 2016-17.
- Continued funding seven translational cancer research centres, bringing together 983 members (clinicians and researchers) across 73 institutions.

## CLINICAL EXCELLENCE COMMISSION

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### Chief Executive: Carrie Marr

Prior to her October 2015 appointment as Chief Executive, Carrie Marr was the Executive Director, Organisation Effectiveness, at Western Sydney Local Health District. She earlier held a number of leading executive and consultant positions in the United Kingdom for a variety of organisations, including the National Health Service, Scotland.

Ms Marr is a graduate of the advanced training program in Quality Improvement at Intermountain Health Care, Utah, USA, and also holds a Bachelor of Science (Nursing); a Diploma in Education (Nurse Teaching); and a Master of Science (Organisation Consulting).

### Year in review

Over 2017-2018 the Clinical Excellence Commission (CEC) continued to act as NSW Health's lead agency on clinical governance, National Health Service standards and improving safety and quality.

In response to local health districts and specialist health networks' requests for support in safety and quality standards, the CEC provided a responsive, agile service, offering regular specialist information, advice and good practice to health services on a wide range of safety and quality issues including critical incidents, along with opportunities to partner with patients, families and carers in patient safety work.

The CEC continued to improve the quality and impact of its partnerships, including with local health districts/specialty health networks, to reinforce the importance of effective, modern governance arrangements for safety planning, culture and implementation.

This saw the continued refinement of the tools and methods of consistent and effective collaboration between CEC staff and the clinicians, frontline staff, and patients and families across all aspects of program support and implementation.

The CEC also provided advice, expertise and support to the Ministry of Health and health services on the development and assessment of newly established safety and quality accounts.

The CEC continued to build a critical mass of improvement leaders across NSW Health, focusing on building capacity and capability in Quality Improvement with a growing alumni of improvement leaders now skilled across the system.

The CEC continued its commitment to finding new and better ways to work with its partners in safety and quality, to embed a safety culture across the NSW health system. This included drawing on existing and emerging research about the most effective way to better understand and communicate the impact of the CEC's work and the way in which the programs, services and support it provides translate into better patient safety and quality. To do this, we further developed our partnerships with universities and other scientific research institutions, to identify the most effective way to improve the relationship between research and practice in Quality Assurance and Quality Improvement.

This work over the past year has helped to ensure the CEC is responsive to the big shifts in culture, policy and technology that are reshaping health care design and delivery in a rapidly changing health care environment.



**CEC tools supported over 389,000 patient safety improvement audits**

### Key achievements 2017-18

- Minimised potential harm by producing 13 Safety Alerts/Notices and five medication shortage communications in response to a range of patient safety issues. Of 376 product recalls risk assessed, 15 were identified as high risk, requiring a system level response led by CEC.
- Quality Audit Reporting System (QARS) implemented by all local health districts (LHDs) and specialty networks (SNs) for clinical audits and surveys. The CEC supported all LHDs/SNs in the business process. In the past financial year 389,431 audits were conducted in QARS.
- Provided a unified platform, Quality Improvement Data System (QIDS), for sharing information. It is now accessed by 4500 clinicians and managers, who can now use real-time data to improve patient safety and healthcare quality. The number of users increases every day.
- Launched the Master Clinician's Guide to Quality and Safety in May 2018, providing expert tools and resources to help health care staff foster a culture of safe, high-quality care at the hospital where they work.

- The Collaborating Hospitals' Audit of Surgical Mortality finalised the Bi-National Audit System (BAS) for online submission of forms, ready for implementation in July 2018. The System enables surgeons to digitally report surgical deaths, peer-review cases and obtain continuing professional development points, while providing increased data accuracy, accessibility and security.
- Launched a statewide electronic risk assessment tool for venous thromboembolism (VTE), developed by the CEC and eHealth NSW. The tool provides guidance to medical officers on the assessment and management of VTE risk in adult inpatients.
- Revised Between the Flags (BTF) Education (released in June 2018) which provides innovative and flexible resources, including a new one-hour workshop for Senior Medical Officers.
- Co-hosted the NSW Patient Experience Symposium, in conjunction with the Ministry of Health and pillars, which was attended by 570 delegates, nearly a third of them consumers involved in program design and implementation. Free consumer registration highlighted the importance of patient, family and carer voices to developing patient safety models.
- Developed an extensive range of audit tools and resources to enhance existing quality systems and help local health districts meet the requirements for compliance with an Australian Standard (AS/NZS4187:2014 Reprocessing reusable medical devices in health organisations).
- The Quality Improvement Academy (QIA) introduced QI tools online to assist NSW Health employees to build leadership in quality improvement. The QIA trained 496 improvement coaches and 34 improvement experts. We delivered eLearning training to 487 staff; 280 participants completed Patient Safety training.

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### Chief Executive: Adjunct Professor Annette Solman

Annette Solman is the Chief Executive of the Health Education and Training Institute (HETI). She has significant experience in health management, change management, leadership capability development, strategic planning, research, policy development, clinical practice development, facilitation, coaching, project management, and education and workforce development, to meet the needs of a contemporary healthcare system.

Professor Solman has an active interest in person-centred care practices and their application to the clinical practice setting; and in leadership development to provide a person-centred approach to healthcare. She is also interested in aligning a workplace culture of effectiveness to a high achieving professionally competent learning workforce, and strengthening relationships between HETI and our health and academic partners.

## Year in review

Developing the capabilities of the NSW Health workforce remained the primary focus of the Health Education and Training Institute, which developed and delivered new, contemporary learning opportunities that were relevant, innovative and responsive to the changing needs of the NSW Health workforce.

HETI Higher Education celebrated its first graduation ceremony, awarding 60 Certificates, Diplomas and Master's degrees in Psychiatric Medicine and Applied Mental Health Studies.

We awarded more than 230 postgraduate scholarships and 1343 undergraduate scholarships and placement grants to nursing and midwifery staff; together with 806 scholarships and grants for rural allied health services.

Other highlights during the year include:

- Publishing 170 new digital learning resources through My Health Learning.
- Filling 999 medical intern positions.
- Recruiting 20 Aboriginal medical interns, plus filling 124 rural and 261 regional medical intern positions.
- Placing 31 trainees into advanced skilled training positions through the NSW Rural Generalist Medical Training Program (RGTP), providing a supported pathway to a career as a rural GP, including through a new Emergency Medicine stream.
- New Guardianship training contributed to a 67 per cent reduction in patient hospital stays – with 510 participants completing the online program.
- HETI's new e-journal, Health Education in Practice: Journal of Research for Professional Learning was launched at the inaugural Health Education in Practice Symposium.
- The Next Generation of Leaders and Managers pilot program progressed, with 26 participants achieving their Diplomas of Leadership and Management.
- Delivering the NSW Health Senior Executive Development Program to a second cohort of 20 senior staff.
- HETI's work in supporting NSW Health staff to harness CORE Values was recognised. HETI was a finalist in the 2017 NSW Health Awards, and a further 4065 participants completed our CORE Chat programs.
- A record 300-plus delegates attended HETI's Sixth Rural Health and Research Congress, cementing its place as a peak event in the health care calendar.

Rounding out another successful year, HETI completed widespread consultation and finalised its strategic plan, setting our direction through to 2020. The plan focuses on three key areas: life-long learning opportunities for the health workforce; access to high-quality education and training; and supporting our staff through implementation of contemporary business practices.

Audited financial statements for the Health Education and Training Institute for 2017-18 are available from the NSW Health website.



**20 Aboriginal doctors recruited, plus 124 rural and 261 regional medical intern positions filled**

## Key achievements 2017-18

- Developed Emergency Medicine pathway for Rural Generalist Training Program.
- Received four gold Learn X Impact awards in categories Best Bespoke/Custom Model, Best Video Design, and two in Best Learning Transfer.
- Trained 828 NSW Health staff in People Management Skills Program.
- Awarded 2386 scholarships and grants to nurses and allied health professionals in areas of need.
- Trained 749 participants in CORE Chat for Managers across the state.
- Published first issue of HETI e-journal.
- The first cohort of the new Senior Executive Development Program commenced with executives from across the state.
- Filled 999 first year medical intern positions in NSW hospitals.
- Published 170 new digital education resources.
- Held inaugural graduation in April for 60 graduates from postgraduate award courses conducted by HETI Higher Education.

# SPECIALTY HEALTH NETWORKS

## JUSTICE HEALTH AND FORENSIC MENTAL HEALTH NETWORK

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Business hours: 8am-5pm, Monday to Friday

### Chief Executive: Gary Forrest

Gary Forrest has worked in nursing for over 30 years. He completed his general nursing training at Rockhampton Base Hospital in Queensland, a Bachelor of Science (Nursing) at Flinders University and a Master of Applied Management (Health) with distinction at the University of Newcastle.

Mr Forrest joined the Network in 2002, working in nursing, population health and prison hospital management before becoming the Chief Executive on 1 June 2016.

### Year in review

The Justice Health and Forensic Mental Health Network delivers health care to those in contact with the NSW criminal justice and forensic mental health systems across community, inpatient and custodial settings.

In 2017-18, the Network's key challenge was to manage and maintain service levels and clinical activity, despite sustained growth in the adult custodial population. The total adult population in June 2018 was 13,630.

Despite increasing service demand, the Network's financial performance was \$0.4 million (or 0.2 per cent) under budget. This was achieved through increased efficiencies, innovative service improvements and delayed openings of new health centres by Corrective Services NSW.

We also continued to work closely with key Justice and Health cluster partners, to define health service requirements and make sure all is ready when new and expanded correctional centres are opened across the state. In 2017-18 Corrective Services NSW opened 1040 new beds, with a further 1640 new beds expected to open in 2018-19.

A range of new activities were initiated to continue to achieve the best possible health outcomes for patients and improve patient engagement.

Some of these include:

- improving the timeliness of patient healthcare access through the GP Services Redesign Project
- improving the visibility of Aboriginal patient uptake and participation in the Network's health services
- enhancing patient self-management using new medication dispensing and packaging technology
- ensuring patient safety by developing a robust governance model of telehealth services
- optimising release planning for patients on Opioid Substitution Therapy and improving withdrawal management through primary care staff training
- promoting international best-practice in custodial patient care at the Network's inaugural Custodial Health Conference
- identifying patients who have experienced violence, abuse and neglect and their at-risk children through improved screening processes
- improving the detection of HIV and Hepatitis C through a trial of new blood spot testing technology.

The Network also improved performance on last year by achieving a:

- 36 per cent increase in the number of staff accepting free influenza vaccinations
- 110 per cent increase in Your Experience of Service patient survey responses.

Our Network staff change lives every day. Their dedication and expertise improve the health outcomes of patients, and bring dignity and high-quality patient-centred care to a stigmatised and vulnerable patient population.



**Virtual elimination of hepatitis C was achieved in six correctional centres**

### Key achievements 2017-18

- Treated 1127 patients for Hepatitis C-related conditions, and 90.8 per cent of patients started treatment via the nurse-led model of care. The Network also achieved virtual elimination of Hepatitis C at six centres.
- The Community Integration Team supported transition of care for 486 young people with mental health and/or drug and alcohol histories on release from custody in 2017-18. Of those, 51.6 per cent of young people referred to other services identified as Aboriginal and Torres Strait Islander.
- The Network's pilot Aboriginal Court Diversion and Bail Support Program, which commenced in May 2016, received 74 referrals. Of those, 45 successfully completed the program. All participants have complex mental health and/or drug and alcohol concerns, as well as significant social needs, including primary health, employment, education, relationships and housing.
- Implemented the Quality Audit Reporting System (QARS) across the organisation as part of the Network's patient safety, clinical quality and risk management framework.

- Trialled a mental health consultation liaison nurse and a centralised GP waiting list management system as part of the Primary Care GP Services Redesign project, a partnership with the Agency for Clinical Innovation's Centre for Healthcare Redesign.
- Secured approval and funding for the new Freshwater Unit in the Forensic Hospital, for extremely high risk patients.
- The Network's National Disability Insurance Scheme (NDIS) Transition Plan neared completion. This will improve access to NDIS supports for patients with physical, cognitive and psychiatric disabilities.
- In relation to contestability and commissioning, the Network:
  - transitioned its health service delivery at John Morony Correctional Centre under a service agreement with Corrective Services NSW which commenced on 27 November 2017
  - contributed to the tender evaluation for the delivery of health services at Parklea Correctional Centre, and worked with Northern Pathways on the new Clarence Correctional Centre health centre design
  - developed the monitoring and probity frameworks for custodial health services being delivered in managed correctional centres. The monitoring framework was tested in the first monitoring engagement at the John Morony Correctional Centre
- Assessed and supported 738 patients with drug and alcohol problems following their release from custody, through the Connections Program
- Made post-release arrangements with a community provider for 1784 adults participating in custodial Opioid Substitution Therapy.

## THE SYDNEY CHILDREN'S HOSPITALS NETWORK

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 Business hours: 8:30am-5pm, Monday to Friday

### Chief Executive: Dr Michael Brydon OAM

Dr Michael Brydon OAM was appointed Chief Executive of the Sydney Children's Hospitals Network in May 2016, after six years as Director of Clinical Operations at the Network.

Before this, Dr Brydon worked at Sydney Children's Hospital, Randwick for 27 years. He completed his undergraduate medical degree at the University of New South Wales and his Fellowship of Paediatrics in the Randwick program. He holds a Masters of Paediatrics and a Masters of Health Administration.

Dr Brydon is a passionate advocate for the unique health needs of children and has a deep understanding of the demands of paediatric health care.

### Year in review

The Sydney Children's Hospitals Network saw occupancy averaging 86 per cent in 2017-18 across both sites. With 940,000 occasions of service (being any examination, consultation, treatment or other service provided to a patient in a non-admitted setting), and almost 96,000 emergency department presentations, we cared for a total of 155,000 children.

In 2018, Kids Research was launched as a Network service and now supports researchers and collaborations across both The Children's Hospital at Westmead and Sydney Children's Hospital, Randwick. A highlight was opening the Clinical Research Centre within Kids Research for clinical trials, helping to translate science into bedside practice.

Among the most pressing issues facing our hospitals this year was capacity. We are pleased to have made progress in improving patient access across the Network, especially for children with high dependency needs.

Our initial priorities, those that have the greatest impact on patient care, were optimising Network intensive care services; refining delivery of cardiothoracic and spinal surgery; and increased bed numbers (particularly isolation beds) at both sites.

Some successful capacity-boosting initiatives include:

- establishing the Close Observation Unit (COU) at Westmead
- recruiting nursing staff for new beds at both hospitals
- expanding Hospital in the Home across the Network
- expanding oncology ward facilities at Randwick, with work expected to be complete in late 2018.

Delivering the best possible care to patients is the focus of decision-making at the Network. Clinicians inform and guide this process with the support of management. Future conversations about resource allocation will include family and consumer representatives. This helps us continue to improve our services, and aligns with our CORE values of collaboration, openness, respect and empowerment.

Future-focused capital works continued at both the Westmead and Randwick sites. The concrete has been poured for level two of the new acute services building. This building, shared with Westmead Hospital, will house the Children's Emergency Department which incorporates a short stay unit supported by satellite medical imaging and a pharmacy.

Our staff, volunteers, and community and consumer advocates have our thanks for making these achievements possible.



**The new Clinical Research Centre creates capacity for 1000 children a year on clinical trials**

## Key achievements 2017-18

- The Sydney Children's Hospitals Network took a leadership role in the Zero Childhood Cancer Program. This is another major step towards defeating childhood cancer (especially cancers with historically poorer outcomes) through personalised therapies.
- Spinraza (nusinersen), the only medicine for treating spinal muscular atrophy (SMA) was made available to all paediatric patients through the Pharmaceutical Benefits Scheme. The cost to families would otherwise be \$367,850 p.a. The Network advocated for early detection of SMA through screening.
- The Sydney Children's Hospitals Network clinicians led the NSW Health Compassionate Access Scheme (CAS), securing 66 doses of Epidiolex for children with severe, treatment-resistant epilepsy. Epidiolex is an oral pharmaceutical formulation of pure cannabidiol (CBD), a non-psychoactive component of the cannabis plant. The CAS has given children with the most severe forms of childhood epilepsy an opportunity to access a pharmaceutical-grade, cannabis-based product, whilst prioritising safety. The CAS forms part of the agreement between the NSW Government and GW Pharmaceuticals to explore the use of cannabinoid medicines for children with severe treatment-resistant epilepsy.
- The Clinical Research Centre opened in Kids Research. This supports the translation of interventions from bench to bedside, and is now ready to welcome around 1000 children a year.
- The Close Observation Unit opened at The Children's Hospital at Westmead, increasing capacity by adding six single high dependency beds.
- The My Health Memory smartphone app continues to be rolled out, enabling patients and families to communicate with their healthcare teams. This app allows patients and families to:
  - access electronic discharge summaries (ED and inpatient)
  - access Kids Guided Personalised Service (GPS) care plans
  - manage appointments electronically, including receiving reminders for each appointment
  - message their clinical teams, once hospital staff have initiated the communication process in the patient's electronic medical record.
- The Sydney Children's Hospitals Network, along with NSW Health, NeuRA, Kidsafe NSW and European Child Safety Alliance, launched the Child Safety Good Practice Guide. This resource aims to reduce unintentional childhood injuries that lead to hospitalisation or death by providing a summary of good practice for each of the leading causes of injury to children in NSW. This will provide practitioners, decision makers, and legislators with an evidence-focused resource, relevant to the Australian setting, on which they can base their work, funding and recommendations.
- Acting on feedback from the 2017 People Matter Employee Survey, the Network initiated the 'It Starts With Me' campaign, engaging staff to take personal responsibility for creating a positive workplace culture.
- The Children's Hospital at Westmead opened the first Newborn Individualised Developmental Care and Assessment Program (NIDCAP) training centre in Australasia. This is the region's only comprehensive, family-centred, evidence-based approach to newborn developmental care.
- Sustainability initiatives progressed: Used PVC medical products such as tubing, masks and IV bags are now made into play mats, garden hoses and floor coverings. Almost a ton of toner cartridges and 25 per cent more theatre waste than last year were diverted from landfill.
- The Weight4Kids team developed a series of online training modules and resources to assist health professionals with assessment and treatment of overweight children and adolescents.

## ST VINCENT'S HEALTH NETWORK SYDNEY

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Business hours: 9am-5pm, Monday-Friday

## Chief Executive: Associate Professor Anthony Schembri

Associate Professor Anthony Schembri joined St Vincent's Health Network Sydney as CEO in 2014. He is a Board Director of the Central and Eastern Sydney Primary Health Network, Board Director of the Garvan Institute for Medical Research, Board Director of the St Vincent's Curran Foundation, Board Director of the National Centre for Clinical Research of Emerging Drugs of Concern and Co-Chair of the Nursing Research Institute of ACU/St Vincent's.

Associate Professor Schembri currently holds academic appointments with the University of NSW and the Australian Catholic University (ACU). He is a surveyor for the Australian Council on Healthcare Standards and Fellow of the Australian College of Health Service Management.

## Year in review

During the past year, St Vincent's embarked on one of its most important planning endeavours, the St Vincent's Integrated Healthcare Campus Darlinghurst Clinical Services Strategy 2027. This is our plan for meeting and adapting to the challenges of 21st century healthcare, and is critical for the campus to continue to thrive.

The Clinical Services Strategy outlines six key strategic commitments, among them precision healthcare, innovative ambulatory care, virtual telehealth serving rural and regional patients, and becoming a destination for world-class treatment, research and training.

St Vincent's continued to advocate for and deliver compassionate care to the poor and vulnerable throughout 2017-18.

Our clinical research endeavours grew rapidly, with clinical trials nearly doubling since 2013, from 147 to 247. Phase 1 numbers went from 2 to 15 trials in the same period, phase 2 trials from 32 to 57, phase 3 from 74 to 100 and phase 4 from 14 to 21. One of the greatest increases was in St Vincent's Medical Oncology, which is fast becoming a major centre for phase 1 trials.

One of our major research objectives is to harness the capabilities of precision healthcare. A year since St Vincent's launched Australia's first clinical genomics unit (together with the Garvan Institute for Medical Research) to provide whole genome sequencing, it has made significant progress.

We also took a leadership role in theranostic (targeted therapy based on targeted diagnostic tests) prostate therapy trials. This attracted multi-million dollar state government funding through the Cancer Institute. St Vincent's is also well positioned to undertake cardiac precision medicine projects in partnership with the Victor Chang Cardiac Research Institute and the Garvan Institute.

St Vincent's Hospital and Sacred Heart underwent EQULP National periodic review in May 2018. The surveyors thought the organisation had matured over the past two years. They noted stronger documentation in committees and communication throughout the organisation. The shift in culture was apparent, with staff empowered to speak up for patient safety and quality. The mission and values of the organisation were evident in patient care, with engagement with Aboriginal and Torres Strait Islander patients a notable mention. The surveyors reported no areas of concern, with all previous recommendations to be closed, and no new recommendations.

St Joseph's Hospital underwent Organisational Wide Survey in June. The Survey team were very positive about the hospital's safety culture, the involvement of consumers and community, excellent mandatory training compliance, staff engagement in the survey process, clinical governance processes and multidisciplinary care planning. They noted no areas of concern, all previous recommendations are to be closed, and no new recommendations.

Our staff, volunteers, and community and consumer advocates have our thanks for making these achievements possible.



## 171 countries screen St Vincent's Miracle Hospital on National Geographic channel

### Key achievements 2017-18

- Pioneered treatment for ice dependence using existing ADHD drug. The LiMA (lisdexamfetamine) for the treatment of methamphetamine dependence study is testing if a high dosage of lisdexamfetamine can reduce methamphetamine use, cravings and withdrawal symptoms.
- Partnered with Justice Connect to establish the first NSW hospital-based legal service to prevent elder abuse.
- St Vincent's is participating in a large international study to see whether screening people who have smoked in the past or who are still smoking can detect early signs of lung cancer.
- St Vincent's Cancer Services is now providing telehealth to people living in rural and regional Australia, enabling greater access to the best cancer treatment available.
- Season 2 of National Geographic's Miracle Hospital started screening in 171 countries in April on the back of the success of Season 1.
- St Vincent's cardiologist Professor Peter Macdonald was a NSW nominee for 2018 Australian of the Year.
- Established a dedicated Workplace Giving Program which supports the Hospital's longstanding outreach to the people of the Solomon Islands.
- Dr Sarah Michael, St Vincent's Hospital Director of Prevocational Education and Training, won the Geoff Marel Award. This annual prize recognises the work of an individual who has made a substantial contribution to the education and support of prevocational trainees.
- Scabies research trial won 2017 Eureka Prize. St Vincent's is a key partner in a world-first trial looking at the prevalence of scabies in Fiji and the Solomon Islands, which saw a reduction in scabies infestation from 33 per cent of the populations, to just two per cent.
- Performed 1000th heart transplant on Margaret Blunden, a 63 year old from Dapto. Premier Gladys Berejiklian joined St Vincent's for celebrations along with Margaret and members of the Transplant Unit to cut a special heart-shaped celebratory cake.
- Opened a new onsite gym for the hospital's mental health clients, which includes a new metabolic monitoring program.

# HEALTH ADMINISTRATION CORPORATION

## NSW AMBULANCE

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Business hours: 9am-5pm, Monday to Friday

### Chief Executive: Dominic Morgan ASM

NSW Ambulance Chief Executive Dominic Morgan ASM is a career health professional, with more than 30 years' experience across a broad range of roles.

He has had a diverse career and brings a depth of experience from executive level to operational and critical clinical roles. After starting his career with NSW Ambulance, Mr Morgan was appointed as Chief Executive Officer of Ambulance Tasmania in 2009. He returned to NSW Ambulance in 2016 as Chief Executive.

He holds a Bachelor of Health Science and an MBA.

### Year in review

NSW Ambulance continued to implement and progress significant projects throughout 2017-18, with a particular focus on staff wellbeing.

The Wellbeing Investment Program saw the commencement of wellbeing workshops, focusing on staff safety and wellbeing. These are to be rolled out to all staff over three years. The program also brings in the organisation's first chief psychologist, two occupational violence prevention officers and new occupational therapist, physiotherapist and exercise physiotherapist positions as well as increasing peer support officer and chaplain numbers.

The 2018 NSW Ambulance Patient Experience Summit built on the success of previous summits, placing further focus on staff welfare and on the fundamental importance of delivering exceptional care to every single patient.

There was extensive service and workforce planning during 2017-18, to support the development of the Statewide Workforce Enhancement Plan (SWEP). This culminated in a NSW Government announcement of 750 new paramedics and control centre staff to be employed over the next four years.

Implementation of the Paramedic Response Network (PRN) model of operations advanced significantly. Four more superstations at Liverpool, Penrith, Northmead and Artarmon began operations, as did the first of the new Paramedic Response Points (PRP) at Mortdale.

Coinciding with PRN implementation, the Make Ready Model, which lets paramedics focus on delivering care to patients rather than cleaning and restocking ambulances, was introduced in each superstation as it became operational. It saw the number of logistics staff supporting this innovative model expand to beyond 50.

A new ambulance station became operational at Coolamon and upgraded ambulance stations at Ardlethan and Harden were delivered under the Rural Ambulance Infrastructure Reconfiguration program, with 23 regional and rural locations now set to have a new or upgraded station under the program.

NSW Ambulance also underwent an organisational restructure.

Key Information Communication Technology (ICT) services were moved to eHealth NSW, providing greater support and stability for the organisation's operations.

Initiatives to provide patients with appropriate care options and reduce the number of transports to emergency departments continued, including the Patient Referral to Alternate Destinations; Palliative and End of Life Care; Aged Care; Paramedic Connect and Frequent User Management. The Western Sydney Collaboration, St George Geriatric Flying Squad, NSW Ambulance Falls Strategy and NSW Ambulance Authorised Care Plans also improved patient care and health outcomes.



**Record workforce boost:  
750 extra paramedics and call centre  
staff over the next four years**

### Key achievements 2017-18

- Continued the evolution of NSW Ambulance operations in metropolitan Sydney with the Sydney Ambulance Metropolitan Infrastructure Strategy. The shift to the Paramedic Response Network (PRN) model of operations continued with Liverpool, Penrith, Northmead and Artarmon superstations and the first new Paramedic Response Point (PRP) at Mortdale beginning operations.
- Introduced the Make Ready Model (MRM) in all seven operational superstations, with more than 50 new positions created. The Make Ready Model frees paramedics to focus on delivering clinical care, by introducing logistics teams to clean and restock ambulances ready for operations.
- Continued the biggest regional and rural transformation of NSW Ambulance infrastructure in the organisation's history through the Rural Ambulance Infrastructure Reconfiguration (RAIR) program. Coolamon, Ardlethan and Harden brought the number of operational stations delivered to four. To date, 23 locations have been announced under this program.
- Began the rollout of the NSW Ambulance Wellbeing Investment program. This program features multiple mental health, wellbeing and safety initiatives to better support staff. Every staff member will have the opportunity to attend the tailored Wellbeing Workshops which commenced in 2018.

- The organisation's third annual NSW Ambulance Patient Experience Summit focused on the patient experience, and explored how the organisation can foster a culture of compassionate care for our patients and staff. Expert speakers and more than 350 staff examined communication, culture, mental health and wellbeing.
- Sixty-five per cent of NSW Ambulance staff were vaccinated against influenza, a significant improvement on the 2016-17 results of 59 per cent and a vital initiative in protecting the workforce and patients against the virus.
- Statewide Workforce Enhancement Program. The NSW Ambulance workforce will be boosted by 750 new paramedics and control centre staff over the next four years. This major enhancement and its rollout is based on extensive evidence-based planning by NSW Ambulance to ensure they are allocated where most needed.
- Key ICT services were transferred to eHealth NSW in a strengthening of the partnership between the two agencies. Supported by \$42 million in NSW Government funding over the next five years, the transition is providing greater support and stability to NSW Ambulance ICT services.
- NSW Ambulance, Western Sydney Local Health District and WentWest Primary Health Network collaborated with Westmead Hospital to create the Hospital in the Home Rapid Response Team to provide access to efficient and same-day clinical care and ongoing treatment in the home.
- Implemented a new organisational structure to align functions, improve accountability, strengthen governance, and foster further integration with the health system.

## HEALTH INFRASTRUCTURE

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Business hours: 9am-5pm, Monday to Friday

### Chief Executive: Sam Sangster

Sam Sangster has led significant growth and maturation of Health Infrastructure over the last five years. His career has spanned public and private sectors, including large ASX-listed companies in a range of commercial and project delivery roles.

Immediately before joining Health Infrastructure, Mr Sangster worked in the Victorian public sector, delivering major infrastructure including Melbourne's Docklands.

He holds qualifications in law, accountancy and computer science, and is a graduate of the director's course run by the Australian Institute of Company Directors, a Certified Practising Accountant, and admitted to legal practice in several jurisdictions.

### Year in review

Health Infrastructure's proven ability to plan and deliver world-class health care facilities continued to drive exceptional outcomes for the NSW health system in 2017-18.

The combined total value of projects under Health Infrastructure's management reached \$14.4 billion at the end of 2017-18, up from \$10.6 billion at the end of the previous financial year. In 2017-18, Health Infrastructure delivered a record capital spend of \$1.1347 billion, compared with \$830.7 million in 2016-17.

In 2017-18, Health Infrastructure completed 16 projects across NSW, with a combined total cost of \$556.3 million.

Rural and regional projects remained a focus during 2017-18. Of total projects underway, approximately 60 per cent by number, and 40 per cent by value, are in rural and regional areas. Health Infrastructure is planning and delivering health care facilities in every corner of the state from as far north as the Tweed Valley, as far west as Broken Hill and down to Cooma in the south.

The 2017-18 financial year also saw Health Infrastructure make a significant impact in metropolitan areas. Fifty-two per cent of overall project expenditure went towards delivering just five major projects across Sydney.

During 2017-18, Health Infrastructure worked closely with other member agencies of the NSW Government's Construction Leadership Group on increasing the capacity and capability of the construction industry. Centred on the NSW Government Action Plan: A ten point commitment to the construction sector, this work will help ensure the industry can play its role in delivering the record health capital program and forward pipeline.

The 2017-18 year also saw important changes in Health Infrastructure's role, structure and approach to partnering across NSW Health. In July 2017, Health Infrastructure gained responsibility for developing a best practice framework and centre of excellence for asset management across NSW Health. The new function is now established and successfully embedded.

In March 2018, Health Infrastructure formally launched a new organisation structure to ensure we partner effectively with other NSW Health organisations and with industry, to deliver excellent outcomes for the health system.



**Planning or delivering new facilities at 100 sites across NSW**

## Key achievements 2017-18

- Completed 16 projects with a combined total value of \$556.3 million:
  - Blacktown Hospital (Stage 2) Car Park
  - Hornsby Ku-ring-gai Hospital Redevelopment Stage 1
  - Kids Research Institute Clinical Research Centre at Westmead
  - Molong Multipurpose Service
  - Northern Beaches Health Service (NBHS) – Brookvale Community Health Centre
  - Royal Prince Alfred Hospital Car Park
  - Rural Ambulance Infrastructure Reconfiguration Program – Ardlethan Ambulance Station
  - Rural Ambulance Infrastructure Reconfiguration Program – Coolamon Ambulance Station
  - Rural Ambulance Infrastructure Reconfiguration Program – Harden Ambulance Station
  - Rural Ambulance Infrastructure Reconfiguration Program – Molong Ambulance Station
  - Sydney Ambulance Metropolitan Infrastructure Strategy – Artarmon Superstation
  - Sydney Ambulance Metropolitan Infrastructure Strategy – Caringbah Superstation
  - Sydney Ambulance Metropolitan Infrastructure Strategy – Northmead Superstation
  - Sydney Ambulance Metropolitan Infrastructure Strategy – Penrith Superstation
  - Sydney Ambulance Metropolitan Infrastructure Strategy – Roselands Paramedic Response Point
  - Wagga Wagga Rural Referral Hospital Redevelopment Stages 1 and 2

Note: The above may include reference to individual components of larger infrastructure projects and programs therefore may not be recognised as officially completed.

- Completed 17 business cases for projects with a combined total value of \$2.2 billion, eight investment decision templates for projects with a combined total value of \$1.9 billion, and nine project briefs for projects with a combined total value of more than \$37.9 million.
- Coordinated 67 ministerial or MP events at Health Infrastructure project sites, including sod turns, topping outs and official openings.
- Worked closely with the other member agencies of the Construction Leadership Group to agree on, launch and begin implementation of the NSW Government Action Plan: A ten point commitment to the construction sector.

- Established the new statewide asset management function to work with local health districts, speciality networks and health services to achieve fit-for-purpose, safe, compliant and optimised assets to deliver the best health care possible to patients and communities.
- Launched the Inspired Women's Leadership Series, to support Health Infrastructure's Diversity and Inclusion Strategy and offer learning and development opportunities across the organisation.
- Released a new design guideline, titled Guidelines for Hospital Helicopter Landing Sites in NSW, for the new fleet of helicopters used for medical retrievals in NSW.
- Conducted post-occupancy evaluations of emergency and medical imaging services at a range of sites following their redevelopments. The knowledge gained can be implemented in upcoming Health Infrastructure projects and reflected in Australian Health Facility Guideline revisions.
- Introduced Health Infrastructure Major Medical Equipment Procurement documentation, standardising procurement of major medical equipment and driving favourable tender responses.

Significant milestones in 2017-18 include:

- The Central Acute Services Building commenced construction and the multi-storey car park opened at the \$1 billion Westmead Redevelopment (Stages 1A & 1B, and The Children's Hospital – Stage 1).
- The Stage 1 Very Early Contractor Involvement contract was awarded and Stage 1 early works commenced for the Nepean Redevelopment Stages 1 & 2 (\$1 billion).
- The Very Early Contractor Involvement contract was awarded and Stage 1 emergency department expansion works were completed on the \$720 million Randwick Campus Redevelopment.
- As part of the \$700 million Blacktown and Mount Druitt Hospitals Expansion – Stage 2, the Mount Druitt Drug Health and Renal facilities were completed and the Blacktown Hospital structure reached its highest point of construction.
- Planning commenced for the \$632 million Campbelltown Hospital Redevelopment – Stage 2.
- The preferred site was announced for the \$582 million Tweed Valley Hospital.
- Enabling works commenced and the State Significant Infrastructure Application was lodged on the \$470 million New Maitland Hospital.
- A new 11-storey building was officially opened at the \$348 million Gosford Hospital Redevelopment.
- Enabling works commenced for the \$341 million Concord Hospital Redevelopment (Phase 1A and 1B).
- The \$265 million St George Hospital Redevelopment Acute Services Building was officially opened.

- The paediatric, surgical and medical inpatient wards and the Southern Tower fit out were completed at the Lismore Base Hospital Redevelopment – Stage 3 (\$230.5 million).
- Construction commenced on the \$200 million Hornsby Ku-ring-gai Hospital Redevelopment – Stage 2.
- Enabling works commenced on the \$200 million Wyong Hospital Redevelopment.
- Schematic Design was completed and the State Significant Development Application lodged for the \$194 million Coffs Harbour Hospital Expansion.
- Stage 4 main works construction commenced on the Dubbo Hospital Redevelopment – Stages 3 and 4 (\$150 million).
- Early works commenced for the Goulburn Hospital and Health Service Redevelopment (\$120 million).
- The Forensic Medicine and Coroner's Court (\$91.5 million) structure reached its highest point of construction.
- The preferred greenfield site was announced and the Schematic Design launched for the Macksville Hospital Development (\$73 million).
- Early works commenced on the \$70.7 million Mudgee Hospital Redevelopment.
- Enabling works commenced and the State Significant Development Application was lodged for the Bowral and District Hospital Redevelopment (\$65 million).
- The construction tender was awarded for Inverell Hospital Redevelopment (\$60 million).
- Armidale Hospital Redevelopment (\$60 million) main construction works were completed and the new building was officially opened.
- Construction commenced on the \$50.4 million Bulli Aged Care Centre of Excellence.
- Early works were completed at the \$40 million Manning Hospital Redevelopment – Stage 1.
- Early works commenced and master planning was completed for the Griffith Hospital Redevelopment Stage 1 (\$35 million).
- The \$30 million Broken Hill Health Service Redevelopment was completed and handed over for operational commissioning.
- Main works commenced on the \$21.5 million Muswellbrook Hospital Redevelopment – Stage 2.
- Schematic Design was completed for Cooma Hospital (\$18.6 million).
- Stage 2B of the \$18 million John Hunter Children's Hospital Neonatal Intensive care Unit – Stages 2 and 3 project was completed.
- The \$17.5 million Port Macquarie Mental Health Unit reached the highest point of construction.

## HEALTHSHARE NSW

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### Chief Executive: Daniel Hunter

Daniel Hunter joined HealthShare NSW in June 2015. Over the course of his career, he has held leadership positions in both the public and private sector, with broad-based experience in management, operations, strategy, finance and procurement and a strong focus on leading transformational change through the creation of business partnerships and new, efficient models of service delivery.

### Year in review

In 2017-18, HealthShare NSW continued to deliver on its key strategic direction: to be a valued and trusted partner delivering competitive services to NSW Health.

Over the past 12 months, HealthShare NSW led a number of pulse check surveys to measure client satisfaction. Among these was a customer value survey of all NSW Health agencies, which reported an overall increase in satisfaction of 17 per cent from the previous survey in 2016 and a 16 per cent increase in customer engagement.

EnableNSW (a shared service which provides equipment and services to people in NSW with chronic health conditions or disability) also surveyed 1200 consumers, who reported an overall satisfaction level of 8.9 out of 10. Additionally, 90 per cent of those surveyed agreed with the statement 'we do what we say we will.' We have reviewed the responses collected from both surveys and they are informing ongoing work in the customer service area.

Staff development and building workforce capability continued to be a key area of focus, with the launch of a staff mentoring program offering employees the opportunity to learn from and gain insights from senior leaders. We also launched the Jobs to Careers: Aboriginal Development Program, providing Aboriginal staff across the organisation with a unique opportunity to build skills and take part in a range of development opportunities.

EnableNSW also continued to provide opportunities for clinicians to expand their equipment knowledge, introducing Prescriber Education Sessions, delivered via face-to-face and video conferencing briefings and via online training modules.

HealthShare NSW continued to implement the innovative food service delivery model, My Food Choice (MFC). MFC is now available in 36 hospitals across NSW with a further 53 sites to roll-out by the end of the 2019-20 financial year. MFC has also resulted in a significant reduction in food waste since its launch.

To support the roll-out of MFC, HealthShare NSW also undertook capital works and refurbishments across 29 hospital kitchens. The \$4.6 million program involved hospital kitchen renovations and kitchen equipment upgrades including increases in freezer and cool-room space, updates to plating lines and the introduction of cold plating and reheating systems.

Linen Services sought ways to reduce its carbon footprint. A new water filtration system is saving 205 million litres of water each year. Linen Services also reduced energy consumption while still delivering a high standard of cleanliness, by changing the chemicals used and reducing water temperature from 80 to 40 degrees.

Patient Transport Service launched a centralised system for coordinating non-emergency patient fixed-wing transport in NSW. This improves access for patients, while making more efficient use of limited fixed-wing resources.

- EnableNSW assisted 70 hospital loan pools to replace old stock and fill gaps for much needed discharge equipment at a value of over \$3 million.
- Commenced centralised coordination of non-emergency fixed-wing transport throughout NSW.
- A new ICT application for the Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS) was implemented in April 2018, resulting in an increase in the total number of claims processed, and processing times improving by 21 per cent.

## NSW HEALTH PATHOLOGY

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**During 2017-18, EnableNSW assisted 70 hospital loan pools to replace old stock and fill gaps for much needed discharge equipment at a value of over \$3 million**

### Key achievements 2017-18

- My Food Choice was rolled out to 4310 beds in 28 sites across NSW Health.
- HealthShare NSW had a 21 per cent increase in customer satisfaction scores (from 5.3 in 2016 to 6.4 in 2018), and a 13 per cent increase in customer engagement scores (from 5.5 in 2016 to 6.2 in 2018) as measured by a bi-annual customer survey.
- EnableNSW assisted 3,508 people to transition to the National Disability Insurance Scheme in 2017-18.
- Non-emergency transports undertaken by NSW Ambulance were reduced by 46.5 per cent between May 2017 and May 2018.
- HealthShare NSW increased the percentage of Aboriginal employees in management roles (Health Manager Level 3 and higher) during 2017-18 – moving from 0.4 per cent to 0.8 per cent of HSNSW's overall employees.
- HealthShare NSW (HSNSW) increased the percentage of women in management roles (Health Manager Level 3 and higher) during 2017-18 – moving from 2.8 per cent to 3.2 per cent of HSNSW's overall employees.
- HealthShare NSW increased the percentage of people with a disability in management roles (Health Manager Level 3 and higher) during 2017-18 – moving from 2.7 per cent to 6 per cent of HSNSW's overall employees.

### Chief Executive: Tracey McCosker PSM

Tracey McCosker PSM has worked in public health for more than 20 years. She has held several Hunter New England Local Health District executive positions, led a range of statewide projects for NSW Health, and was awarded an Australian Public Service Medal for outstanding public service to community health in NSW. Ms McCosker holds Bachelor of Commerce and MBA degrees, and is a member of the Australian Institute of Company Directors. She is committed to leading organisations that make a positive difference in people's lives, and serves on the board of Life Without Barriers.

### Year in review

NSW Health Pathology is the largest public pathology provider in Australia. Its purpose is to create better health and justice systems.

Recognising the value and quality of our services, NSW Health endorsed us as the preferred provider and commissioner of public pathology services to the NSW health system.

In 2017-18 we performed more than 61 million tests, operated 63 accredited pathology laboratories and managed more than 200 collection services in NSW public hospitals and community health facilities.

Our Forensic and Analytical Science Service provided world-class independent, objective analysis to the state's criminal and coronial justice systems. It also performed environmental health testing for NSW public health units and services to Transport for NSW and others.

The change to a new statewide structure built stronger relationships with our customers and the communities that rely on us for trusted expert services. New local pathology teams are developing stronger clinical relationships to ensure our statewide service continues to match local needs.

Our 4000 staff include pathologists – medically trained clinicians who work in public hospitals and modern laboratories – supported by scientists, technicians, support staff and others. Together they help clinical teams make the best possible treatment decisions for patients and provide expert advice and analysis to our justice partners. We are inspiring the next generation of pathologists, scientists and technicians with placements for high school, TAFE and university students.

We worked with the Sydney Children's Hospital at Westmead to launch the NSW Perinatal Postmortem Service. It offers non-coronial perinatal postmortems, testing and support to parents who have lost babies, helping them understand any reasons for the loss and make informed decisions about future pregnancies.

We now operate the new \$12 million NSW Health Statewide Biobank, the first and largest facility of its kind in Australia. It will give researchers a better understanding of the health of NSW people and help improve the way disease is detected, diagnosed and treated.

2018 marks the end of our first five-year strategic plan, which has guided us since our creation in 2012. We improved the value we offer to all who rely on our high-quality service and re-invested in our services, workplaces and the broader health system.

Our next strategic plan will take us to 2025 and will respond to customer, stakeholder and staff insights to help shape extraordinary public pathology and forensic services for the future.



**Reduced expiry of red blood cells for transfusions saved 16.32% in costs**

### Key achievements 2017-18

- Endorsed by NSW Health as the preferred provider of public pathology services to the NSW health system.
- Established a new NSW Perinatal Postmortem Service to help families affected by the death of their baby shortly after or before birth. It offers non-coronial perinatal post-mortems, testing and support to help parents understand any reasons for their loss and make informed decisions about future pregnancies.
- The \$91.5 million NSW Forensic Medicine and Coroner's Court Complex at Lidcombe neared completion. It will operate from early 2019.
- The \$12 million NSW Health Statewide Biobank opened. This will give researchers access to over three million human samples. It was developed in partnership with the Office for Health and Medical Research, Sydney Local Health District and Health Infrastructure.
- Time to diagnosis or exclusion of influenza was reduced from four days to less than four hours at 24 of our public hospital laboratories, using rapid testing. Patients at high risk received faster, more effective treatment.

- We were the first Australian forensic medicine service to work with the Australian New Zealand Counter Terrorism Committee, to test our emergency disaster victim identification plan.
- Our Randwick lab was accredited to perform routine clinical exome sequencing for neurocognitive and other rare genetic disorders. In association with a national partner, it can provide rapid acute care exomes in just five days.
- Began building a \$1.2m cloud-based service for genomic data analysis, storage and sharing. It will help us make genomics part of mainstream healthcare.
- More than 160 ICT projects are delivering new capabilities, including a mobile app that gives clinicians secure access to patient pathology results. Artificial intelligence is helping us automate cancer pathology reports for the Cancer Institute NSW.
- Our pathology Clinical Governance Framework was the first of its kind published in Australia. It reinforces our commitment to safe, reliable, timely, quality results in our pathology and forensic services.

## eHEALTH NSW

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### Chief Executive: Dr Zoran Bolevich

Dr Zoran Bolevich is Chief Executive of eHealth NSW and Chief Information Officer of NSW Health.

Dr Bolevich has a background in medicine and business administration. He has worked in a number of senior health system management, health IT and data analytics leadership roles in Australia and New Zealand.

Leading a team of more than 1250 staff, Dr Bolevich is focusing on implementing the eHealth Strategy for NSW Health, streamlining governance of eHealth NSW's key programs and activities, and developing a highly-effective, customer-focused Health IT organisation.

He is passionate about improving the health system through meaningful and effective use of digital technologies, data analytics, research and innovation in partnership with patients, clinicians, health organisations, government and industry partners.

## Year in review

eHealth NSW made strong progress in building, shaping and extending the landscape for a world-class, patient-centred and digitally enabled health care system in NSW.

This involved implementing not only cutting-edge clinical systems, such as Electronic Medical Record (eMR) and Electronic Medication Management (eMeds) systems, but also effective business and workforce management systems, such as Enterprise Resource Planning and rostering, as well as secure, high-performing Information Communication Technology (ICT) infrastructure, networks and data centres.

In line with the eHealth Strategy for NSW Health 2016-2026, eHealth NSW is transforming the inpatient environment by working with local health districts to implement eMR systems, now in use at 20,000 hospital beds in 159 hospitals across the state, to support safer care for more than 1.8 million patient admissions annually. Every day more than 40,000 clinicians open 824,000 patient charts, order 317,000 tests and book 31,000 appointments digitally. More than 15 projects to further improve the eMR's functionality moved forward in 2017-18.

The eMR's Electronic Medication Management functionality was live at 38 NSW public hospitals by the end of 2017-18, with plans to roll-out to a further 140 facilities. More than 14 million medications were administered during the year using electronically recorded details, reducing the risk of medication errors. Advanced planning for Rural eMeds implementation has taken place, with 89 hospitals now scheduled for roll-out during 2018-19.

Deployment of the Electronic Record for Intensive Care (eRIC) program gained momentum in 2017-18, delivering improved safety for critically ill patients and supporting clinicians in the use of evidence-based clinical practice. eRIC is live in 230 beds in 11 hospitals across NSW with almost 7000 patients treated in those beds.

Detailed planning to implement a large enterprise imaging IT solution progressed, with a vendor selected for a new Picture Archive and Communication System and Radiology Information System (PACS-RIS) that will interface with the eMR and the various patient administration systems now in use.

A statewide wireless core capability was introduced at several NSW Health organisations, as part of a long-term plan to enable mobility and allow for secure Wi-Fi roaming across the state. This enables thousands of patients and their guests to benefit from free Wi-Fi at facilities including Royal North Shore Hospital, Griffith Base Hospital, Wagga Wagga Rural Referral Hospital and South East Regional Hospital in Bega.

In 2017-18 we also completed a multi-year program of migration of all significant statewide computer assets from NSW Health's three historical data centres to the new, advanced Government Data Centre. More than 6000 physical and virtual servers were migrated as a result of this program.

eHealth NSW's business and workforce management systems are playing their part in enhancing patient care, directly supporting the 140,000 staff members who provide 24/7 care for those in need across hundreds of NSW Health facilities.

In 2017-18, eHealth NSW expanded the functionality of StaffLink, the statewide platform for standardised financial, procurement and supply chain management. Implementation of the new statewide rostering system, HealthRoster, was also progressed. The number of NSW Health staff being rostered using the HealthRoster system increased to 84 per cent with remaining staff expected to join the rostering system by October 2018.

eHealth NSW continues to vigilantly monitor, review and strengthen NSW Health's information systems defences and has implemented measures to ensure NSW Health's cybersecurity 24/7 readiness is maintained. In 2017-18, International Standards Organisation's (ISO) security accreditation was successfully obtained for a range of eHealth NSW managed systems and infrastructure.



**Every day more than 40,000 clinicians open 824,000 patient charts, order 317,000 tests and book 31,000 appointments digitally**

### Key achievements 2017-18

- By the end of 2017-18, the Electronic Medical Record (eMR) was live at 159 hospitals covering 20,000 hospital beds across NSW Health, supporting safer and smarter care for over 1.5 million patient admissions annually.
- The Electronic Medication Management (eMeds) module in the eMR is supporting safer care by reducing the risk of medication errors. By June 2018, eMeds was live at 38 NSW public hospitals and providing access to over 750,000 patients annually. eMeds has been rolled out to 10 more hospitals than initially planned.
- Continued the rollout of the Electronic Record for Intensive Care (eRIC), providing an integrated statewide clinical information system improving patient safety and supporting better clinical decision-making for critically ill patients. By end 2017-18, eRIC had been deployed to 230 beds in 11 hospitals across five local health districts.
- In March 2018, a new glucose management tool went live in the eMR for the first time. Developed in partnership with the Agency for Clinical Innovation and Sydney Local Health District, it is expected to contribute to improved diabetes care through safer prescribing and administration of insulin.
- In March 2018, HealtheNet went live with sharing NSW Diagnostic Imaging Reports with the My Health Record. By June 2018, five local health districts were sending a copy of a patient's diagnostic imaging report to their My Health Record, if the patient had one.

- The successful integration of HealtheNet with iPharmacy in November 2017 is improving access to patient medication history by enabling NSW Health hospitals to share records of medications dispensed on discharge with HealtheNet and My Health Record. This initiative is supporting the handover of care and improving patient outcomes.
- NSW Health clinicians are benefiting from faster and more reliable access to electronic medical records (eMRs) following the migration of eHealth NSW hosted, Cerner eMR production domains to the government data centres. The new domains now sit in the top 20 per cent fastest performing Cerner domains globally.
- Rolled out a new Recruitment and Onboarding (ROB) system to all NSW Health organisations. Since the first go-live of ROB in June 2017, there have been: 14,000 jobs posted, 1.7 million job advertisement views, over 115,000 applications uploaded, and 11,500 candidates have been hired and onboarded using the new system.
- Expanded the corporate analytics reporting suite to include 40 reporting tools and dashboards that span finance, human resources, payroll, procurement and logistics and food and patient services.
- eHealth NSW and The Sydney Children's Hospitals Network partnered with the Australian Digital Health Agency to establish and lead the National Children's Digital Health Collaborative. This transformative partnership has resulted in the states and territories joining forces in a ground-breaking three-year exploration of how digital health technology can help make Australia the best place in the world to raise healthy children. It will ensure that all Australian children, irrespective of location, socioeconomic status or cultural background, have the same opportunity to be healthy, safe and thriving.

# LOCAL HEALTH DISTRICTS

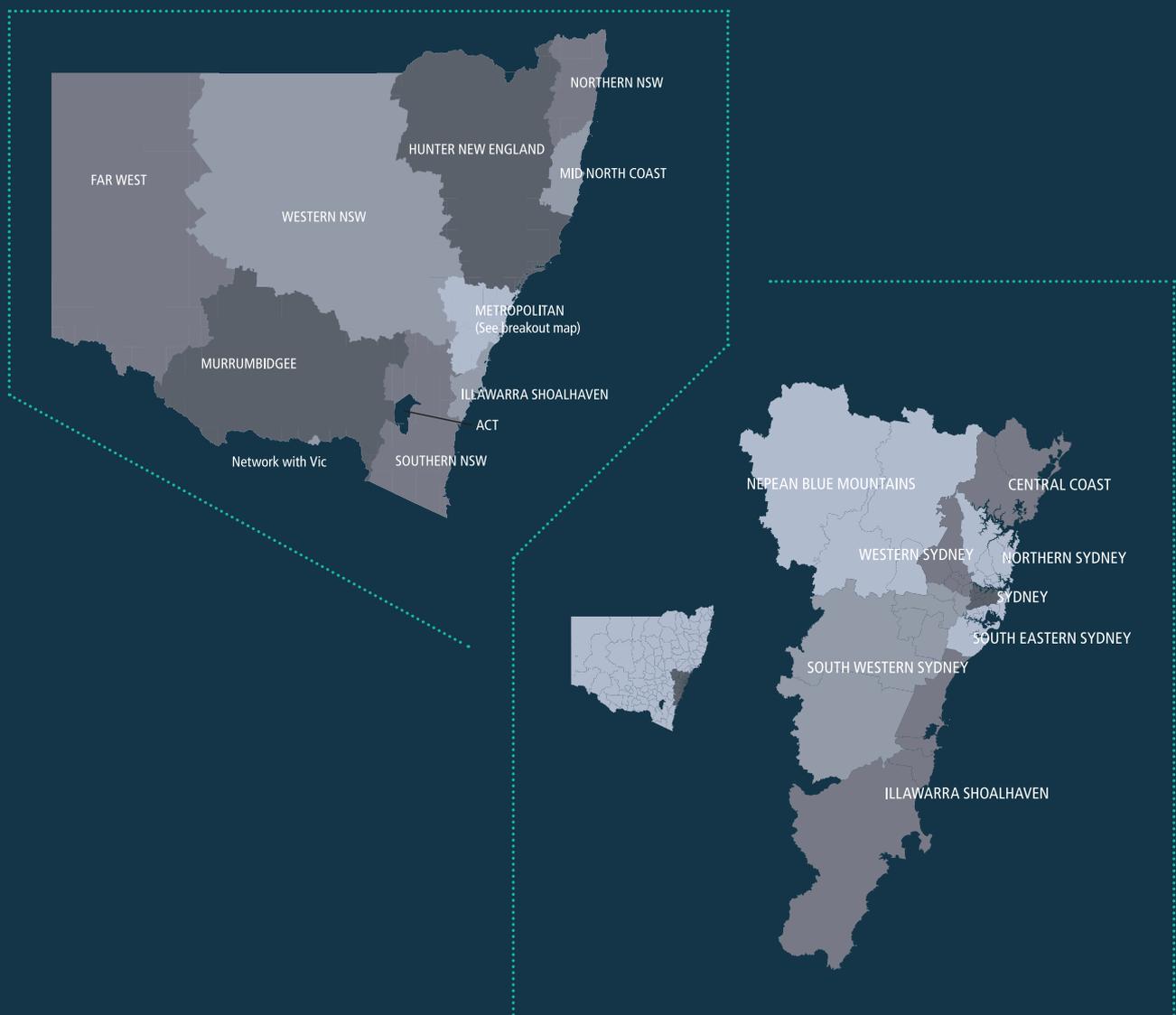
Eight local health districts cover the Sydney metropolitan region, and seven cover rural and regional NSW.

## METROPOLITAN NSW LOCAL HEALTH DISTRICTS

- Central Coast
- Illawarra Shoalhaven
- Nepean Blue Mountains
- Northern Sydney
- South Eastern Sydney
- South Western Sydney
- Sydney
- Western Sydney

## RURAL AND REGIONAL NSW LOCAL HEALTH DISTRICTS

- Far West
- Hunter New England
- Mid North Coast
- Murrumbidgee
- Northern NSW
- Southern NSW
- Western NSW



## CENTRAL COAST LOCAL HEALTH DISTRICT

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### Chief Executive: Dr Andrew Montague

Dr Andrew Montague has been Chief Executive of Central Coast Local Health District since August 2016. He has extensive clinical and senior management experience within the health sector both in Queensland and New South Wales.

Dr Montague studied medicine at the University of New South Wales (UNSW) and has a Masters in Health Administration from UNSW. He is a fellow of both the Royal Australian College of General Practitioners and the Royal Australasian College of Medical Administrators.

Dr Montague's previous role was as Executive Director Operations for Northern Sydney Local Health District, where he also acted as the Chief Executive for an extended period.

He worked as a clinician for 10 years, both in hospital and as a general practitioner, and since 2005 has held the roles of Director Medical Services, Mercy Health and Aged Care Central Queensland; Deputy Director Medical Services, Royal North Shore Hospital; and Director Medical Services Northern Beaches Health Service.

### Year in review

Central Coast Local Health District continues to grow and transform so as to provide world-class health care to the growing Central Coast community now and into the future.

Gosford Hospital's new 11-storey tower, part of the \$348 million redevelopment, officially opened on 23 June 2018. The new tower delivers new and expanded patient facilities and cutting-edge technology.

The building includes a new nuclear medicine service with the latest technology to diagnose a wide range of conditions.

Work has now commenced on refurbishing the existing hospital. This will include a new main entry forecourt with a direct link to the new \$35.5 million multi-storey car park currently under construction.

Planning continues for the \$72.5 million Central Coast Medical School and Research Institute to be operated in partnership with the University of Newcastle. We aim for construction to begin in 2019.

Work also commenced on the \$200 million redevelopment of Wyong Hospital. Construction started on part of the redevelopment, a new car park, in January 2018. The redevelopment will deliver first-class services, including a new emergency department, intensive care unit and expanded surgical services.

The District's first osteoporosis re-fracture prevention clinics commenced in May 2018 to help prevent patients aged over 50 with a fracture from having further re-fractures. The clinics include education and support to address bone health, along with improved access to early investigations and appropriate treatment.

The District continues to prioritise work that improves the health of the community, showing strong leadership in implementing measures that support preventive health. All sugary drinks were removed from District retail outlets (including vending machines) in late 2017, and we are working to ensure healthier food and drink options are available to staff and visitors.

We worked with parkrun Australia to establish a new parkrun in San Remo, an area of disadvantage, with strong participation from the local community.

The Healthy Children's Initiative and health professional referrals to the Get Healthy Service, including Get Healthy in Pregnancy, exceeded their key performance indicators. The 'Thirsty? Choose Water' Translational Research Grant commenced, to encourage students to swap sugary drinks for water.

District staff also promoted preventive health messages at the annual NAIDOC Community Day, with 346 attendees having health checks. Of these, 62 were referred to the Get Healthy Service and 78 were vaccinated against influenza.

Finally, our staff led by example, with 67 per cent vaccinated against influenza as part of the annual Exercise Respect program to protect patients and staff from the spread of the virus.

Our staff, volunteers, and community and consumer advocates have our thanks for making these achievements possible.



**110,000 people were reached with the 'Sick or hurt? Where to go for help' social media campaign**

### Key achievements 2017-18

- Work progressed on the \$348 million redevelopment of Gosford Hospital. The new 11-storey tower opened, and work began on refurbishing the existing hospital.
- Work started on the new \$35.5 million car park, which will provide 800 more car parking spaces at Gosford Hospital.
- Work progressed on the \$200 million Wyong Hospital redevelopment, with construction commencing on the new car park.
- Rolled out the electronic Medication Management (eMeds) system, providing a complete digital picture of a patient's medications as they are prescribed, reviewed, dispensed and administered.
- Launched our Culture Plan 'Caring for the Coast', which brings together the common values and behaviours expected of staff to deliver exceptional patient care.
- Launched the 'Diabetes Care on the Coast' to improve the health and wellbeing of the Central Coast community.
- Launched a social media campaign, 'Sick or hurt? Where to go for help', to advise the community when to use emergency departments and what alternatives are available. The online video reached an audience of 110,000 people.
- Commenced the patient and family activated response program (REACH) at Gosford and Wyong Hospitals in October 2017. This enables patients and families to activate a medical review if they are concerned.
- Achieved improved hand hygiene results of 83.1 per cent by June 2018 through a District-wide hand hygiene improvement plan.
- Established the Substance Use in Pregnancy and Parenting service. It provides support and treatment to women who are using or have used alcohol and other drugs during pregnancy.

### Demographic summary

Central Coast Local Health District is located north of metropolitan Sydney and provides healthcare services across a geographic area of approximately 1,680 square kilometres.

The Darkinjung people are the traditional custodians of the area covered by the District.

About 327,736\* residents live within the District. People of Aboriginal and Torres Strait Islander heritage make up 12,485 (3.8 per cent) of the population, compared with 208,476 for all NSW. The majority (60 per cent) of the Aboriginal and Torres Strait Islander population reside in the Wyong area.

About 21 per cent of the population were born overseas, and 8.3 per cent reported speaking a language other than English at home. About 0.8 per cent of the District population reported poor proficiency in English.

At present, comparatively large numbers of people 70 years and older live on the Central Coast (14.8 per cent of the population), compared with NSW (10.9 per cent). The Central Coast population aged 70 years and older represents about six per cent of the NSW population aged 70 years and older.

Over the next decade, the District's population is expected to increase by around 14 per cent, adding more than 40,000 people to reach around 374,000 people. The older population is projected to grow by about 38 per cent and will represent about 17.6 per cent of the population.

The main issues facing the District are health and social concerns related to ageing, chronic health conditions, and keeping pace with growing service requirements. These are particularly relevant in the Wyong area, because of a combination of rapid population growth, lower levels of socio-economic status, and higher levels of risk behaviours such as smoking, alcohol consumption, poor diet and obesity. Central Coast residents have higher rates of premature death from all causes, in particular cancers and respiratory disease, in comparison to the NSW rates.

Source: \*2016 Census

### Local government areas

Central Coast

### Public hospitals

Gosford, Wyong, Woy Woy (sub-acute facility), Long Jetty Health Care Centre (sub-acute facility)

### Community health centres

Erina, Kincumber, Lake Haven, Long Jetty, Mangrove Mountain, Woy Woy, Wyong, Wyong Central

### Child and family health services

Aboriginal Maternal and Infant Health Services, Building Strong Foundations, Family Care Cottage Gosford Gateway Centre and Wyong Kanwal Health Service, Child and Family Health Gateway Centre, Statewide Eyesight Preschooler Screening, Statewide Infant Screening – Hearing, Sustaining NSW Families Wyong Central, Universal Health Home Visiting, Pregnancy and Early Parenting Education – Maternity Services, Developmental Team – Child Health Assessment, Family Assessment Consultation Education Therapy Service, Early Childhood Nursing Service, Well Baby Clinic, immunisation clinics, allied health clinics – occupational therapy, speech pathology, physiotherapy, social work. Child and family health services are also provided at community health centres and Kariong Neighbourhood Centre.

### Oral health clinics

Gosford Hospital, Woy Woy Hospital, Wyong Hospital

## Other services

Aboriginal health, ambulatory care, BreastScreen NSW, chronic and complex care, community nursing, drug and alcohol, HIV and related programs, Hospital in the Home/Acute Post-Acute Care, Integrated Care Program, mental health, multicultural health, palliative care, sexual assault care, sexual health, violence prevention service, women's health, youth health

## FAR WEST LOCAL HEALTH DISTRICT

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## Chief Executive: Steve Rodwell

Steve Rodwell was appointed Chief Executive for Far West Local Health District in September 2017. Previously, he was the Executive Director Nursing, Midwifery and Workforce with the Mid North Coast Local Health District for six years. Mr Rodwell began as a student nurse at Royal Prince Alfred Hospital in 1980, moving to Kempsey District Hospital in 1986 and to the Coffs Harbour Base Hospital in 1989. He brings to the role a great depth of nursing and management experience, having been Nursing Unit Manager, Assistant Manager Clinical Services, Care Centre Manager and Director of Nursing and Manager of Inpatient Services at Coffs Harbour Health Campus.

## Year in review

In its seventh year, the Far West Local Health District continues to consolidate on previous years' developments, making significant progress on initiatives.

Highlights during the year include:

- The new Broken Hill Community Health Centre opened for business. This is part of the NSW Government's \$30 million redevelopment of Broken Hill Hospital and Dental Facility Reconfiguration, and features a five-chair dental health facility, child, family and community health services, and new administrative centre.
- The School Based Traineeship program continued to grow. An increase in applications led the District to double the positions available for 2019, with increased Indigenous participation.
- Progressed work with St George Hospital in developing the Broken Hill Hospital Intensive Care Unit (ICU) into a Level 4 ICU. A formal partnership with a Level 6 ICU, such as St George Hospital, is required to progress to a Level 4 ICU.
- The Indigenous employment rate increased, and the District developed an Aboriginal Workforce Strategy.
- Achieved consistently high performance in Emergency Department and Elective Surgery targets.
- Placed Primary Health Care Registered Nurses in primary and secondary schools in Broken Hill to provide universal health screening.
- Established the Direct Access Colonoscopy Clinic to fast track people for colonoscopy and reduce gastroenterologist waiting times.
- Achieved 70 per cent participation in the People Matter Employee Survey, the second-highest local health district participation rate in the state.

In 2017-18, the Far West Local Health District continued to perform strongly against a range of indicators.

The District retained a NSW Health performance rating of zero (no performance issues), and was on budget for the 2017-18 financial year.

We continued to develop a positive workplace culture and improve the workplace through the 'Yamirri Nharatji' program. This led to better staff engagement and interactions with patients and their families.

The District Travel Booking Centre expanded its client base, adding the Clinical Excellence Commission and the Cancer Institute NSW. This is further recognition of the high-quality service the Centre provides to organisations across NSW.

The coming year will be busy for the Far West Local Health District, with continuing capital refurbishments moving from planning to construction at Broken Hill Hospital. The HealthOne program will gain a newly-built facility at Buronga and a major refurbishment of the Tibooburra Health Service. Further capital works are planned for the Mental Health Unit at the Broken Hill Health Service, staff accommodation improvements for Wilcannia and Ivanhoe Health Services, replacement of the dental van at Dareton and refurbishment of the medical imaging equipment for BreastScreen NSW.

Our staff, volunteers, and community and consumer advocates have our thanks for making these achievements possible.



**Emergency Treatment Performance (ETP) targets were achieved with a YTD result of 90.3%, significantly above the state target of 81%**

### Key achievements 2017-18

- Completed \$30 million purpose-built Broken Hill Community Health Centre (which opened 2 July 2018) housing dental, community health and District administration. Stage 2 reconfiguration of Hospital cancer care and waiting areas will be complete by end 2018.
- Reduced patient transfers with the Broken Hill Level 4 Intensive Care Unit (ICU) re-alignment. MOU between Broken Hill Health Service and St George Hospital ICU Level 6 enabled sharing of Intensivists from March 2018.
- Established Direct Access Colonoscopy Clinic (DACC), an innovative nurse-led clinic that fast-tracks people with a positive faecal occult blood test (FOBT) through to colonoscopy, avoiding the waiting time to see a gastroenterologist and have a colonoscopy.
- Established Connections, an after-hours service run by peer support workers, which helps people with depression, anxiety and mental illness connect with others and the community. It is run in partnership with Mental Health and Drug & Alcohol Directorate, Mission Australia and Grow (non-profit organisation).
- Primary Health Care Registered Nurse Schools Based Service (PHRNSB) placed five registered nurses across 10 primary and secondary schools in Broken Hill, providing universal health screening (childhood obesity), health promotion, chronic and complex care case support to children and adolescents aged from five to 18.
- Broken Hill Health Service achieved Emergency Treatment Performance (ETP) targets with a YTD result of 90.3 per cent (state target 81 per cent), and elective surgery targets for Category 1 and 2 targets, with only one Category 3 patient waiting as at 30 June 2018.
- Expanded Transition to Professional Practice (TPP) New Graduate Registered Nurse and Registered Midwife Program to 21 participants in 2018. Graduate Registered Nurses exposed to rural and remote health setting through four-month rotations over the 12 months.
- Embedded strategies to address childhood overweight and obesity in primary schools and the early childhood services, including Go4Fun, Get Healthy in Pregnancy, Make Healthy Normal and Get Healthy, Munch and Move, and Live Life Well @ School.
- As at 30 June, eight trainees were in their final year and 10 were in their first year of the School Based Traineeship (SBT), which combines paid work, training and school. Students receive industry-recognised national qualification and credit towards High School Certificate (HSC). SBT intake will increase to 20 in 2019-20, with 15 positions targeted to Indigenous students.

- Upgraded staff accommodation in White Cliffs (one two-bedroom unit at \$160,000); Wentworth (one two-bedroom unit at \$159,000) and Wilcannia (one two-bedroom studio at \$137,000), to assist with staff retention in remote sites. Broken Hill Health Service replaced 18-year-old vinyl floor coverings for \$1.1million, improving cleaning and infection control.

### Demographic summary

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 healthcare services across a geographic area of approximately 194,949 square kilometres.

The Barkandji/Paakantji, Wilyakali, Nyampa and Muthi Muthi peoples are the traditional custodians of the land covered by the District.

The Estimated Residential Population (ERP) of the District was about 30,740 in 2016. People of Aboriginal heritage make up 3799 or 12.4 per cent (2016 ERP) of the population, compared to 208,476\* for all NSW. The District's representation of culturally and linguistically diverse communities is very small, with 91.1 per cent of residents coming from an English-speaking background.

Demand for health services has been changing in line with the ageing population's 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.

By 2036, the District's population is expected to decrease by 9.6 per cent. However, a planned land release in the Wentworth Local Government Area may increase the population over the next 25 years, doubling the existing population in that local government area. Additionally, mining activity and alternative electricity generation technologies are increasing in Broken Hill and in some outlying communities.

The proportion of the population aged 65 years and over is projected to increase from 18 per cent in 2016 to 29 per cent by 2036. With older people 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 rate of admissions for circulatory disease in Far West was slightly higher than that of NSW. Incidence of both high blood pressure and high cholesterol were approximately 60 per cent higher among Far West residents than NSW residents as a whole. Hospitalisation rates for COPD (chronic obstructive pulmonary disease) and diabetes-related conditions were respectively two and three times the NSW rate, while those for intentional self-harm in 2016-17 were the second highest of all the local health districts. However, of all the districts, the Far West reported the lowest rates of psychological distress.

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 2011

## Local government areas

Broken Hill, Central Darling, Wentworth, Balranald, and the Unincorporated Far West

## Public hospitals

Broken Hill Health Service, Wilcannia Health Service, Balranald Health Service, Wentworth Health Service

## Community health centres

Dareton Primary Health Care Service, Ivanhoe Health Service (HealthOne), Menindee Health Service, Tibooburra Health Service, White Cliffs Health Service

## Child and family health services

Broken Hill Child and Family Centre

## Oral health clinics

Broken Hill Dental Clinic (Morgan St), Balranald Dental Clinic, Dareton Dental Clinic/Mobile Van

## Chief Executive: Michael DiRienzo

Mr Michael DiRienzo, Chief Executive, Hunter New England Local Health District, holds tertiary qualifications in commerce and economics. He held senior positions in a range of manufacturing organisations prior to entering the health field. Mr DiRienzo has extensive experience in senior management roles within health support services, and was senior operational leader of the District's major referral hospitals before becoming Chief Executive in January 2011.

## Year in review

It was another year of achievement for Hunter New England Local Health District and our commitment to providing excellent care for every patient, every time remained at the centre of everything we did.

Ours is one of the largest local health districts in NSW, and our challenge is to ensure we deliver consistent, quality healthcare regardless of where people live.

We are investing heavily in eHealth to continuously improve the quality of care for our patients, whether they are receiving care in our inpatient facilities or using outpatient services to stay well while living independently in their community.

During 2017-18, we introduced MedChart, an electronic medication management system, in 18 of our hospitals to replace paper charts. The system is more efficient, but most importantly improves patient safety by recording prescribed medications, tracking doses, checking for errors such as medication duplication, and alerting staff to patient allergies.

We also finished rolling out electronic Record for Intensive Care (eRIC) to two major intensive care units (ICUs), at John Hunter and Maitland hospitals. The software system, created by ICU clinicians, has replaced all current paper-based documentation in ICUs. Every minute, the software integrates clinical data from bedside monitors, ventilators and other specialised equipment and provides complex minute-by-minute patient monitoring and analysis necessary to safely manage our critically-ill patients.

We continued our investment in telehealth, to ensure people living in our most remote communities have access to high-quality care. Telehealth removes the need for patients to travel long distances for face-to-face consultations. This is significant in Hunter New England Local Health District, where patients travel more than 20 million kilometres a year to attend booked appointments with our services.

In a NSW first, Hunter New England Local Health District and Justice Health signed a memorandum of understanding that enables some prison inmates to receive care from their clinician via telehealth, rather than travelling from their correctional facility to hospital for assessment or follow-up care. This is an excellent example of how technology can streamline patient care and make best use of finite health resources, including our most precious commodity – time.

Our staff, volunteers, and community and consumer advocates have our thanks for making these achievements possible.





**Hunter New England LHD and Justice Health signed an MOU that enables some prison inmates to receive care via telehealth**

### *Key achievements 2017-18*

- Expanded the survey base of Flutracker, the largest online community-based, real-time influenza surveillance system in the world. Developed and run by Hunter New England LHD clinicians, Flutracker surveys 40,000 people across Australia and New Zealand every week to track the spread of influenza.
- Introduced an innovative webcam system to John Hunter Children's Hospital's Neonatal Intensive Care Unit (NICU), known as NICView, to allow families of newborns being cared for in the NICU to view their baby at any time by logging into a secure web-based service from any location.
- In a NSW first, the District and Justice Health signed a memorandum of understanding that enables some prison inmates to receive care from their clinician via telehealth, rather than travelling from their correctional facility to hospital for assessment or follow-up care.
- Completed a \$25 million upgrade of the Neonatal Intensive Care Unit (NICU) at John Hunter Children's Hospital.
- Successfully introduced the electronic medication management system MedChart to 18 inpatient facilities.
- Developed and implemented a statewide program to support parents of primary school students with packing healthy lunchboxes. The program, aimed at preventing childhood obesity, includes text messages to parents every week for 10 weeks, online support materials and education materials for teachers.
- Completed a District-wide rollout of safety engineered sharps devices, to replace all intramuscular and subcutaneous injections (not including specialty needles) to reduce needle-stick injuries. Data (as at 30 July 2018) show an overall reduction of 20 per cent in all needle stick injuries since the rollout began in April 2018.
- In a NSW first, developed the Aboriginal Health Practitioner Clinical Framework to support 80 Aboriginal Health Workers to provide an extended scope of care to Aboriginal people.
- Completed construction of a new four-storey building extension at Armidale Hospital, with a new emergency department, operating theatres, sterilising department and medical inpatient unit. Existing parts of the hospital will be refurbished during 2018 to provide a new critical care unit and day surgery unit.
- Installed an on-site MRI machine at Tamworth Hospital, at a total cost of \$2.5 million, to enable inpatients to receive imaging on-site.

## **Demographic summary**

Hunter New England Local Health District is located north of Sydney and spans an area from Morisset in the south to Tenterfield in the north, and west to Boggabilla and Mungindi on the Queensland border. The District provides healthcare services across a geographic area of 131,785 square kilometres (16 per cent of the area of NSW). The catchment includes many small rural and remote communities, as well as populous regional centres. The largest centre is Newcastle, NSW's second largest city, located 150 kilometres north of Sydney. The District spans almost 700 kilometres from north to south and approximately 500 kilometres from east to west.

The Kamilaroi, Gomilaroi, Geawegal, Bahtabah, Thungutti, Awabakal, Aniawan, Biripi, Worimi, Nganyaywana, Wonnarua, Banbai, Ngoorabul, Bundjalung, Yallaroi and Darkinung nations are the traditional custodians of the land covered by the District.

About 920,370<sup>1</sup> residents live within the District. Approximately 52,990<sup>1</sup> people of Aboriginal and Torres Strait Islander heritage make up 5.9 per cent of the population, compared with 208,476<sup>2</sup> for all NSW. Around 169,800 residents were born overseas, some 20 per cent of the District's population. More than 68,000 (about 7.8 per cent) of residents in the District speak a language other than English. There have been recent arrivals of Arabic speakers from Syria and several hundred refugees from Afghanistan.

All parts of the District are experiencing an ageing of the population, with a notable increase in people aged 85 years and over. At the same time, some communities are seeing a growth in families and young people, particularly in the Hunter Valley, Newcastle, Port Stephens and Armidale areas. There is also a general movement of the population away from inland areas to the coast. However, while some communities, such as Moree, may be seeing an overall decrease in population, the Aboriginal population is growing.

By 2026, the District's population is expected to grow by eight per cent to 992,610 residents. The main health issues facing the District are circulatory disease, cancer, gastrointestinal disease and kidney disease.

Source: 1. ABS 2016 estimates Healthstats, NSW Ministry of Health. 2. Australian Bureau of Statistics 2011.

## **Local government areas**

Armidale Dumaresq, Cessnock, Dungog, Glen Innes Severn, Gloucester, Great Lakes, Greater Taree, Gunnedah, Guyra, Gwydir, Inverell, Lake Macquarie, Liverpool Plains, Maitland, Moree Plains, Muswellbrook, Narrabri, Newcastle, Port Stephens, Singleton, Tamworth Regional, Tenterfield, Upper Hunter, Uralla, Walcha

## **Public hospitals**

Community hospitals: Bulahdelah, Dungog, Wilson Memorial (Murrurundi), Quirindi, Tenterfield Hospital, Tomaree (Nelson Bay), Wee Waa, Wingham

Rural referral hospitals: Armidale, Maitland, Manning (Taree), Tamworth

Tertiary referral hospitals: John Hunter (includes Royal Newcastle Centre), John Hunter Children's Hospital, Calvary Mater Newcastle

District hospitals: Belmont, Cessnock, Glen Innes, Gloucester Soldiers Memorial, Gunnedah, Inverell, Kurri Kurri, Moree, Muswellbrook, Narrabri, Scott Memorial (Scone), Singleton

Multi-purpose services: Manilla, Barraba, Bingara, Boggabri, Denman, Emmaville, Guyra, Merriwa, Tingha, Walcha, Warialda, Werris Creek

### Public nursing homes

Hillcrest Nursing Home (Gloucester), Kimbarra Lodge Hostel (Gloucester), Wallsend Aged Care Facility

### Community health centres

Armidale, Ashford, Barraba, Beresfield, Bingara, Boggabilla, Boggabri, Bulahdelah, Bundarra, Cessnock, Denman, Dungog, East Maitland, Emmaville, Forster, Glen Innes, Gloucester, Gunnedah, Guyra, Gwabegar, Harrington, Hawks Nest/Tea Gardens, Inverell, Kurri Kurri, Manilla, Merriwa, Moree, Mungindi, Murrurundi, Muswellbrook, Narrabri, Nelson Bay, Newcastle, Nundle, Pilliga, Premer, Quirindi, Raymond Terrace, Scone, Singleton, Tamworth, Taree, Tenterfield, Tingha, Toomelah, Toronto (Westlakes), Uralla, Walcha, Walhallow, Wallsend (Western Newcastle), Warialda, Wee Waa, Werris Creek, Windale (Eastlakes)

### Child and family health services

Armidale, Anna Bay, Barraba, Belmont, Beresfield, Bingara, Boggabilla, Boggabri, Bundarra, Charlestown, Cessnock, Denman, East Maitland, Edgeworth, Glen Innes, Greta, Gunnedah, Guyra, Hamilton, Inverell, Kotara, Kurri Kurri, Mallabula, Manilla, Maryland, Medowie, Merriwa Morisset, Moree, Mungindi, Murrurundi, Muswellbrook, Narrabri, Newcastle, Old Bar, Quirindi, Raymond Terrace, Rutherford, Scone, Singleton, Stockton, Stroud, Tamworth, Tenterfield, Tomaree, Toronto, Wallsend, Walcha, Waratah, Warialda, Wee Waa, Windale, Wingham

### Oral health clinics

Armidale, Barraba, Beresfield, Cessnock, Forster, Glen Innes, Gunnedah, Inverell, Maitland, Moree, Muswellbrook, Narrabri, Nelson Bay, Newcastle, Raymond Terrace, Scone, Singleton, Stockton, Tamworth, Taree, Toronto, Tenterfield, Wallsend, Windale, Walcha

### Third schedule facilities

Calvary Mater Newcastle

### Other services

Mental health facilities: Mater Mental Health Services (Waratah), James Fletcher (sub-acute), Morisset Hospital. Inpatient mental health services: Maitland, Tamworth, Manning, Armidale and John Hunter hospitals

Lakeview Detoxification Service at Belmont Hospital

Clinical networks: aged care and rehabilitation; children young people and families; cancer; women's health and maternity; mental health and drug and alcohol; critical care and emergency services; and chronic disease

## ILLAWARRA SHOALHAVEN LOCAL HEALTH DISTRICT

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Business hours: 8.30am-5pm, Monday to Friday



### Chief Executive: Margot Mains

Margot Mains began her career as a nurse and held senior leadership roles in the health system in New Zealand and South Australia, before taking up the position of Chief Executive with the Illawarra Shoalhaven Local Health District in 2014. She has extensive health executive leadership and management experience at hospital and district level, and is a member of the Illawarra Health and Medical Research Institute Board. Ms Mains has a strong focus on research and has led the District through a significant period of change, including leadership reform. She also holds a Bachelor of Laws (University of Otago).

### Year in review

Over the past 12 months our Local Health District undertook significant work to prepare for the future, starting with the launch of a new strategic plan: Strategic Directions for Illawarra Shoalhaven Local Health District 2017-2020. It establishes a clear focus on the ways we deliver health care services and plan for future demand. It outlines the priorities and enablers to help us achieve our vision of 'Excellent services, quality partnerships and healthy communities.'

As a district, we are committed to taking action to help close the health and life expectancy gap between Aboriginal and non-Aboriginal Australians. We were proud to join leaders from local Aboriginal Community Controlled Health Services, the Primary Health Network, and the University of Wollongong in signing an Aboriginal Health Partnership Agreement. This partnership strengthens existing local relationships, to promote collaboration and encourage positive changes to improve the health of Aboriginal people.

The District was the first in NSW to launch the extension of the Clinical Excellence Commission's REACH Program. REACH is a rapid response program that focuses on recognition and appropriate care of deteriorating patients by encouraging families to work with clinicians and 'raise their hands' if they need help.

The District also continued to plan for growth and enhancement of clinical infrastructure. The first sod was turned on construction of Bulli's Aged Care Centre of Excellence – a \$50.4 million purpose-built facility that incorporates a public hospital co-located with a residential aged care facility. In October, the NSW Government announced a \$251 million redevelopment of Shellharbour Hospital would proceed using the traditional approach; to be designed, built, operated and fully-funded by the NSW Government. We are now in the final stages of planning the main functions and support services to be delivered at Shellharbour.

Important planning work started for Shoalhaven Hospital, including preparing a Master Plan for the future. Preparatory works also began for building a \$9.8 million car park, delivering 220 more parking spaces to meet current and future demand.

Our Oral Health Service celebrated the opening of a \$3.4 million purpose-built dental clinic at Nowra. The new facility includes enhanced diagnostic tools, such as panoramic x-ray facilities and equipment that assists with treatment of bariatric (larger) patients and those with wheelchairs.

Our staff, volunteers, and community and consumer advocates have our thanks for making these achievements possible.

Overall, 2017-18 has been a busy period for the District. We have continued to strive for improvement and quality enhancement in delivering care and services to our local community. I look forward to building on this in the year ahead.



**A \$3.4 million purpose-built dental clinic was opened at Nowra**

### Key achievements 2017-18

- Launched a new strategic plan, Strategic Directions for Illawarra Shoalhaven Local Health District 2017-2020, at the Annual Public Meeting on 13 November 2017. The plan sets out a clear direction for the District, focusing on the ways we deliver health care services and plan for future demand.
- The first sod was turned on the \$50.4 million Bulli Aged Care Centre of Excellence in October 2017, to mark the beginning of construction. The centre will incorporate a purpose-built public hospital co-located with a residential aged care facility.
- Signed an Aboriginal Health Partnership Agreement between the District, leaders from local Aboriginal Community Controlled Health Services, the Primary Health Network, and the University of Wollongong in September 2017. The agreement is a commitment to work together to bring about positive changes to close the health and life expectancy gap between Aboriginal and non-Aboriginal Australians.
- The first sod was turned on the Shoalhaven Hospital Carpark expansion, which will provide a new five split-level carpark with over 220 new spaces.
- Officially opened the new Nowra Dental Clinic in November 2017. The \$3.4 million purpose-built facility includes eight dental surgeries (double those in the original clinic), enhanced diagnostic tools and new accessibility equipment to treat bariatric (larger) patients and wheelchair users.
- Co-commissioned care coordination services with the Primary Health Network (COORDINARE), effectively doubling the current service funding to help people with chronic and complex conditions better navigate the health system.
- First in the state to launch the extension of the Clinical Excellence Commission's REACH Program in August 2017. REACH is a rapid response program that focuses on recognising and caring appropriately for deteriorating patients by encouraging patients and families to work with clinicians and 'raise their hands' to signal if they need help.
- The Oral Health Service was the first to implement the height and weight measurement of all children two to seven years old, under the Premier's Priority on reducing childhood obesity.
- Implemented the Emergency Access View dashboard across the District, giving real time data on Emergency Treatment Performance.
- The Centre for Health Research Illawarra Shoalhaven Population (CHRISP) has delivered its first data linked project. CHRISP is a new joint research partnership between Illawarra Shoalhaven Local Health District and the Australian Health Services Research Institute (University of Wollongong), which provides an information platform to connect data for health and medical research in the Illawarra.
- Introduced an important new improvement initiative, the Fit for Frailty Project, in May 2018. This project aims to improve the health outcomes and experience of care for our frail and elderly patients, during their entire journey through our facilities.
- Awarded initial accreditation by the Australian Medical Council to offer Workplace Based Assessment (WBA) for international medical school graduates.
- The District's Oral Health Service was the first in the state to implement the new statewide patient administration system, Titanium, which enables a fully-electronic medical record and greater visibility of the oral health waiting list.

- In November 2017, the District became one of the first in the state to go live with the new Human Capital Management System including the Recruitment and Onboarding (ROB) tool. ROB aims to deliver a much simpler, more engaging recruitment and onboarding process, with user-friendly tools and improved workforce reporting.

## Demographic summary

The Illawarra Shoalhaven Local Health District covers four local government areas (LGAs) – Wollongong, Kiama, Shellharbour and Shoalhaven. The District provides healthcare services across a geographic region of approximately 5687 square kilometres, which extends along the coastline from Helensburgh to North Durras.

Traditional custodians of the land covered by the District are the Tharawal and Yuin Nations (the area of the Nations far exceeds the District's boundaries) and the people of the traditional language groups within these Nations including the Wadi, Tharawal, Wandandian, Walbanga and Yuin peoples.

About 393,204 residents live within the District. People of Aboriginal and Torres Strait Islander heritage make up 13,858 of the population, compared to 216,176 for all NSW<sup>1</sup>. Culturally and linguistically diverse communities are also well represented in the Illawarra Shoalhaven, with approximately 12 per cent speaking a language other than English at home<sup>1</sup>.

The District's population is, on average, more disadvantaged than the NSW population, based on the composite Socio Economic Index (SEIFA) for LGAs, with the exception of Kiama. The District also has a higher proportion of people aged 75 years and older (8.3 per cent) when compared with the NSW average (6.7 per cent).

The main health issues in the District are cancer, cardiovascular disease, injury, mental illness, respiratory disease, chronic kidney disease, obesity, musculoskeletal disease, dementia, type 2 diabetes and chronic conditions. Aboriginal and Torres Strait Islander people experience higher prevalence and earlier incidence of most chronic diseases including cardiovascular disease, diabetes and kidney disease. People living in socio-economically disadvantaged areas of the District, in particular, the Shoalhaven LGA, overall have a poorer health status<sup>2</sup>.

By 2031, the District's population is expected to grow to over 450,000 people, placing increased demand on existing services. It is also projected that 25 per cent of residents will be over 65 years.

Source: 1. Australian Bureau of Statistics 2016 Census. 2. PHIDU 2017.

## Local government areas

Kiama, Shellharbour, Shoalhaven, Wollongong

## Public hospitals

Coledale, Bulli, Wollongong, Port Kembla, Shellharbour, David Berry, Shoalhaven District Memorial Hospital, Milton-Ulladulla

## Community health centres

Bulli, Cringila, Culburra, Dapto, Kiama Integrated Primary and Community Health Centre, Illawarra Diabetes Service, Helensburgh, Jervis Bay, Nowra, St Georges Basin, Sussex Inlet, Ulladulla, Warilla, Wollongong, Wreck Bay

## Child and family health services

Early childhood centres: Albion Park, Berkeley, Corrimal, Culburra, Dapto, Fairy Meadow, Figtree, Flinders, Gerringong, Helensburgh, Kiama, Nowra, Oak Flats, Shoalhaven Heads, St Georges Basin, Sussex Inlet, Thirroul, Ulladulla, Warrawong (Anglican Church, outreach), Wollongong, Woonona

Child and family services: Child and Family Service Port Kembla (Allied Health Services), Child and Family Service Kids Cottage (Warilla), Child Protection Counselling Service, Out of Home Care, Illawarra Shoalhaven Diagnostic and Assessment Service, Northern Family Care Centre (Woonona), Shoalhaven Family Care Centre, Southern Family Care Centre (Berkeley), Illawarra Prior to School Immunisation

Aboriginal maternal and infant health: Illawarra Aboriginal Maternal Infant Child Health Service, Jervis Bay Early Childhood Centre, Binji & Boori Aboriginal Maternal Infant Child Health Service Shoalhaven, Wreck Bay Community Health Centre

## Oral health clinics

Kiama Integrated Primary and Community Health Centre Dental Clinic, Nowra Community Dental Clinic, Port Kembla Dental Clinic, Shellharbour Hospital Dental Clinic, Ulladulla Community Dental Clinic, Warilla Dental Clinic, Wollongong Dental Clinic (all including child dental clinic)

## Other services

Integrated chronic disease management: Aboriginal Chronic Care Unit, Access and Referral Centre, Carer's Program, Connecting Care Chronic Disease Program, Illawarra Shoalhaven Diabetes Service, HealthPathways Illawarra Shoalhaven, Regional Assessment Service, Transport for Health Service, Healthy People

Health improvement: health promotion; multicultural health; refugee health – Health Care Interpreter Service, Mental Health Homelessness Project, targeted clinical services; sexual health; women's health; youth health; Violence Abuse and Neglect (VAN) Service; New Street Service; Youth Health and Homelessness Strategy; HIV/AIDS and related programs (South Eastern Sydney Local Health District hosted service)

Ambulatory care: Asthma Education service, continence service, palliative care, primary health nursing, speciality wound service, stomal therapy service

Other: BreastScreen, cancer services, drug and alcohol program, medical imaging, mental health service, pathology, research/research support, rehabilitation, aged and extended care, renal services

## MID NORTH COAST LOCAL HEALTH DISTRICT

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### Chief Executive: Stewart Dowrick

Stewart Dowrick began his career in health care administration at the (then) Children's Hospital at Camperdown in 1989. He moved to the Central Coast Area Health Service in 1993 and the Mid North Coast Area Health Service in 1999. Since 2000, he has held numerous executive positions and was appointed Chief Executive at the beginning of 2011. Mr Dowrick has a particular interest in health service partnership. He holds tertiary qualifications from the University of NSW, University of Newcastle and the Australian Institute of Company Directors.

### Year in review

The Mid North Coast Local Health District continued to oversee the largest-ever capital investment in health services on the Mid North Coast. Works are now progressing for the expansion of the Port Macquarie Base Hospital Mental Health Unit and early works have commenced on the new Macksville District Hospital and the Coffs Harbour Health Campus Redevelopment.

The District's leadership in preventing domestic and family violence in the region was recognised at the NSW State Quality and Innovation Awards, with our White Ribbon Workplace Accreditation Program receiving one of the major awards. This is an important recognition of the work of so many across the District.

The establishment of the new Bowraville Community Health Centre was an important milestone in the way we approach health care in vulnerable and small communities. Planning continues for the construction of a new HealthOne centre for the town.

In 2018 we celebrated the 10th anniversary of the Mid North Coast Cancer Institute. The centres at Port Macquarie and Coffs Harbour were the first rural centres to be established. They provide excellent cancer services close to home.

The continued recognition of our palliative care units in Wauchope and Bellingen as centres of excellence reflects the importance of the investments we have made in these centres and the need to consider new models working with partners within the region.

Our smallest hospital facility, Dorrigo, achieved something unique, becoming the first site in NSW to be accredited under the Eden Program, an aged care cultural change model designed to combat loneliness, helplessness and boredom in older people.

The region's first Childhood Obesity Summit was an important event for the District. It is the impetus for change across our region to increase the uptake of healthy lifestyle choices by children and their families.

Port Macquarie Base Hospital was the site for the largest rooftop solar panel system on a healthcare facility installed as part of a district-wide energy conservation program. These projects will deliver energy, gas and water savings to improve sustainability and deliver cost savings.

Our staff, volunteers, and community and consumer advocates have our thanks for making these achievements possible.

The District regularly recognises the excellent work done by more than 450 volunteers, who provide support to our hospitals and community health centres to improve the experience of our patients, clients and staff. The volunteers assist within our hospitals and emergency departments to support patients and their families and to coordinate fundraising efforts.



**Port Macquarie Base Hospital installed the largest rooftop solar panel system on an Australian healthcare facility**

### Key achievements 2017-18

- Coordinated an Expo for primary school children at Bowraville to encourage employment careers in health for Aboriginal children. This event brought together local schools and the four peak Indigenous health-affiliated organisations, Australian Indigenous Doctors' Association (AIDA), Congress of Aboriginal and Torres Strait Islander Nurses and Midwife Association (CATSINaM), Indigenous Allied Health Australia (IAHA) and National Aboriginal and Torres Strait Islander Health Workforce Association (NATSIHWA).

- Developed the Mid North Coast Childhood Obesity Prevention and Management Action Plan 2018-2023 which outlines a comprehensive approach for addressing childhood obesity on the Mid North Coast.
- Participated in the National Surgical Quality Improvement Program (NSQIP) which highlighted areas for improvement based on international benchmarking.
- Continued to oversee the largest-ever capital expansion of health facilities on the Mid North Coast.
- Port Macquarie Base Hospital was the site for the largest rooftop solar panel system on a healthcare facility installed as part of a District-wide energy conservation program. These projects will deliver energy, gas and water savings to improve sustainability and deliver cost savings.
- Adoption of Smoke-Free By-Laws to better protect staff, patients and visitors from the impact of passive smoking.
- Recognition at the NSW Health Awards for the White Ribbon Workplace Accreditation Program; supporting our staff and our communities to reduce domestic violence.
- Achieved District-wide accreditation for the second time, demonstrating compliance with the National Safety and Quality Health Service Standards.
- Supported Aboriginal employment in health through implementing the new Aboriginal Health Workers' Development Program, and coordinating the inaugural Aboriginal School Careers in Health Expo at Kempsey.
- Introduced a two-year Clinical Leadership Program for sustained quality improvement activities.

## Demographic summary

Mid North Coast Local Health District extends from the Port Macquarie Hastings Local Government Area (LGA) in the south to Coffs Harbour LGA in the north. It provides healthcare services across a geographic area of approximately 11,335 square kilometres.

The Gumbaynggirr, Dunghutti, Birpai, and Nganyaywana nations are the traditional custodians of the land covered by the District.

About 212,193 residents live within the District. People of Aboriginal and Torres Strait Islander heritage make up five per cent of the population, compared with 208,476\* (2.7 per cent) for all NSW. People born overseas make up about 13 per cent of the total population on the most recent figures available. Coffs Harbour is one of several designated resettlement locations for refugees, and has a growing number of humanitarian refugees settling in the area. The main refugee communities include: Afghani, Sudanese, Burmese, Congolese, Togolese, Sierra Leone, Ethiopian, Eritrean and Somali. Smaller numbers of Asian migrants also reside in Laurieton, Wauchope and Port Macquarie.

In 2017-18, the child and youth population (0-24 years) made up approximately 29 per cent of the population, while those over 65 years are approximately 28 per cent.

Over the next decade, the District's population is expected to increase by 13 per cent. The largest increases are being projected for the Coffs Harbour and Port Macquarie Hastings LGAs. The main health issues facing the District are mental health illnesses and chronic age related illnesses such as cardiac, pulmonary and renal disease, diabetes and dementia. The Mid North Coast also has significant groups of disadvantaged people, including Aboriginal people, refugees, people on low incomes, and people living in small, isolated communities, all of whom are at risk of poorer health outcomes than the rest of the population. As well, there are some concerning trends in lifestyle behaviours and risk factors such as increasing overweight and obesity, low levels of physical activity, poor diet, and the number of people who continue to smoke.

Source: \*Australian Bureau of Statistics 2011.

## Local government areas

Coffs Harbour, Bellingen, Kempsey, Nambucca, Port Macquarie Hastings

## Public hospitals

Bellingen, Coffs Harbour, Dorrigo Multi-Purpose Service, Kempsey, Macksville, Port Macquarie, Wauchope

## Public nursing homes

Dorrigo Residential Aged Care

## Community health centres

Bellingen, Bowraville, Camden Haven, Coffs Harbour, Dorrigo, Kempsey, Macksville, Nambucca, Port Macquarie, South West Rocks, Wauchope, Woolgoolga

## Child and family health services

There are no tertiary level facilities in the District, so these services are sourced from other partners. John Hunter Children's Hospital is the tertiary facility for the District's children's services, with the exception of some services provided at Sydney and Westmead Children's hospitals.

## Oral health clinics

Coffs Harbour, Kempsey, Laurieton, Nambucca, Port Macquarie, Wauchope

## Other services

Aboriginal health, cancer services, drug and alcohol, mental health, public health, sexual health, violence, abuse, neglect and sexual assault

## MURRUMBIDGEE LOCAL HEALTH DISTRICT

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### Chief Executive: Jill Ludford

Jill Ludford began her career as a nurse and midwife, and has held senior roles within NSW Health since 1992. She is passionate about rural health, and has extensive experience in managing acute, primary and community health services, as well as in strategic and capital planning, operations, financial and performance management, resource allocation and governance. Ms Ludford holds qualifications in management, nursing, midwifery, child and family health, and women's health. She is an Adjunct Lecturer with Charles Sturt University.

### Year in review

Murrumbidgee Local Health District strives to provide health care of the highest standards that is accessible for all people across our rural location. All Board members participate in Quality Patient Care and Safety walk-arounds with clinicians at local hospitals, setting an example for championing quality and safety.

In 2017-18, we treated more than 68,000 people in hospitals and multipurpose services across the District. Another 740,000 services were provided in the community or through outpatient services.

Our health development activities focused on healthy ageing in our communities. They included falls prevention strategies, Stepping On programs and aqua exercise sessions. Focusing on reducing childhood obesity, the Big Vegie Crunch in March 2018 saw 48 local schools, and more than 6900 students participate in the statewide record attempt encouraging children to eat their five serves a day.

For the last three years, Wagga Wagga Base Hospital (WWBH) Junior Medical Officers have won the NSW State Junior Doctor of the Year award. The District also supports increasing numbers of new graduate nurses, with an innovative transition to practice program that runs in small and large hospitals across the region. A new rural allied health generalist pathway program has supported new graduates to work in allied health teams in our District hospitals.

We celebrated the work of our volunteers across facilities on Volunteer Appreciation Day, with local activities acknowledging their work and commitment. Volunteers are a vital connection between communities and our services, to identify local needs and support patient care and comfort. The District's Local Health Advisory Committees are actively engaged in community education activities and two community forums supported members to focus on local wellness activities.

Significant infrastructure works continued, with early works for the third and final stage of the WWBH redevelopment and master planning for Griffith Base Hospital redevelopment commencing. A refreshed Holbrook Health Service opened in August to better serve aged care residents. A new renal unit at Deniliquin opened in March, providing a service for renal patients and reducing travel time. There were sod-turning ceremonies for the start of new facilities for Barham and Tumberumba and work is progressing on a reconfigured Emergency Department at Finley and a new Multipurpose Service in Culcairn. Young Hospital opened a quiet room in the Emergency Department, providing a safe, welcoming space for patients who need privacy.

Our staff, volunteers, and community and consumer advocates have our thanks for making these achievements possible.



**99.9% of urgent elective surgery patients received treatment on time**

### Key achievements 2017-18

- In June, Young District Hospital opened a dedicated quiet space that provides a private and safe area for mental health and other patients in the Emergency Department.
- Wagga Wagga's Acute Stroke Unit, one of the highest-performing in NSW, celebrated its 10th anniversary in February. The five-bed unit in WWBH provides acute stroke care for patients across the District, and is a critical part of education and training for medical, nursing and allied health staff in the region. The 2017 Stroke Foundation audit of 44 NSW hospital services ranked WWBH the best in the state for access to care, early rehabilitation and patient education.
- The \$961,000 nine-chair dialysis unit at Deniliquin Health Service was officially opened in March. This satellite service more than doubles the capacity of the previous four-chair unit and means an extra five patients can receive vital treatment each week without having to travel. In partnership with the Royal

Melbourne Hospital, the first specialist renal outpatient clinic was held in Deniliquin in September. This clinic provides specialist support to patients and general practitioners in the treatment of early kidney disease.

- The expanded Holbrook Health Service redevelopment officially opened in August.
- In joint partnership with Tresillian and Murrumbidgee Local Health District, a new Tresillian in Murrumbidgee Family Care Centre opened in Wagga Wagga in August. Tresillian offers specialist child and family health advice from experienced health professionals, who work with parents to increase their confidence and resolve their concerns on a range of early parenting issues. Families now have improved access to more intensive, specialist services closer to home, reducing the need to travel to city centres.
- A partnership between the District and Snowy Hydro saw the appointment of a Wellbeing and Health In-reach Nurse Coordinator for the Tumut region. Snowy Hydro has committed \$520,000 over two years to support two new Nurse Coordinators, based in Tumut and Cooma. The Nurse Coordinators will improve student health and wellbeing by identifying health needs early and coordinating timely access to suitable, youth-friendly services.
- The District's Aged Care Service began a new outreach service in Lake Cargelligo on 15 November. The clinic provides assessment and management of older people and coordinates comprehensive geriatric assessments, medication reconciliation, symptom management for dementia and delirium, falls prevention/management and incontinence.
- Leeton Hospital launched the new midwifery-led model of maternity care in November. The new model allows low-risk babies to be born at the facility under the care of skilled midwives.
- The Little Possum Project collects stories from Aboriginal women who describe their pregnancy and family by painting it onto a possum skin. This also enables new mums to get together and yarn, sharing their stories weekly.
- For an unprecedented third year in a row, a doctor from WWBH won the NSW Junior Medical Officer (JMO) of the Year Award. Dr Thomas Melhuish was recognised at the NSW Health and Australian Medical Association's 2017 Doctor-In-Training Awards for his leadership, clinical excellence and passionate dedication to rural health on 2 November.

## Demographic summary

Murrumbidgee Local Health District is located in south central NSW and provides healthcare services across a geographic area of about 123,233 square kilometres.

The Wiradjuri, Yorta Yorta, Baraba Baraba, Wemba Wemba and Nari Nari people are the traditional custodians of the land covered by the District.

About 242,840<sup>1</sup> residents live within the District (excluding Albury Local Government Area, where health services are managed by Victoria). People of Aboriginal background make up 4.8 per cent of the District's population (11,461 Aboriginal people) a higher proportion than the 2.9 per cent for all NSW. People in

the District were mostly born in Australia (82.2 per cent) or were from English speaking overseas countries (3.2 per cent). Only 5.3 per cent of the population was born in a predominantly non-English speaking country and 6.1 per cent said they speak a language other than English at home, compared with 21 per cent and 25.5 per cent respectively in NSW as a whole. Just over one per cent of the population had difficulty speaking English compared with 4.5 per cent in NSW<sup>2</sup>.

The health of Aboriginal and Torres Strait Islander Australians is improving on a number of measures, including significant declines in infant and child mortality, and decreases in avoidable mortality related to cardiovascular and kidney diseases. Despite these improvements, significant disparities persist between Indigenous and non-Indigenous Australians. Indigenous Australians continue to have lower life expectancy, higher rates of chronic and preventable illnesses, poorer self-reported health, and a higher likelihood of being hospitalised than non-Indigenous Australians<sup>3</sup>.

The main health issues facing the District are ongoing conditions such as chronic cardiac failure, diabetes and chronic obstructive pulmonary disease as well as prostate, breast and other cancers, in line with the high prevalence of health risk factors such as tobacco smoking, overweight/obesity and risky alcohol consumption in the adult population.

Source: 1. ABS ERP, June 2016. 2. ABS Census 2016. 3. AIHW 2015a, 2015b.

## Local government areas

Berrigan, Bland, Carrathool, Coolamon, Edward River, Federation, Greater Hume, Griffith, Gundagai, Hay, Hilltops, Junee, Lachlan (part), Leeton, Lockhart, Murray River, Murrumbidgee, Narrandera, Snowy Valleys, Temora, Wagga Wagga, and Young. Some services are provided to the Albury area.

## Public hospitals

Hospitals: Cootamundra, Corowa, Deniliquin, Finley, Griffith Base, Hay, Holbrook, Leeton, Murrumburrah-Harden, Narrandera, Temora, Tumut, Wagga Wagga Rural Referral Hospital, West Wyalong, Young

Multipurpose services: Adelong-Batlow, Barham, Berrigan, Boorowa, Coolamon, Culcairn, Gundagai, Henty, Hillston, Jerilderie, Junee, Lake Cargelligo, Lockhart, Tocumwal, Tumbarumba, Urana

## Public nursing homes

Carramar (Leeton), Norm Carroll Wing (Corowa), Harry Jarvis Wing (Holbrook), Murrumburrah-Harden

## Community health centres

Adelong, Ardlethan, Barellan, Barmedman, Coleambally, Darlington Point, Mathoura, Moama, Moulamein, Tooleybuc, Ungarie, Weethalle

## Child and family health services

Barham, Boorowa, Coleambally, Cootamundra, Corowa, Culcairn, Darlington Point, Deniliquin, Finley, Griffith, Harden-Murrumburrah, Hay, Henty, Hillston, Holbrook, Jerilderie, Junee, Lake Cargelligo, Leeton, Lockhart, Moama, Moulamein, Narrandera, Temora,

The Rock, Tooleybuc, Tumbarumba, Tumut, Urana, Wagga Wagga, West Wyalong and Young. A home visit and outreach service is also provided.

### Oral health clinics

Albury, Berrigan, Cootamundra, Deniliquin, Griffith, Hay, Hillston, Junee, Leeton, Temora, Tumbarumba, Tumut, Wagga Wagga, West Wyalong, Young

### Third schedule facilities

Mercy Health Service, Albury and Mercy Care Centre, Young

### Other services

Aboriginal health, aged care, allied health, BreastScreen NSW Murrumbidgee and Southern NSW Local Health Districts, cancer services, health promotion, integrated care, mental health and drug and alcohol, patient flow, patient transport, public health, Regional Assessment Service, renal, South West Brain Injury Rehabilitation Service, sub-acute, telehealth, violence prevention and response, women's health

## NEPEAN BLUE MOUNTAINS LOCAL HEALTH DISTRICT

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Website: [www.nbmlhd.health.nsw.gov.au](http://www.nbmlhd.health.nsw.gov.au)

Business hours: 8:30am-5pm, Monday to Friday



### Chief Executive: Kay Hyman

Kay Hyman has led the Nepean Blue Mountains Local Health District as Chief Executive for over seven years and has more than 20 years of health management experience in New Zealand. She has extensive experience and skills in strategic leadership, change management and service development.

Ms Hyman works in partnership with the community, clinicians and the District Board towards her vision of providing extraordinary patient experience and a high performing culture.

### Year in review

A sustained focus on innovation, research and improving health outcomes for our diverse community resulted in significant achievements for the Nepean Blue Mountains Local Health District.

The commitment of at least \$1 billion to the Nepean Redevelopment for a new hospital, community-based health facilities and a multi-storey car park will enable us to deliver and enhance services to help us better meet the needs of our community. These major infrastructure works will also shape the way we deliver healthcare, providing the opportunity to more fully integrate hospital and primary care services through purpose-built facilities and new models of care.

Our dedication to providing timely access to safe and quality care has resulted in major upgrading works to the emergency departments at Blue Mountains District Anzac Memorial Hospital and Nepean Hospital. These have expanded the clinical space, improved safety and allowed staff to assess and triage patients more quickly.

Nepean Blue Mountains Local Health District is proud to have been recognised at the NSW Health Awards for world-class research programs and staff-led innovations. Our world-first High-risk Influenza Screen Test is helping doctors identify individuals who are at risk of rapid deterioration or require urgent medical care. Patient's Voice, our patient-led handover project, has reduced clinical incidents and increased patient involvement in their own healthcare.

This year we strengthened relationships with our community and affiliated organisations, with the launch of 'The Quarter' Penrith Health and Education Precinct Collaboration. This formalised collaborations between our region's major healthcare providers, education institutions and government bodies, including Penrith City Council, the Nepean Blue Mountains Primary Health Network and Western Sydney University. These established partnerships will deliver integrated care and enhanced services throughout the region to improve the health of our community.

Our staff are our greatest asset, and this year has seen focused efforts to continue supporting and strengthening our workforce. We achieved accreditation as a White Ribbon Workplace, and also implemented an Aboriginal Workforce Strategic Framework to support the growth of our skilled and valued Aboriginal workforce.



**Over 300 telehealth consultations were used to treat tuberculosis**

## Key achievements 2017-18

- Won the Healthcare Measurement award at the Australian Council of Healthcare Standards Quality Improvement Awards 2017 for the Breathe Better at Blue Mountains project, which reduced the length of stay in hospital for patients with chronic obstructive pulmonary disease.
- Launched 'The Quarter' Penrith Health and Education Precinct Collaboration, which formalises collaborations between the region's major healthcare providers, education institutions and Penrith City Council.
- Commenced work on the \$576 million Nepean Redevelopment Stage 1, which will provide more services, beds and staff to serve the growing Nepean population. At least \$450 million was also announced for Stage 2 of the development, boosting the total budget to over \$1 billion.
- Won the Health Research and Innovation Award for developing a world-first High-risk influenza Screen Test (HIST) at the 2017 NSW Health Awards.
- Won the Patients as Partners Award for The Patient's Voice, a patient-led handover project, at the 2017 NSW Health Awards.
- Launched the 'Everybody Live Well' website, which provides quality-assured and up-to-date tips and information about living a healthy lifestyle.
- Achieved accreditation as a White Ribbon Workplace, in recognition of the organisation's commitment to stopping violence against women.
- Implemented an Aboriginal Workforce Strategic Framework committed to developing and supporting Aboriginal employees and growing a skilled and valued Aboriginal workforce.
- Upgraded emergency departments at Blue Mountains District Anzac Memorial Hospital and Nepean Hospital to expand clinical space and improve safety.
- Implemented a Resident Medical Officer program at Lithgow Hospital to give junior doctors valuable experience in a rural setting during a 10-week rural rotation.

## Demographic summary

Nepean Blue Mountains Local Health District is located in Sydney's greater west and consists of both urban and semi-rural areas. The District provides healthcare services across a geographic area of approximately 9,179 square kilometres.

The Darug, Gundungarra and Wiradjuri people are the traditional custodians of the land covered by the District.

About 371,061 residents live within the District. People of Aboriginal and Torres Strait Islander heritage make up 11,900 (approximately 3.1 per cent) of the population. Culturally and linguistically diverse communities represent around 23 per cent of the population, compared with 31 per cent of the NSW population. The most frequently reported countries of birth were the United Kingdom, New Zealand, Germany, Netherlands, Philippines, India, Malta and the United States of America.

Around 5000 births to residents are recorded each year, and life expectancy at birth ranges from 76.7 to 78.9 years for males and 81.8 to 83.3 years for females. Within the District, more than 60 per cent of residents aged 16 or over are overweight or obese and almost a quarter of local children are estimated to be overweight or obese. In addition to this there are high rates of smoking and diabetes within the population.

The population of the District is projected to rise by 24 per cent from 2016 to 2036\*, leading to an increased demand for services.

The main health issues facing the District are an increasing and ageing population, foreshadowing new and different challenges in healthcare planning, service delivery and access to specialised care, and the rates of overweight and obesity across the lifespan.

Around 77 per cent of District staff, totalling more than 5000, live in the area.

Source: \*Department of Planning and Environment - NSW and Local Government Area Population Projections: 2016.

## Local government areas covered

Penrith, Blue Mountains, Lithgow, Hawkesbury

## Public hospitals

Nepean, Blue Mountains District ANZAC Memorial, Springwood, Lithgow, Hawkesbury (for public patients, operated under contract with Hawkesbury District Health Service and St John of God Health Care)

## Public nursing homes

Portland Tabulam Health Centre

## Community health centres

Cranebrook, Katoomba, Lawson, Lemongrove, Lithgow, Penrith, Springwood, St Clair, St Marys

## Child and family health services

Cranebrook, Katoomba, Lawson, Lemongrove, Lithgow, Penrith, Springwood, St Clair, St Marys

## Oral health clinics

Nepean Oral Health Centre, Springwood Community Health Centre, Lithgow Community Health Centre, Blue Mountains District Anzac Memorial Hospital, Hawkesbury District Health Service

## Third schedule facilities

Tresillian Centre Nepean

## Other services

Nepean Cancer Care Centre, palliative care and support services, drug and alcohol services, mental health services, Centre for Population Health, primary care and community health, public health unit, sexual health

## NORTHERN NSW LOCAL HEALTH DISTRICT

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### Chief Executive: Wayne Jones

Wayne Jones started in health more than 30 years ago, undertaking his generalist nursing training in Western Sydney. In the following 10 years, he gained multiple post-graduate nursing and management qualifications, in areas including Intensive Care, Cardiology and Bachelor of Health Management. Mr Jones progressed into a variety of nursing and general management roles and came to Northern NSW in 2000 as Executive Officer of Lismore Base Hospital. Prior to his appointment as Chief Executive in May 2016, he held a number of roles in the Northern NSW Local Health District, including Manager of Planning, Director of Clinical Streams and Chief of Staff.

### Year in review

The past financial year was an extremely busy one, with a marked increase in hospital activity across the District and a number of key infrastructure projects commencing or being completed.

The 2017-18 financial year saw a 4.1 per cent increase in emergency presentations from the previous year. July to September 2017 was the busiest quarter on record, with 8.6 per cent (or 3858) more presentations than the same quarter in 2016.

By the end of the 2017-18 financial year, the District narrowly missed the Emergency Treatment Performance target of 81 per cent, with 79.2 per cent of patients presenting to emergency departments managed within four hours.

Elective surgery admissions for the year were ahead of target by 3.9 per cent, and the District met the Elective Surgery Access Performance targets for Categories 1 and 2. The District was slightly below target for Category 3 with 96 per cent against a target of 97 per cent.

In August 2017, the Board and Executive identified the six strategic priorities for the District for 2017-2022. The strategic plan outlines the organisation's vision, purpose and objectives.

One of the key priorities for the District is to value, develop and empower our people, and this includes focusing on embedding a positive workplace culture. We recently employed a Culture and Wellbeing Manager to help in this work, and a district-wide committee was established to guide actions and engagement.

Infrastructure continued to be a key focus in 2017-18. The Lilli Pilli Older Persons' Mental Health Unit was completed in October 2017 at a cost of \$1.2 million. The unit is a 16-bed specialised mental health unit for people aged 65 and over, and Aboriginal and Torres Strait Islander people aged 50 and older.

A \$450,000 expansion of Jali Health Post in Cabbage Tree Island was completed in early 2018, incorporating Bullinah Aboriginal Health Service.

Construction commenced on a satellite renal unit at Murwillumbah District Hospital, to provide a networked dialysis service to Tweed Valley patients, and Stage 2 of \$7.35 million upgrades to Ballina District Hospital began.

In 2017-18 the Integrated Care program established an Aged Care Nurse Practitioner position based at Tweed Heads. This position, jointly funded by North Coast Primary Health Network and the District, is intended to develop a hospital avoidance service model. The Nurse Practitioner has a collaborative relationship with nine General Practices and has provided an assessment, treatment and management service model for over 220 patients living at home.

We also established a Specialised Osteoarthritis Screening Clinic (SOS) pre-assessment clinic for joint surgery, bringing together local GPs, orthopaedic surgeons and district clinicians. Within a 12-month period the clinic received 200 referrals, resulting in a significant number of patients deciding not to proceed with joint replacement surgery.

Our eHealth team completed the go-live for electronic Record for Intensive Care (eRIC) in three Intensive Care Units within the District during 2017-18. This application provides a full electronic record, with data streaming into eRIC from bedside monitors and ventilators.

Statewide reporting on patient experiences in hospital continued to reveal that patients rate our facilities highly. The positive feedback about our doctors and nurses showed that patients feel confident in the level of care they receive and involved in decisions about their treatment.

Our support and administrative staff should also be praised for their contribution to maintaining our outstanding facilities and efficient operations. Their commitment to high standards is reflected through patient feedback surveys as being among the best in the state.



## Quick reference protocols for emergency departments reduced critical errors by 54% during trials

### Key achievements 2017-18

- Senior managers completed the Essential Coach-Approach Program (ECAP), aimed at developing leaders' capacity to improve engagement, critical thinking, decision making and accountability among their teams. Outcomes were measured with a randomised controlled trial and include: improved ability to use the coach-approach in communication with staff; improved corrective feedback skills; resilience; job satisfaction; emotional intelligence scores and promotion into leadership positions.
- The Winter Strategy, a joint integrated care initiative between North Coast Primary Health Network (NCPHN) and the District, manages patients in a primary care setting to avoid hospital admissions. GP participation grew significantly this year, with 23 practices, incorporating 93 general practitioners and 808 patients. Patients with chronic and complex care needs were enrolled by their GP and received health assessment, flu vaccination, weekly phone follow-ups, timely GP appointments and improved access to Chronic Disease Program clinicians. The strategy is being formally evaluated by the George Institute, in association with NCPHN, Northern NSW Local Health District and the Agency for Clinical Innovation.
- Opened the Lilli Pilli Older Persons' Mental Health Unit in October 2017 at a cost of \$1.2 million. This 16-bed unit provides specialised mental health care for people aged 65 and over, and Aboriginal and Torres Strait Islander people aged 50 and older.
- Announced the site for the new Tweed Valley Hospital in June 2018. The NSW Government's \$582 million investment in the Tweed Valley will deliver a brand new, modern hospital on a greenfield site, as well as interim upgrades at The Tweed Hospital. Work commenced in April 2018 on interim improvement works to the existing Tweed Hospital to ensure it continues to meet increasing demand and deliver high-quality care during the transition to the new hospital.
- A project team led by Northern NSW Local Health District clinicians, in collaboration with researchers from the University Centre for Rural Health (Lismore) developed a set of quick reference emergency protocols for use in emergency departments. Controlled trials with 21 teams of doctors and nurses in emergency settings led to a 54 per cent reduction in critical errors. The reference manuals are now in use across the District's emergency departments, and are being rolled out throughout NSW by the Agency for Clinical Innovation. This project won the 2018 Northern NSW Local Health District Quality Award.
- Completed rolling out the My Food Choice patient meal ordering system across all sites. This supports patient care by bringing menu selections closer to meal time and helps clinical and nursing staff monitor in real time how much food patients are eating.

- Pilot of Orion GP shared care application has been live for several months and is being used by selected general practitioners to better coordinate care for complex patients.
- Continued to build on embedding a positive workplace culture, including creating a new role dedicated to staff wellbeing and culture. The Manager of Culture and Wellbeing examines strategies and works with staff on organisational wellbeing and culture. This role has led to a series of staff workshops building on positive existing culture and identifying opportunities for improvement. A focus on promoting engagement with the People Matter Employee Survey significantly improved participation rates in 2018.
- Created new Manual Handling positions to address increases in the number of manual handling worker's compensation claims being received. These positions educate and train staff in safe manual handling practices. Since their commencement, the number of worker's compensation claims and injuries occurring from manual handling has decreased. From January to March 2017 there were 17 claims, but in the same period in 2018 only eight claims were received, leading to a 19 per cent reduction in costs.
- A tobacco cessation program assessed Tweed mental health patients for tobacco use and provided nicotine replacement therapy. Up to 76 per cent of patients in the unit are smokers. The program educated patients and staff in managing tobacco withdrawals, and monitored carbon-monoxide levels in the breath, to increase patients' motivation to quit smoking. The program led to 100 per cent of Kurrajong Acute Adult Mental Health Unit patients receiving tobacco assessments and appropriate treatments.

### Demographic summary

Northern NSW Local Health District is located in north eastern NSW extending from Tweed Heads in the north to Tabulam and Urbenville in the west and Nymboida and Grafton in the south. It provides healthcare services across a geographic area of approximately 20,732 square kilometres.

The Bundjalung, Githabul, Gumbaynggirr, and Yaegl Nations are traditional custodians of the land covered by the District.

About 290,000 residents live within the Northern NSW Local Health District. People of Aboriginal and Torres Strait Islander heritage make up 4.5 per cent of the population, compared to 2.9 per cent<sup>1</sup> for all NSW. The District generally has fewer culturally and linguistically diverse residents compared with NSW as a whole. Culturally and linguistically diverse residents mostly live in the Byron and Tweed Local Government Areas.<sup>2</sup>

In 2017-18, the proportion of residents aged 65 years or older, who make use of more acute health services due to chronic and complex conditions, dementia and fractures as a result of falls, continued to increase.

Four key demographic features will affect the health status of residents and the demand for healthcare services into the future. These include:

- Significant population growth – the District’s population is projected to grow by 8 per cent over the next decade<sup>3</sup>
- Large and growing aged population – the District’s population aged 65 years or older is projected to increase by 33 per cent to 86,370 people in 2026. The number of residents aged 85 years or older in this cohort is significant<sup>3</sup>
- Socio-economically disadvantaged areas – five out seven local government areas in the District are more disadvantaged than the NSW average<sup>2</sup>
- High proportion of Aboriginal residents.

Source: 1. Australian Bureau of Statistics 2011. 2. Australian Bureau of Statistics, 2016. 3. NSW Department of Environment and Planning, New South Wales State and Local Government Area Population Projections, 2016.

## Local government areas

Ballina, Byron, Clarence Valley, Kyogle, Lismore, Richmond Valley, Tweed, Tenterfield

## Public hospitals

Ballina District, Byron Central, Casino and District Memorial, Grafton Base, Lismore Base, Maclean District, Murwillumbah District, The Tweed Hospital, Kyogle Memorial Multi-Purpose Service (MPS), Nimbin MPS, Urbenville MPS, Bonalbo Health Service

## Community health centres

Alstonville, Ballina, Banora Point, Bonalbo, Byron Bay, Casino, Coraki-Campbell, Grafton, Iluka, Kingscliff, Kyogle, Lismore, Maclean, Murwillumbah, Nimbin, Pottsville HealthOne, Tweed Heads, Urbenville, Yamba

## Child and family health services

Ballina, Byron Bay, Casino, Goonellabah, Grafton, Maclean, Tweed Heads, Yamba

## Oral health clinics

Ballina, Casino, East Murwillumbah, Goonellabah, Grafton, Maclean, Mullumbimby, Nimbin, Pottsville, Tweed Heads

## Other services

Aboriginal health, BreastScreen, cancer services, aged care, rehabilitation, public health, mental health and drug and alcohol, sexual health, sexual assault, women’s health, radiology and interventional radiology

## NORTHERN SYDNEY LOCAL HEALTH DISTRICT

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## Chief Executive: Deb Willcox

Deb Willcox became Chief Executive of Northern Sydney Local Health District in November 2017. She started her career as a nurse. Since then her career has included roles in both government and non-government organisations. Her experience spans clinical, corporate services, government departments, the research environment, law and senior government advisor roles.

Ms Willcox has held a number of senior executive and leadership positions within NSW Health including Director of Operations, Sydney Local Health District, General Manager, Royal Prince Alfred Hospital, Director Customer Service and Corporate Governance, HealthShare NSW, and Director of Executive and Ministerial Services, NSW Health.

## Year in review

Much was achieved over the last 12 months to ensure our community has access to high-quality and safe healthcare.

We made great progress towards a transformational change in the way we approach clinical safety and quality. We shifted the focus to include learning from when we perform well in addition to when there are adverse outcomes.

Recognising the many achievements of our staff has been a focus to embed a positive workplace culture. This year saw the inaugural Exceptional People Awards, which reflect the CORE values and how we value our staff. The staff awards, drawn from nominations by employees, volunteers and our patients and consumers across the District, were a great success.

Our latest strategic plan was launched and takes us to 2022, when our local population will have grown to almost a million people. The plan sets out our vision for the future to ensure we are leaders in healthcare, partners in wellbeing and meet the needs of our growing and ageing community.

We also launched our second Aboriginal and Torres Strait Islander Health Plan.

Our hospital staff saw one of the busiest winter flu seasons on record in 2017, with an 11 per cent increase in presentations to our emergency departments. Despite this increase, our staff were able to maintain performance and ensure our patients received timely and high quality health care.

Hornsby Hospital continues its transformation with a \$320 million redevelopment (\$120 million in stage one; \$200 million in stage two) that will deliver a first-class hospital to our patients, staff and community. With the imminent opening of the new Northern Beaches Hospital, acute services will be transferred from Manly and Mona Vale hospitals to the new hospital at the end of October 2018. Mona Vale Hospital will transform, to include the first dedicated inpatient palliative care unit for the Northern Beaches and a specialist aged care unit. A new urgent care centre will open at Mona Vale Hospital for minor injuries and illnesses.

Two very prestigious researchers were appointed at the Kolling Institute. Professor Mark Molloy, a biochemist, joined as the Lawrence Penn Chair of Bowel Cancer Research and Professor Bill Walter as Chair of Orthopedic Surgery. These appointments contribute to a stellar research environment focused on improving the care of our patients.

Our staff, volunteers, and community and consumer advocates have our thanks for making these achievements possible.



**17,000 students were vaccinated against Meningococcal strains**

### Key achievements 2017-18

- Opened the \$50 million Brookvale Community Health Centre, completing the \$100 million investment in three new community health services for the Northern Beaches community.
- Northern Sydney HIV and Sexual Health Service participated in the two-year EPIC-NSW study to assess the impact of the rapid expansion in access to pre-exposure prophylaxis (PrEP). This involved monitoring more than 400 HIV negative people who are at high risk of acquiring HIV and are taking the drug to protect them from infection, to see whether it leads to a drop in HIV infections.
- Established the Allied Health Research Unit and Allied Health Research Committee.
- Hornsby Hospital is undergoing a transformation, with a \$200 million stage 2 redevelopment for new buildings for clinical services and \$19.8 million multi-storey car park.
- Centralising hyper acute stroke to Royal North Shore Hospital improved thrombolysis rates to 30 per cent and reduced door to needle (ED arrival to thrombolysis) time to 47 minutes, with more patients surviving, not needing inpatient rehab, and going home earlier.
- Launched the second Aboriginal and Torres Strait Islander Health Plan, which will build on the great work of the first plan to ensure holistic, culturally appropriate health care services are provided to our Indigenous people.
- Completed construction of the new Northern Beaches Hospital at Frenchs Forest. It is scheduled to open at the end of October 2018, when more than 800 staff will transfer from Mona Vale and Manly Hospitals.
- Commenced the roll-out of eMeds, starting with Ryde and Royal North Shore Hospitals. It provides electronic management of prescribing and dispensing that links with each patient's electronic medical records. The roll-out was supported by successful staff training and change management programs.
- Planning progressed for the transformation of Mona Vale Hospital. It will feature the first dedicated inpatient palliative care unit for the Northern Beaches, a specialist aged care unit and an urgent care centre.
- Launched the inaugural Exceptional People Awards, which reflect the values of collaboration, openness, respect and empowerment. The staff awards followed nominations by employees, volunteers, patients and consumers across the District and were a great success.

### Demographic summary

Northern Sydney Local Health District is located between Sydney Harbour and the Hawkesbury River and provides healthcare services across a geographic area of approximately 900 square kilometres.

The Guringai and Dharug peoples are the traditional custodians of the land covered by the District.

According to the 2016 Census, the population of Northern Sydney Local Health District was 883,119 people. Of these, 25.8 per cent (227,445) of residents were born in non-English speaking countries, with the same proportion speaking a language other than English at home. The Aboriginal and Torres Strait Islander population accounted for 0.4 per cent (3,425) of the population, an increase of 0.1 per cent from 2011.

It is estimated the District population has now reached more than 932,692\* residents. Between 2018 and 2028, the population is expected to grow by 11.2 per cent to over one million people, with high rates of growth in the number of people aged 70 and over.

The Northern Sydney Local Health District is characterised by low average disadvantage rates and high levels of private health insurance (about 81 per cent), but with higher disadvantage in some areas and relatively high rates of people living alone. Generally, health risk factor rates and the standardised mortality rates are lower than the state average. However, Northern Sydney has a higher mortality rate for stroke than the NSW average.

Source: \*2016 NSW State and Local Government Area Population Projections.

## Local government areas

Hornsby, Hunters Hill, Ku-ring-gai, Lane Cove, Mosman, North Sydney, Northern Beaches, Ryde, Willoughby

## Public hospitals

Royal North Shore, Ryde, Manly, Mona Vale, Hornsby Ku-ring-gai, Macquarie

## Community health centres

Allambie Heights Physical Abilities Unit, Berowra, Brooklyn, Brookvale Early Intervention Centre, Chatswood, Cremorne, Dalwood Children's Services, Dee Why Public School, Galston, Gladesville Hospital, Headspace Brookvale, Headspace Chatswood, Hillview, Hornsby Hospital, Manly Hospital, Sydney Rd Methadone Clinic, Mona Vale, Pennant Hills, Pittwater Road Clinic, Queenscliff, Richard Geeves Centre, Royal North Shore, Ryde Community Mental Health Centre, Top Ryde, Wahroonga Rehabilitation Centre, Wiseman's Ferry

## Child and family health services

Avalon, Balgowlah, Berowra, Chatswood, Cremorne, Crows Nest, Dee Why, Frenchs Forest, Galston, Gladesville, Harbord, Hornsby, Lane Cove, Lindfield, Marsfield, Mona Vale, Narrabeen, Northbridge, Pennant Hills, St Ives, Top Ryde, West Ryde

## Oral health clinics

Hornsby Hospital, Top Ryde, Coxs Road (Macquarie Hospital, North Ryde), Royal North Shore Community Health Centre, Fisher Road Dee Why, Mona Vale Hospital

## Third schedule facilities

Royal Rehabilitation, Greenwich and Neringah Hospitals

## Other services

Aboriginal health, acute post-acute care, aged care and rehabilitation, ambulatory care, BreastScreen, child protection, chronic care, community home nursing, domestic violence, eating disorders, HIV and related programs, interpreter services, men's health, mental health drug and alcohol, multicultural health, palliative care, sexual assault, Statewide Burns and Trauma Centre, women and children's health

## SOUTH EASTERN SYDNEY LOCAL HEALTH DISTRICT

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## Chief Executive: Gerry Marr

Gerry Marr was appointed Chief Executive, South Eastern Sydney Local Health District in February 2014. He previously held senior executive roles within the National Health Service (NHS) Tayside, Scotland, including Chief Executive, Tayside University Hospitals Trust, and Chief Operating Officer/Deputy Chief Executive Officer, NHS Tayside (subsequently Chief Executive).

He also held senior roles in system performance and human resources management and the NHS Scotland Department of Health. With qualifications in nursing and education, Mr Marr is a passionate advocate for safety and quality in health care delivery.

## Year in review

It has been an exciting year at South Eastern Sydney Local Health District, as we transform the way we deliver health care to our communities. As part of our Journey to Excellence Strategy 2018-2021, we have committed ourselves to reshaping our models of care, radically changing the way we treat people and expanding services into people's homes and communities.

The new strategy has been developed in partnership with our staff and community to guide the District towards transformational change, as we work to empower communities to improve their health and wellbeing.

During the 2017-18 reporting period, emergency department presentations increased by around 3.5 per cent, to 228,239. There were 172,600 admissions and 7574 babies born.

In line with one of the District's key priorities: foster research and innovation, Associate Professor Christopher White was appointed as Director of Research in September 2017. This appointment allowed us to build capacity and capability for research, and will enable the next generation of researchers to engage communities and make an impact in all fields of health care delivery.

We celebrated some key milestones across the District in 2017-18. These included the 160-year anniversary of caring at Prince of Wales Hospital, the 60-year anniversary of Sutherland Hospital, and the 20-year anniversary of The Royal Hospital for Women's move from Paddington to Randwick.

The District will greatly benefit from the investment in new and improved services during 2017-18, including:

- A new Acute Services Building at St George Hospital, as part of the \$277 million campus redevelopment. More beds, a new helipad and twice as many operating theatres will ensure patients receive high-quality care in world-class facilities.
- The opening of the Sutherland Hospital expansion, as part of the \$62.9 million redevelopment. This includes a new, expanded emergency department, short stay unit, general medical unit, inpatient unit and expanded critical care medical unit.
- Transition works for expanding the Prince of Wales Hospital Emergency Department. This will provide eight extra treatment spaces to meet current demand until the new emergency department is completed, as part of the Randwick Campus redevelopment.
- The start of a \$5 million redevelopment of the St George Hospital Cancer Care Centre, which will double the capacity of some cancer services.

I thank staff for their continuous dedication in providing exceptional care to our patients, our volunteers who freely give their time to support our work, and our community partners who work with us to improve the population's health.



**30% reduction in patient complaints since the introduction of Patient Opinion**

### Key achievements 2017-18

- The NSW Government committed \$720 million to deliver the Prince of Wales Hospital Acute Services Building. The funding will support further development of the Randwick Campus as a world-leading health and education precinct, allowing education, training and research to be integrated with world-class clinical services provided on the campus.

- The Mental Health Patient Safety Program includes initiatives on using Least Restrictive Practices. In 2017-18, specific initiatives targeting reduction in seclusion resulted in a seclusion rate of 5.2 episodes per 1000 bed days, better than the target set by NSW Health of 6.8 episodes per 1000 bed days.
- An outreach program, Better Health for Homeless Men, run by St George Hospital in partnership with Mission Australia, provided homeless men with appropriate health care, including hepatitis screening, liver assessment, a vaccination clinic and mental health support.
- Sydney/Sydney Eye Hospital was named by the Australian Patients Association as the Most Outstanding City Hospital in Australia for 2017, in recognition of the hospital's work with the Patient Opinion feedback platform. This has led to targeted improvement projects responding directly to feedback received.
- Commenced Phase 2 of the new Fertility and Research Centre at The Royal Hospital for Women. This includes an embryology laboratory, clinical suite and clean room, which will allow fertility-related research work to be undertaken.
- Organisation-wide leadership development saw around 3000 staff trained in ways of improving the care they provide to patients. This is part of an Improvement Education Program delivered by the District's Improvement Academy.
- The Doing It Differently grants initiative helped the residents of Bayside Local Government Area to build healthy, strong and connected communities. In 2017-18 grants benefited more than 10,000 community members, by increasing social connection and improving health and wellbeing.
- Drop the Drawsheet project at Sutherland Hospital has decreased the risk of developing pressure injuries by 45 per cent over two years, increased staff awareness of appropriate continence aids, and improved manual handling compliance.
- To support the District in addressing environmental sustainability, Dr Kate Charlesworth, public health physician, was appointed Environmental Sustainability Lead in June 2018. Responding to the significant health effects of climate change is an urgent challenge for all health services.
- The Advanced Recovery Orthopaedics Program at Prince of Wales Hospital enables hip or knee replacement surgery patients to be safely discharged home within 48 hours. The program is the first of its type in the southern hemisphere, and has seen more than 50 patients receive their care in this manner.

### Demographic summary

South Eastern Sydney Local Health District covers an area from Sydney's central business district in the north to the Royal National Park in the south and provides health care services across a geographic area of about 468 square kilometres. The District also assists the residents of Lord Howe Island and Norfolk Island with access to hospital and health services.

The Dharawal and Eora nations are traditional custodians of the land covered by the District. About 936,560 people live within the District. There are 8724 people of Aboriginal and Torres Strait Islander heritage (1.1 per cent of the population), compared with 2.9 per cent (298,617) of the NSW population.

The District supports a growing culturally and linguistically diverse population, and some parts are very culturally diverse. About 52 per cent of Georges River and Bayside (former Rockdale and Botany) local government area residents were born overseas (compared with 34.5 per cent for NSW), with the largest group born in China. More than 50 per cent of these residents speak a language other than English at home, with Chinese languages being the most common non-English language. Conversely, residents of the Sutherland Shire are less ethnically diverse than the rest of NSW, with 77.7 per cent born in Australia and 83.1 per cent speaking only English at home.

In 2017-18, the population is expected to grow by 1.2 per cent per year (and continue to do so until 2031) with the greatest growth rate expected in older age groups. The growing aged population will result in a steadily increasing demand for health and social care, as older people are proportionally higher users of health services and are more likely to have long term conditions. Much of this will relate to long-term conditions such as diabetes, hypertension, cancer, musculoskeletal impairment and dementia. In South Eastern Sydney Local Health District, 37 per cent of people reported having a long term health condition and 21 per cent of the population live with multi-morbidities, increasing to 82 per cent for those aged 85 and older.

While residents of the District are among the healthiest in NSW, not all residents fare equally well in terms of their health, wellbeing and longevity despite relatively high standards of health and social care. There is marked variation in risk factors and their outcomes between various sub group populations across our District.

Over the next decade, the District's population is expected to increase to about 1,071,930 people. Our population is increasingly multi-cultural, growing and ageing, with an associated increase in people living with long-term conditions across all age groups. Core consumers of health resources will continue to be people with long-term conditions, including people with multiple long-term conditions and mental health problems. The demand of health services is also influenced by other factors such as carer availability, social isolation and aged care places.

Source: HealthStats NSW, Public Health Information Development Unit. Social Health Atlas of Australia.

## Local government areas

Sutherland Shire, Georges River, Bayside, Randwick, Waverley, Woollahra, City of Sydney (Inner and East)

## Public hospitals

Gower Wilson Multi-Purpose Service (Lord Howe Island), Prince of Wales Hospital and Health Services, St George Hospital and Health Services, Royal Hospital for Women, Sydney/Sydney Eye Hospital and Health Services, Sutherland Hospital and Health Services

## Public nursing homes

Garrawarra Centre

## Community health centres

Caringbah (at Sutherland Hospital), Engadine, Maroubra, Menai, Randwick (at Prince of Wales Hospital), Rockdale

## Child and family health services

Arncliffe, Brighton, Caringbah, Cronulla, Engadine, Gymea, Hurstville, Hurstville South, Kingsgrove, Kogarah, Menai, Miranda, Oatley, Possum Cottage (at Sutherland Hospital), Ramsgate, Riverwood, Rockdale, Sutherland

## Oral health clinics

Daceyville, Hurstville, La Perouse, Menai, Randwick (managed by Prince of Wales Hospital), Rockdale, Surry Hills, Sutherland

## Third schedule facilities

War Memorial Hospital Waverley, Calvary Health Care Sydney

## Other services

Aboriginal community health (La Perouse), breast screening (Miranda), community mental health (Bondi Junction, Hurstville, Kogarah - Kirk Place, Maroubra Junction), dementia respite care and rehabilitation (Randwick - Annabel House), HIV/AIDS and related programs (Alexandria, Darlinghurst, Surry Hills - Albion Street Centre), disability services (Kogarah), community aged care and rehabilitation (Southcare - Sutherland Hospital), sexual health, youth, drug and alcohol (Darlinghurst - Kirketon Road Clinic), drug and alcohol (Surry Hills - Langton Centre)

## SOUTH WESTERN SYDNEY LOCAL HEALTH DISTRICT

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### Chief Executive: Amanda Larkin

Amanda Larkin has over 25 years of experience in health service management, a Bachelor of Social Work and an Associate Diploma in Environmental Service.

Her extensive experience in health management and passion to further develop health and education precincts across the District, places south western Sydney at the forefront of world-class health care, and makes her ideally suited to lead an organisation with more than 12,000 staff.

Ms Larkin serves as a board member of the Ingham Institute of Applied Medical Research, the South Western Sydney Primary Health Network and Health Infrastructure.

### Year in review

The South Western Sydney Local Health District is embarking on an era of expansion, with more than \$1 billion invested into redeveloping our hospitals.

We are delivering a capital works program to further establish our hospitals as healthcare leaders.

The 2018-19 State Budget committed \$740 million to transform Liverpool Hospital. The vision is to create a new cancer care centre, an expanded emergency department, a new neonatal intensive care unit and expanded maternity and critical care capacity.

In 2017-18, work on the schematic design for the \$632 million Campbelltown Hospital redevelopment was a key highlight, with concept designs providing a first

look at the new building. Enabling works are also underway for a \$34 million multi-storey car park.

Bowral and District Hospital received an additional \$15 million for a new emergency department. The project has been through a careful planning process including master planning and building design. Capital works will begin in late 2018.

We are at the frontier of health and medicine with innovation, collaboration and technology shaping how we will provide safe and quality care for the fastest growing and most culturally diverse district in the country.

These principles are at the centre of the District's Strategic Plan 2018-2021, launched in February, which will guide the growth and development of our health services. The plan contains six important strategic directions, which set a robust framework that will drive our tradition of innovation, research and education, to enhance our services and patient care, and build healthy communities.

Our Transforming Your Experience strategy continues to be rolled out across the District and we are seeing great results. Programs such as executive rounding are proactively seeking ways to improve our services by listening to our staff. My Experience Matters, a real time feedback patient survey, commenced in some of our facilities, providing the opportunity to make immediate changes to our services based on patient feedback.

All of this contributes to fulfilling our vision of 'leading care, healthier communities', so our community has access to world-class care close to home.

Our staff, volunteers, and community and consumer advocates have our thanks for making these achievements possible.



**Intervention Neuro-Radiology performed 168 more emergency clot retrievals (42% increase)**

### Key achievements 2017-18

- Launched Growing Healthy Kids in South Western Sydney Action Plan, delivering on the NSW Premier's Priority to reduce overweight and obesity rates of children by five per cent by 2025. The District, along with a number of partners, signed a charter pledging to be part of a network to improve the health of our children across the District.
- Pioneered the Aboriginal Got It! Program, an innovative program aimed at improving mental health in Aboriginal children. The program will be delivered in pre-schools and high schools to promote positive social and emotional well-being, and prevent mental health issues later in life.
- Launched our Strategic Plan 2018-2021, placing the District at the forefront of delivering innovative high-quality safe health care. Together with the Transforming Your Experience Strategy to positively transform how our patients and staff experience our services, it puts world-class safe and high-quality clinical care at the centre of health care delivery in the District.

- Together with the University of Wollongong, launched the largest scale Mental Health Gold Card Clinics for the treatment of personality disorders in south western Sydney. The Gold Card Clinics provide comprehensive, integrated services that range from early intervention through to longer term treatments.
- Launched an Australian-first program protecting women with diabetes and babies, reducing potential malformation in babies. Providing access to specialist care in pre-pregnancy clinics, women can manage diabetes prior to getting pregnant reducing risks to their baby.
- A ground-breaking new prostate cancer drug was one of the first drugs tested in Liverpool Hospital's new fully-integrated Phase 1 Clinical Trials Unit, which opened in late 2017. The new unit provides a permanent space to conduct phase 1 trials of cancer medications, ensuring the hospital's place as an important centre for cancer research.
- In a NSW first, the District installed a revolutionary idose system at all its Drug Health Clinics. Idose is an automated dosing system that identifies clients by taking a digital photo of their iris with a computer dispensing an accurate dose. It is a faster and more reliable service than the traditional method of checking clients' identification.
- The Bankstown community benefited from a new cutting-edge cardiac intervention unit. The unit will change the lives of patients with heart disease as well as help with the fight against it.
- A world-class molecular tracer facility for cancer diagnosis and research arrived at Liverpool Hospital in September 2017. The cyclotron produces radioisotopes used in the identifying and treating of a range of cancers, such as lymphoma, lung, pancreatic, head and neck, breast and prostate cancers.
- Commenced planning for the \$632 million Campbelltown Hospital redevelopment and finalised the design of a new car park for the precinct. Work on the new clinical service building as part of the Bowral and District Hospital redevelopment project is underway, also with a new car park, and planning started for the new emergency department. The preparatory work for the new \$740 million Liverpool health and education precinct is underway and work for Fairfield Hospital's \$7 million emergency department redevelopment started, delivering a new waiting area as well as modern treatment spaces.

## Demographic summary

South Western Sydney Local Health District extends from metropolitan Sydney to the upper reaches of the Southern Highlands. It provides healthcare services across a geographic area of approximately 6243 square kilometres.

The Tharawal, Gundungurra and Dharug nations are the traditional custodians of the land covered by the District.

About 966,450 people live within the District. People of Aboriginal and Torres Strait Islander heritage make up 1.7 per cent (16,533\*) of the population (3.8 per cent in Campbelltown), compared with 2.9 per cent (216,176\*) for all of NSW. In South Western Sydney

Local Health District, 40 per cent of the population was born overseas and 54 per cent speak a language other than English at home. Fifty-six per cent of NSW refugees have settled here.

Between 2016 and 2026, the District's population is expected to increase to over 1.17 million people. The number of people aged 70 years and over will increase by 53 per cent. Rapid population growth is expected in the South West Priority Growth Area, resulting in the Camden and Liverpool Local Government Area populations increasing by 83 per cent and 28 per cent respectively.

Growth will also occur broadly across the District through urban infill. There are also potential jobs and population growth in the longer term from the Greater Macarthur Land Release Investigation Area (90,000 dwellings and 250,000 people) and the Western Sydney Airport at Badgerys Creek.

The main health issues facing the District (compared with the NSW average) are:

- higher standardised mortality rate from cardiovascular disease
- higher incidence of some cancers, such as lung, thyroid, stomach, kidney and liver
- higher prevalence of diabetes
- higher rates of Hepatitis B and Hepatitis C
- lower participation rate in breast cancer and cervical cancer screening
- poorer health-related behaviours – smoking, physical inactivity, overweight and obesity, inadequate vegetable intake
- having 14 of the 20 most disadvantaged suburbs in Sydney contributing to social determinants of health.

Source: \*2016 Census (Information on Bankstown is estimated due to changes in LGA boundaries). SEIFA data from 2011 Census.

## Local government areas

Camden, Campbelltown, Canterbury-Bankstown (part), Fairfield, Liverpool, Wollondilly, Wingecarribee

## Public hospitals

Bankstown-Lidcombe, Bowral and District, Campbelltown, Camden, Fairfield, Liverpool

## Community health centres

Bankstown, Bigge Park Centre, Bowral, Cabramatta, Campbelltown (Executive Unit/Triple I), Fairfield, Hoxton Park, Ingleburn, Liverpool, Miller – Budyari, Miller – The Hub, Moorebank, Narellan, Prairiewood (Fairfield Hospital), Rosemeadow, Wollondilly, The Corner Youth Health Service (Bankstown), Traxside Youth Health Service (Campbelltown), Fairfield Liverpool Youth Health Team

## Child and family health services

Bargo, Bonnyrigg Heights, Bowral, Bringelly, Cabramatta, Camden, Campbelltown, Carramar, Chester Hill, Claymore, Edensor Park, Fairfield, Fairfield Heights, Georges Hall, Greenacre, Greenway Park, Hilltop, Hinchinbrook, Holsworthy, Hoxton Park, Ingleburn, Liverpool, Macquarie Fields, Macarthur Square, Miller, Mittagong, Moorebank, Moss Vale,

Mount Pritchard, Narellan, Padstow, Panania, Penrose, Prairewood, Robertson, Robert Townsend, Rosemeadow, The Oaks, Thirlmere, Wattle Grove, Warragamba, Yagoona

## Oral health clinics

Bankstown, Yagoona, Fairfield, Liverpool, Ingleburn, Rosemeadow, Tahmoor, Narellan, Bowral

## Third schedule facilities

Braeside Hospital, Karitane, South West Sydney Scarba Service, NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors

## Other services

Aboriginal health, community health, drug health, mental health, population health, oral health, BreastScreen NSW, NSW Refugee Health Service

## SOUTHERN NSW LOCAL HEALTH DISTRICT

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## Chief Executive: Andrew Newton

Andrew Newton took up the Chief Executive position in November 2017 from Western Sydney Local Health District, where he was General Manager of Westmead and Auburn hospitals for three years. He has significant experience in health service delivery, strategic and operational leadership and capital development and implementation. Mr Newton's past positions include General Manager of Blacktown Mt Druitt and Dubbo hospitals, General Manager of Rural and Remote Health

Services for Greater Western Area Health Services, and Hospital Manager for Lachlan Health Service. He started as a nurse at Blacktown Hospital in 1994, after emigrating from Sunderland in north east England, where he trained. Since then he has gained a Bachelor of Health Science (nursing), a Masters of Health Management, and a Graduate Diploma of Public Administration.

## Year in review

Southern NSW Local Health District began a new era in late 2017, with Dr Allan Hawke AM, becoming Chair of the Board in October and Andrew Newton becoming Chief Executive a month later. The new leadership is guiding the District forward in new directions, working to improve its delivery of services and facilities, and overseeing an unprecedented number of major redevelopment projects totalling almost \$185 million.

The new \$2.5 million Jindabyne HealthOne facility opened in July 2017, co-locating private and public health services.

Redevelopments underway or in the planning stage are the \$120 million Goulburn Hospital and Health Service redevelopment, the \$18.6 million redevelopment of Cooma Hospital, the \$8 million Yass Hospital redevelopment, the Braidwood Multipurpose Service and the \$1.6 million refurbishment of Pambula District Hospital.

The Eurobodalla Health Service is under review, following a \$500,000 NSW Government commitment to update the Eurobodalla Clinical Services Plan. The local community, clinicians and health staff were consulted during development of the updated plan, which will address health services provided in the Eurobodalla, including Moruya District Hospital.

In November 2018, Southern NSW Local Health District implemented a Safety and Quality Account, which provides a broad picture of our achievements in safety and quality as the District works towards meeting all the goals outlined.

The 2018 Quality Awards attracted 58 entries, the highest number in recent years. The projects highlighted the dedication and creative thinking of staff, working as individuals or in teams, often in their own time, to make a difference in the quality of care we provide. The large number of nominations demonstrated the breadth of work taking place.

Engagement with the District's 11 Community Consultative Committees is stronger, with new terms of reference and guidelines boosting their contribution and adding to the District's understanding of the views and needs of the local communities.

The District introduced a new way of receiving patient feedback at South East Regional Hospital, surveying patients through direct connection to their free patient Wi-Fi.

Our staff, volunteers, and community and consumer advocates have our thanks for making these achievements possible.



**Southern NSW LHD is undergoing major infrastructure growth, with four large projects totalling \$183.2 million in the planning stages or underway**

### *Key achievements 2017-18*

- Recruited a new Chief Executive and Chair of the Board, with the change of leadership enabling progress in new directions to improve delivery of health care to communities.
- Commenced work or planning on four major infrastructure developments in Goulburn, Yass, Cooma and Braidwood, totalling \$183.2 million. A \$1.59 million refurbishment of Pambula Hospital is almost complete.
- Opened the \$2.5 million Jindabyne HealthOne facility in July 2017, co-locating and consolidating health services with Jindabyne GP Super Clinic. It provides the community with multi-disciplinary, integrated health services at a one-shop stop, bringing together commonwealth-funded general practice and state-funded primary and community health care services.
- Achieved positive results from an initiative introduced in September 2017, allowing everyone admitted to mental health units to retain and use their mobile phones or other personal communication devices (unless a risk assessment indicates otherwise).
- The Silent 12 program, introduced in the Eurobodalla to reduce avoidable unplanned repeat presentations to hospital by 12 selected patients has reduced their emergency department presentations by 77 per cent (from 223 to 50), admissions by 70 per cent (from 154 to 32) and total days in hospital by 90 per cent (from 234 to 22).
- Commenced review of the Eurobodalla Health Service, following a \$500,000 NSW Government commitment to update the Eurobodalla Clinical Services Plan. The local community, clinicians and health staff were consulted during development of the updated plan which will address health services provided in the Eurobodalla, including Batemans Bay and Moruya district hospitals.
- Added a patient survey to the patient Wi-Fi page at South East Regional Hospital. This provides the hospital with another way to get feedback that helps improve services, and particularly helps garner opinions from younger patients who are generally less inclined to fill out a feedback form.
- The maternity unit at Queanbeyan Hospital was awarded the Baby Friendly Health Initiative Accreditation Certificate for the sixth consecutive year, one of only two in the state to achieve this (the other being the Royal Hospital for Women in Sydney). The number of births at Queanbeyan is increasing rapidly – with 553 births in 2017-18, a 23 per cent increase on the previous year.
- Strengthened engagement with the District's 11 Community Consultative Committees, with new terms of reference and guidelines, boosting their contribution and adding to the District's understanding of the views and needs of local communities. The now full-time Community Engagement Officer attends almost all meetings throughout Southern NSW Local Health District.

- Eurobodalla Health Service led the way in commitment to sustainability, with colour coded recycling bins being rolled out at these facilities to provide further recycling options. This builds on the recycling programs already in place at these locations.

### **Demographic summary**

Southern NSW Local Health District extends from the NSW South Coast and Southern Tablelands, across the Great Dividing Range and the Snowy Mountains, past Canberra to Goulburn and Crookwell. It provides healthcare services across a geographic area of 44,500 square kilometres.

The population of about 200,176 (2016 census) makes up 2.68 per cent of the total NSW population.

The Gundungurra, Ngunawal, Ngarigo and Yuin nations are the traditional custodians of the land covered by the District. People of Aboriginal and Torres Strait Islander heritage make up an estimated 7060 of the population, with nearly one third living in the Eurobodalla.

The main health issues facing the District are those characteristic of an ageing population, with 25 per cent of residents over 60. The median age ranges from 38 in Queanbeyan-Palerang to 54 in Eurobodalla, compared with 43 in the rest of regional NSW. Eurobodalla has one of the highest proportions of older residents in NSW, with 30.6 per cent.

The District contributes significantly to communities, employing around 2000 full-time equivalent staff, and engaging local residents through community consultative committees.

The District's 10 regional hospitals, psychiatric hospital, three multi-purpose services, and five community health centres provide a range of services including emergency, intensive care, coronary care, maternity, mental health services, acute medical and surgical services and primary and community services.

### **Local government areas**

Bega Valley, Eurobodalla, Goulburn Mulwaree, Queanbeyan-Palerang, Snowy Monaro, Upper Lachlan, Yass Valley

### **Public hospitals**

Batemans Bay District Hospital, Braidwood Multi-Purpose Service, Bombala Multi-Purpose Service, Cooma Health Service, Crookwell Health Service, Delegate Multi-Purpose Service, Goulburn Base Hospital, Bourke St Health Service, Kenmore Hospital, Moruya District Hospital, Pambula District Hospital, Queanbeyan Health Service, South East Regional Hospital (Bega), Yass Health Service, Southern Brain Injury Unit

### **Community health centres**

Bega Valley, Bombala, Braidwood, Cooma, Crookwell, Delegate, Eden, Eurobodalla, Goulburn, Jindabyne, Queanbeyan, Yass

### **Child and family health services**

Karabar

### **Oral health clinics**

Cooma, Goulburn, Moruya, Pambula, Queanbeyan, Yass

## SYDNEY LOCAL HEALTH DISTRICT

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### Chief Executive: Dr Teresa Anderson AM B.App Science (Speech Pathology) PhD

Dr Teresa Anderson has more than 35 years of experience as a clinician and health service executive. She has a well-established reputation for implementing strategies to foster innovation and best practice, supporting collaboration and building partnerships.

An internationally-recognised speech pathologist, she is passionate about developing programs and services to support and improve the health and wellbeing of all people in the community. Dr Anderson was appointed a Member of the Order of Australia (AM) in 2018.

Dr Anderson is the Chair of Sydney Research. She is a member of seven medical research institutes, health and primary health network boards, and an active member of the Sydney Health Partners Governing Council and Executive Management Group, one of the first four centres in Australia designated as an Advanced Health Research Translation Centre by the National Health and Medical Research Council (NHMRC).

### Year in review

Our focus on patient and family centred care saw exciting changes in 2017-18. We launched our Partners in Care initiative to improve the experience of our patients and their families. The pilot policy allows for changes to encourage patients and the people important to them to be more actively involved as partners in their care. Importantly, we have tried to find ways of making our hospitals feel more welcoming by relaxing visiting times and improving facilities in our waiting areas.

Our first annual Patient and Family Experience Symposium brought together staff and consumers to share their ideas to help improve our care and train our people. The March Arts Festival focused on the

important role of The Arts in improving health and wellbeing. The Yaralla Festival and Rivendell Flower Show connected thousands of people in our community with our staff services and community facilities while encouraging physical activity. We continued our focus on equity and access to healthcare through our annual EquityFest, our work with homeless people, multicultural events and services and collaborations with community organisations.

In 2017-18 we launched three significant plans: the 2018-2023 Strategic Plan and Research Strategic Plan and the projected Aboriginal Health Plan. Planning is a key priority, with rapid urban growth and increased demand for our tertiary and quaternary service expertise. Preparation works are underway for the \$341 million Concord Hospital redevelopment and the National Centre for Veterans' Healthcare. Master planning continues for Royal Prince Alfred (RPA) and Canterbury Hospitals, as well as opportunities for care in our community, our research and innovation precinct in Camperdown, and RPA HealthOne East at Green Square.

Supporting research, training and innovation leads to better care for our patients. More than 550 clinical trials are underway across the campus. Sydney Research and Sydney Health Partners have helped embed research collaborations across clinical streams and locations. Our Pitch innovation series reached another milestone, with more than \$1 million now invested in staff ideas for improving our services.

Our vision for excellence in health and healthcare led to outstanding performance by our staff. We came in on budget; 164,598 people attended our emergency departments; 42,606 operations were performed; 171,698 admissions and discharges were completed; and 6702 babies were born at RPA and Canterbury Hospitals. RPA and Balmain Hospitals and our community health services all achieved accreditation against national standards. We have digitally transformed our hospitals and health services, allowing better access to real-time patient records from anywhere in the health service.

I'd like to take this opportunity to thank the many people who are dedicated to making a difference in Sydney Local Health District: our staff, our community members, volunteers, non-government organisations and other community organisations, and our partners. Together we continue to provide world-class health services we can all be proud of.



**Enrolled over 900 high-risk patients into the NSW Pre Exposure Prophylaxis HIV Trial**

### Key achievements 2017-18

- Commenced enabling works for the \$341 million Concord Hospital Stage One redevelopment.
- Officially opened the NSW Health Statewide Biobank, a NSW Health Pathology partnership with Sydney Local Health District, the Office of Health and Medical Research, and Health Infrastructure.

- RPA researchers announced world breakthroughs in gene therapy for haemophilia and thalassaemia.
- Launched Australia's first eating disorders research institute, InsideOut, in partnership with the University of Sydney.
- Launched the new RPA Comprehensive Stroke Service.
- Conducted Talking and Listening check-ups for 4992 children at early childhood education facilities and other family-friendly community locations across the District.
- Employ-my-ability acknowledged as a leading employment training program for young people with intellectual disabilities and recognised with awards from the Prime Minister and Premier.
- Undertook digital transformation of our health service including migration of eMR to Government Data Centre; continued roll-out of eMeds, SurgiNet, hTrak, eMR2, VitalsLink, Oncology and Haematology Systems; implementation of Bring Your Own Device; and new @health email for 12,000 staff.
- Celebrated some major service milestones, including 100 years of Tresillian, 50 years of kidney transplants at RPA, 20 years of The Bridge Service at Yaralla House, and 10 years of the Concord Centre for Mental Health.
- Opened Eureka House as part of the Better Pathways to Housing program.
- Officially opened the new RPA multi-storey staff car park.
- Hosted the sixth Sydney Innovation and Research Symposium and first Innovation Week, with 2500 delegates, nine events and more than 150 presenters.

## Demographic summary

Sydney Local Health District is located in the centre and inner west of Sydney, and provides healthcare services across a geographic area of approximately 126 square kilometres.

The Gadigal, Wangal and Bediagal people of the Eora Nation are the traditional custodians of the land covered by the District.

About 680,000 residents live in the District, with more than a million people a day coming to work, study and visit.

Formally, 4875 people (0.9 per cent of the population) identify as being of Aboriginal and Torres Strait Islander heritage. However, the actual number is far greater, as many of our community members come from rural areas and continue to identify with their rural communities. We are undertaking a project with the Aboriginal Medical Service, Redfern and the Metropolitan Local Aboriginal Land Council to increase identification in our area.

The District is rich in cultural and social diversity: almost half of the population speaks a language other than English at home. This includes significant numbers of refugees, asylum seekers and special humanitarian entrants. Nearly nine per cent of the District's population speaks little or no English. The major languages spoken at home include Chinese languages, Arabic, Greek, Korean, Italian and Vietnamese.

A feature of the District's social diversity is our proud lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) community. A number of our suburbs have the highest proportions of same-sex couples in Australia.

The District is characterised by socio-economic diversity, with pockets of both extreme advantage and extreme disadvantage. There is a large population of people who are homeless.

The District's population is ageing, with the current proportion of residents aged over 70 projected to increase by 65 per cent by 2031. There are 4500 elderly people living in local residential aged care facilities. More than 28,000 people with a disability live in the District (ABS 2016) and there are over 53,000 unpaid carers who provide support across the inner west.

Other health issues for the community include mental health-related illness, high smoking levels, alcohol consumption, lower physical activity, and inadequate fruit and vegetable consumption. Notification rates for a number of communicable diseases, STIs and hepatitis C are significantly higher than for the rest of the state.

Every year, almost 8500 babies are born to mothers living in the District, with 6702 births occurring in the maternity units at RPA and Canterbury Hospitals in 2017-18.

The District is undergoing widespread transformation through urban renewal and increased population density. This urban development means affordability of housing in the District is an increasing issue for our population and our staff.

The District has the third highest growth rate of all NSW local health districts with a projected population growth rate of 40 per cent between 2016 and 2036 (Department of Planning and Environment (DPE) 2016).

Source: Australian Bureau of Statistics 2011.

## Local government areas

City of Sydney (part), Inner West, Canterbury and Bankstown (part), Canada Bay, Burwood, Strathfield

## Public hospitals

Balmain Hospital, Canterbury Hospital, Concord Centre for Mental Health, Concord Repatriation General Hospital, Royal Prince Alfred Hospital, Sydney Dental Hospital, Thomas Walker Hospital

## Community health centres

Marrickville, Croydon, Redfern, Canterbury, Camperdown

## Child and family health services

Canterbury Health Centre: Child Adolescent and Family Health Service, Child Health Information Link, Community Nursing Service, Community Mental Health Service.

Croydon Health Centre: Child Adolescent and Family Health Service, Community Nursing Service, Disability Specialist Unit, Community Mental Health Service, Drug Health Service.

Marrickville Health Centre: Child and Family Health Services, Community Nursing Service, Community Mental Health Service, Drug Health Service.

Redfern Aboriginal Medical Service: Community Paediatric Medical Clinic

Early childhood health services: Alexandria Park, Balmain, Belmore, Camperdown, Campsie, Chiswick, Concord West, Croydon, Earlwood, Five Dock, Glebe, Homebush, Lakemba, Leichhardt, Marrickville, Punchbowl

## Oral health clinics

Canterbury, Concord, Croydon, Marrickville, Sydney Dental Hospital, Dalirinji Aboriginal Oral Health Clinic at Sydney Dental Hospital provides emergency and general dental services to Aboriginal people.

## Third schedule facilities

Tresillian Family Care Centres

## Other services

Aboriginal health; aged, chronic care and rehabilitation services; allied health; BreastScreen services at RPA, Croydon, Campsie and mobile van; Centre for Education and Workforce Development; Chris O'Brien Lifehouse at RPA; Concord Cancer Centre; community nursing services; drug health; Health Care Interpreter Team; Heterosexual HIV Service; mental health services; nursing and midwifery services; oral health; planning; population health; sexual health outreach clinics; Sydney Local Health District Research; Sydney Research (16 founding members including Sydney Local Health District, the University of Sydney and affiliated Medical Research Institutes); Sydney South West Pathology Services (NSW Pathology); Yaralla Estate; youth health outreach clinics

## WESTERN NSW LOCAL HEALTH DISTRICT

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Business hours: 8:30am-5pm, Monday to Friday



## Chief Executive: Scott McLachlan

Scott McLachlan leads a team driven by a commitment to improve health outcomes for rural people, and deliver compassionate, high quality and connected health services.

Aboriginal and Torres Strait Islander people make up over 11 per cent of the Western NSW Local Health District population. Mr McLachlan has a particular commitment to develop services and places that welcome and respect the whole community, particularly Aboriginal people.

Mr McLachlan's extensive leadership experience spanning more than two decades in the public and private health sectors has shaped his commitment to improving standards of patient care, maintaining authentic community engagement, collaboration with clinicians, and leading innovation.

## Year in review

Building on previous years' achievements, Western NSW Local Health District focused its efforts in 2017-18 on expanding key elements of its strategic plan. We advanced work or endorsed comprehensive plans around cancer services, research, Aboriginal health, health promotion, kids and families, oral health, and older people.

We took a lead role in implementing Leading Better Value Care, a statewide program that measures the value of targeted clinical initiatives in terms of health outcomes, experience of care, and efficient and effective care.

We continued to build a culture of quality and safety with 2438 staff completing the Speaking Up for Safety program by the end of the financial year. We introduced safety culture coordinators to assist sites in implementing 'safety huddles' and violence prevention management. There were more than 100 submissions to our Living Quality & Safety Health and Innovation Awards program.

Our program of infrastructure renewal continued with Stage 3 of the Dubbo Hospital redevelopment completed, along with the Molong Multipurpose Service and the Nyngan Renal Unit. In May, the Premier turned the first sod on Stage 4 of the Dubbo Hospital redevelopment, and on the \$70.2 million redevelopment of Mudgee Hospital. Under Stage 5 of the Multipurpose Service program, work is continuing on projects at Coolah, Rylstone and Cobar.

The District also stepped further into innovation by establishing our vision for a Digital Health Region. This concept accepts the challenges of providing world-class health care, close to where people live, in a region with a very large area, a highly distributed population and challenging demographic and health features – and looks to technology as part of the solution. Establishing a Digital Health Region will require strong partnerships, vision and a willingness by our health care providers and communities to examine new ways of providing care, but the success of telehealth and the development of a range of 'virtual' services provide strong evidence of the prospects for success.

Our staff, volunteers, and community and consumer advocates have our thanks for making these achievements possible.



**90% of aged care clinical staff provided with training to support older people living at home**

### Key achievements 2017-18

- Implemented Integrated Care Strategy across 13 sites, with more than 1800 people enrolled, 24 per cent of whom are Aboriginal.
- Increased access to development opportunities and support of clinicians in rural and remote facilities, through the development of a 'virtual' clinical nurse education outreach support program and new graduate nurse support network.
- Implemented an employee wellbeing program across 10 sites.
- Improved influenza vaccination uptake, with the District leading the state in coverage of Aboriginal children aged six months to five years.
- Development of the Central West Clinical Trials Unit (CTU) with 18 trials active and 17 in the feasibility stage. The CTU received the 2017 NSW Premier's Award for Outstanding Cancer Research and the

2017 Australasian Gastrointestinal Trials Group Outstanding Site Award.

- Over 100 staff from six sites attended COPD/CHF and Diabetes Mellitus workshops held as part of the Leading Better Value Care program, in collaboration with the Agency for Clinical Innovation.
- Developed the Virtual Allied Health Service with pilots underway in seven areas, including dietetics, physiotherapy, pharmacy and psychology. This project won the 2018 ACI Innovation Award at the Western NSW LHD Living Quality and Safety Health and Innovation Awards.
- Health professional referrals to the Get Healthy Information and Coaching Service reached 201 per cent of our target.
- Provided training to 92 clinicians in Western NSW on evidence-based outpatient treatment therapies for people with an eating disorder.
- High level of achievement in health promotion in schools with 72 per cent of early childhood services adopting 50 per cent of Munch & Move practices, and over 61 per cent of primary schools adopting 60 per cent of Live Life Well @ School practices.

### Demographic summary

The Western NSW Local Health District is located west of the Great Dividing Range in the central western and northern areas of NSW and provides healthcare services across a geographic area of approximately 247,000 square kilometres.

The Barindji, Barrinbinja, Barundji, Gunu, Kamilaroi, Muruwari, Wailwan, Wiradjuri and Wongaibon people are the traditional custodians of the land covered by the District.

About 279,673 residents live within the District. There are 32,160 people of Aboriginal and Torres Strait Islander heritage (approximately 11.5 per cent of the population), compared to 208,476\* for all NSW. There is low representation of culturally and linguistically diverse communities across the District, apart from the community of Lightning Ridge.

The population is expected to grow, with a 5.5 per cent predicted population growth to 2031. This is lower than the expected growth rate for the state as a whole. The District has higher percentages of people aged over 65 and under 15 compared with NSW as a whole. The District has the highest fertility rate of all NSW local health districts.

Over the next decade, the proportion of older and younger people is expected to grow, creating more need for and pressure on services such as aged care, palliative care and services for children within the first 2000 days of life.

Source: \*Australian Bureau of Statistics 2011.

### Local government areas

Bathurst, Bogan, Bourke, Brewarrina, Cobar, Coonamble, Cowra, Dubbo, Forbes, Gilgandra, Lachlan, Mid-Western, Narromine, Orange, Cabonne, Blayney, Parkes, Walgett, Warren, Warrumbungle, Weddin

## Public hospitals

Orange – Bloomfield Campus, Dubbo, Bathurst, Cowra, Forbes, Parkes, Mudgee, Canowindra Soldiers Memorial, Cobar, Condobolin, Coonabarabran, Narromine, Wellington

Multi-purpose services: Baradine, Blayney, Bourke, Brewarrina, Collarenebri, Coolah, Coonamble, Dunedoo, Eugowra Memorial, Gilgandra, Grenfell, Gulargambone, Gulgong, Lightning Ridge, Molong, Nyngan, Oberon, Peak Hill, Rylstone, Tottenham, Trangie, Trundle, Tullamore, Walgett, Warren

## Community health centres

Baradine, Bathurst, Binnaway, Blayney HealthOne, Bourke, Brewarrina, Canowindra, Cobar, Collarenebri, Coolah, Coonabarabran, Coonamble HealthOne, Cowra, Cudal, Cumnock, Dubbo, Dunedoo, Forbes, Gilgandra, Goodooga Health Service, Gooloogong, Grenfell, Gulargambone, Gulgong HealthOne, Hill End, Lightning Ridge, Manildra, Mendooran, Molong HealthOne, Mudgee, Narromine, Nyngan, Oberon, Orange – Bloomfield campus, Orange – Kite Street, Parkes, Peak Hill, Quandialla, Rylstone HealthOne, Tottenham, Trangie, Trundle, Tullamore, Walgett, Wanaaring, Warren, Wellington

## Child and family health services

Bathurst, Blayney, Bourke – outreach to Enngonia, Brewarrina, Canowindra – outreach to Eugowra, Cobar, Collarenebri, Condobolin, Coolah, Coonabarabran – outreach to Baradine and Binnaway, Coonamble, Cowra, Dubbo, Dunedoo – outreach to Mendooran, Forbes, Gilgandra, Grenfell – outreach to Quandialla, Gulargambone, Gulgong, Lightning Ridge – outreach to Goodooga, Molong – outreach to Manildra, Cumnock, Yeoval and Cudal, Mudgee, Narromine, Nyngan, Oberon, Orange – Bloomfield campus, Parkes, Peak Hill – outreach to Tomingley, Rylstone, Tottenham, Trangie, Trundle, Tullamore, Walgett, Warren, Wellington

## Oral health clinics

Bathurst Community Dental Clinic, Dubbo Community Dental Clinic, Mudgee Community Dental Clinic, Orange Community Dental Clinic, Parkes Dental Clinic, Coonabarabran Child Dental Clinic\*, Gilgandra Dental Clinic\*, Gulgong Dental Clinic\*, Oberon Child Outreach\*, Rylstone Child Dental Clinic\*, Trundle Child Dental Clinic\*, Mobile Oral Health Centre\*, Forbes Child Dental Clinic, Cowra Child Dental Clinic, Condobolin Child Dental Clinic, Blayney Child Dental Clinic\*, Cobar Child Dental Clinic\*, Coonamble Child Outreach\*, Grenfell Child Dental Clinic\*, Nyngan Child Dental Clinic\*, Peak Hill Dental Clinic\*, Tottenham Child Dental Clinic\*, Wellington Dental Clinic\*

\*Part-time clinics operated by staff based at another district dental clinic

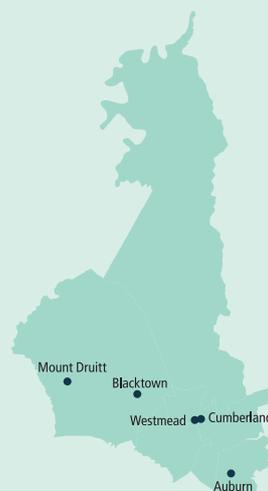
## Third schedule facilities

St Vincent's Outreach Service  
Lourdes Hospital and Service

## WESTERN SYDNEY LOCAL HEALTH DISTRICT

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## Chief Executive: Danny O'Connor

Danny O'Connor was appointed Chief Executive of the Western Sydney Local Health District in January 2011.

Mr O'Connor believes the primary purpose of healthcare is to improve people's lives. Central to success is a strong partnership with consumers in continually improving services. Likewise, a robust collaboration is required between science and practice to ensure the continuous evolution of best practice in clinical care and population health programs.

Mr O'Connor currently serves on the boards of the Western Sydney Local Health District (ex-officio), Westmead Institute for Medical Research, NSW HealthShare, and the Westmead Medical Research Foundation.

## Year in review

This has been a year of building for Western Sydney Local Health District, in all senses of the word.

In 2017-18 the capital works team successfully delivered over \$24 million in projects across the District. Stage 2 of the Blacktown and Mount Druitt Expansion Project opened in late 2017. Mount Druitt projects include a drug health facility, expanded surgical area, community dialysis centre and a new MRI unit.

A multi-storey car park opened at Blacktown Hospital in February 2018, and the new acute services building reached roof level in April. The Westmead Education and Conference Centre was completed in 2017.

We also built on the research that is conducted in the District, with two local innovations achieving significant commercialisation milestones this year. The District entered into an agreement with Australian company HaemaLogiX, for commercialisation rights to an immuno-oncology agent designed to specifically target malignant cancer cells present in the bone marrow of multiple myeloma patients. Another innovation, the Mu Catheter (a next generation renal denervation catheter for treating hypertension) won \$1.39 million in funding from the NSW Medical Device Fund to support pre-clinical development and commercialisation of this device. It is being commercialised in partnership with the University of Sydney.

We also built on our performance. Across all NSW health facilities, Blacktown Hospital recorded the highest year-on-year increase in emergency treatment performance (ETP), despite also having the highest year-on-year increase in presentations. Westmead Hospital saw a five per cent improvement in ETP, despite a two per cent increase in emergency presentations. Project RED, a Whole of Hospital redesign program to improve patient flow across all parts of the hospital, was the key to sustained and significant improvements in emergency department performance and access.

In 2017-18, we also built on patient care. Western Sydney Local Health District nursing and midwifery worked with clinical governance, allied health and our university partners, to conduct bi-annual pressure injury and falls point prevalence surveys for the first time in all acute facilities. The coordination of these surveys was a success and saw an overall reduction in the incidence of hospital acquired pressure injury, and maintenance of falls point prevalence below three per cent.

We built on helping the community, with programs such as Pathways to Community Living Initiative (PCLI), Getting on track In Time (Got-It), Statewide Outreach Perinatal Service for Mental Health (SwOP-mh), Whole Family Team (WFT) and Young People's Outreach Program (YPOP). PCLI has helped 47 long-stay consumers into appropriate accommodation within the community since the project commenced.

Our staff, volunteers, and community and consumer advocates have our thanks for making these achievements possible.



**100% of Child and Family Health Nurses were compliant with Category A High Flu Vaccination compliance**

## Key achievements 2017-18

- Western Sydney Local Health District nursing and midwifery, in collaboration with clinical governance, allied health and our university partners, conducted bi-annual pressure injury and falls point prevalence surveys for the first time in all acute facilities.
- Continued to support research commercialisation, with two of the District's innovations achieving significant commercialisation milestones. We entered into an agreement with Australian immuno-oncology company HaemaLogiX for commercialisation rights to an immuno-oncology agent designed to specifically target malignant cancer cells present in the bone marrow of multiple myeloma patients. Another of its innovations, the Mu Catheter, was competitively awarded \$1.39 million in funding from the NSW Medical Device Fund to support pre-clinical development and commercialisation of this device.
- Completed the \$8 million Westmead Education and Conference Centre (WECC) in September 2017. This is an innovative, high-tech education space for use by clinicians, researchers, academics and students in partnership with the University of Sydney.
- Successfully removed all sugar sweetened drinks from sale at over 79 retail outlets in health facilities. Our employees supported this initiative by featuring on localised material to promote the new change. One hundred and five employees volunteered to be ambassadors supporting healthy food and drink in retail outlets, to help make healthy normal.
- Implemented Project RED, a whole-of-hospital redesign program to improve patient flow across all parts of the hospital. This was the key to the sustained and significant improvements in emergency department performance and access.
- Implemented the Westmead hospital pharmaceutical supply chain initiative, aimed at standardising procurement processes, optimising contract negotiations through supply chain and inventory management, improving responsiveness to changes in the market, and securing the supply chain. It worked with industry to enable better prediction of medicines demand and forecast requirements for the District, with patient care and safety in mind. This project demonstrates significant achievement in research and innovation, establishing new processes and work practices for the procurement of medicines, inventory management and for securing the pharmaceutical supply chain for one of the largest local health districts in Australia. For Westmead Hospital, this has improved the efficiency of resource use, with pharmaceutical wastage accounting for just 0.37 per cent for a turnover of more than \$65 million a year. It also led to a \$2.2 million reduction in financial expense for the top 100 products by volume in the 12 months to April 2018 and increased pharmaceutical revenue by \$1.2 million per annum. This collaborative effort across the District has enabled additional financial resources to be used for direct patient care.

- Achieved a 26.3 per cent decrease in hospital admissions and a 30 per cent reduction in in-hospital deaths by aged care facilities residents through the Geriatric Rapid Evaluation and Treatment (GREAT) service. GREAT is a nursing-based outreach program provided to local aged care facilities (ACFs) during working hours. It receives referral from ACFs and acute hospitals. Referred patients receive a face-to-face assessment at the ACF, and a management plan is developed in collaboration with the General Practitioner (GP), ACF staff and the patient's family. This service also resulted in a significant cost saving, estimated at \$7.7 million per year.
- Diverted non-urgent patients from the hospital outpatient setting to GPs through HOTTeR West (Hepatocellular carcinoma Outcomes Through Translational Research in Western Sydney). HOTTeR West is a translational public health program focused on cancer prevention that seeks to optimise chronic hepatitis B (CHB) management in the District. This nurse-led community-based program supports GPs in Western Sydney with significant CHB patient loads. This provides rapid access care to patients receiving antiviral treatment and specialist care, to facilitate treatment/management pathways. Since HOTTeR West started in 2015, 358 patients have been diverted from hospital clinics and managed within the community. General practitioners can provide accessible, culturally appropriate and affordable care to patients, and reduce demand on hospital resources (e.g. medical staff and interpreter services).
- eMeds went live in Auburn in November 2017. This was a very successful implementation with minimal clinical incidents. The strength of the roll-out came from the positive engagement of all the staff involved.
- eMaternity went live in Auburn in May 2018.

## Demographic summary

Western Sydney Local Health District is located in western Sydney and provides healthcare services across a geographic area of approximately 780 square kilometres.

The population of the District was 915,000 at the 2016 census, and it is expected to increase to 1.48 million by 2036.

The Darug people are traditional custodians of the land covered by the District.

More than 950,000 residents live within the district. There are 13,400 people of Aboriginal and Torres Strait Islander heritage, compared with 216,176\* for all NSW. Most (9530) live in the Blacktown Local Government Area.

At the 2016 census, just over 50 per cent of residents spoke a language other than English at home. The most common, in descending order, were Arabic, Mandarin, Cantonese, Hindi, Korean, Punjabi, Tagalog and Tamil.

The population is younger than the state average, with 7.5 per cent pre-school aged (0-4 years) compared with 6.2 per cent statewide. The District's total fertility rate is higher than the state average\*.

Source: \*Australian Bureau of Statistics 2018.

## Local government areas

Parramatta, The Hills Shire, Cumberland, Blacktown

## Public hospitals

Auburn, Blacktown, Mount Druitt Cumberland (mental health services), Westmead

## Community health centres

Auburn, Blacktown, Doonside, Merrylands, Mount Druitt, Parramatta, The Hills

## Child and family health services

Auburn Early Childhood Centre, Baulkham Hills Early Childhood Centre, Blacktown Early Childhood Centre, Blacktown Women's and Girls' Health Centre, Castle Hill Early Childhood Centre, Dundas Early Childhood Centre, Epping Early Childhood Centre, Ermington Early Childhood Centre, Glendenning Early Childhood Centre, Greystanes Early Childhood Centre, Guildford Early Childhood Centre, Hassall Grove Public School, Kellyville Public School, Lalor Park Early Childhood Centre, Lidcombe Early Childhood Centre, Marayong Early Childhood Centre, Minchinbury Public School, Ngallu Wal Aboriginal Child and Family Centre, Old Toongabbie Early Childhood Centre, Parramatta North Public School, Quakers Hill East Public School, Riverstone Early Childhood Centre, Riverstone Neighbourhood Centre, Ropes Crossing Community Resource Hub, Rouse Hill Public School, Seven Hills Early Childhood Centre, The Ponds Early Childhood Centre, Wentworthville Early Childhood Centre, Winston Hills Public School, Yenu Allowah Aboriginal Child and Family Centre

## Oral health clinics

Blacktown Dental Clinic, Mount Druitt Dental Clinic, Westmead Centre for Oral Health

## Other services

Aboriginal health services, aged day services and dementia day services (Auburn, Baulkham Hills, Blacktown, Ermington, Mount Druitt, Wentworthville), BreastScreen NSW Sydney West clinics (Auburn, Blacktown, Castle Hill, Parramatta, Mount Druitt), Child Protection Counselling Service, community drug health services (Auburn, Blacktown, Castle Hill, Doonside, Merrylands, Parramatta, North Parramatta, Mount Druitt), community mental health services (Auburn, Blacktown, Castle Hills, Granville, Merrylands, Mount Druitt, Parramatta, Seven Hills, Telopea, Westmead), Education Centre Against Violence, Forensic Medical Unit, Health Care Interpreter Service, multicultural health, New Street Sydney, NSW Education Program on Female Genital Mutilation, population health services, sexual assault services (Blacktown/Mount Druitt and Westmead), Westmead Breast Cancer Institute, youth health services (Harris Park and Mount Druitt)

