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NSW Health organisations

NSW Ministry of Health

Statutory health corporations

Specialty health networks

Health Administration Corporation

Local health districts

NSW Ministry of Health

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North Sydney NSW 2059
Telephone: 9391 9000
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Website: www.health.nsw.gov.au
Business hours: 9.00am-5.00pm, Monday to Friday

Secretary: Elizabeth Koff

Key achievements for 2015-16

- Increased public awareness, engagement and interaction with the *Make Healthy Normal* campaign. More than 10,000 followers were accrued on social media and 250,000 people visited the website.
- In 2015, more than 1200 people from 38 teams took part in the *NSW Knockout Health Challenge*. In 2016, approximately 800 people participated in the George Rose Challenge. The average body weight loss achieved by program participants was approximately 2.9 per cent.
- A number of successful initiatives contributed to a continual decline in recorded smoking rates among Aboriginal adults from 40.2 per cent in 2002 to 34.9 per cent in 2015 including Aboriginal Quitline and Quit for New Life. During 2015-16, 1396 clients including pregnant women, postnatal women and cohabitants were supported to quit through the Quit for New Life program.
- Seven additional Aboriginal Community Controlled Health Services have been funded to deliver culturally safe, tailored health services to the communities of Armajun, Bullinah, Condobolin, Dubbo, Griffith, Tamworth and Werin.
- Implemented the Aboriginal Maternal and Infant Health Service Data Collection initiative in October 2015. This online health information system supports monitoring, reporting and evaluation of outcomes for pregnant women and their Aboriginal babies accessible through over 40 sites across NSW.
- In 2015, NSW achieved its highest ever number of deceased solid organ donors (127), exceeding for the first time the nationally agreed annual target of 116 deceased donors. This contributed to a 44 per cent increase in the number of organs transplanted.
- In April 2016, the Domestic Violence Disclosure Scheme was launched in four pilot sites across NSW to assist people who may be at risk of domestic violence to find out if their current or former partner has a history of violent criminal offences. Four new community-based men's behaviour change program pilots also started their six month establishment phase.
- The 'LikeMind' initiative doubled its footprint with two new LikeMind sites opened and an additional 1133 people receiving mental health support at the new centre locations in Penrith and Seven Hills.
- 74.2 per cent of emergency department patients left the emergency department for admission to hospital, were referred for treatment or were discharged within 4 hours of presentation.
- 97 per cent of NSW Health system patients had surgery in their clinically recommended timeframe.
- An additional \$1.3 billion for NSW public hospitals over three years was allocated, and \$180 million over 6 years was provided for Integrated Care, with an additional \$20 million announced in 2016.
- Under the *NSW Government Plan to Increase Access to Palliative Care 2012-2016* an additional \$35 million was committed over four years to improve access to palliative care services and support patients and their families.
- NSW Health provided funding through the Non-Government Organisation Grants Program to over 300 organisations.
- The NSW Government abolished patient co-payments for Section 100, highly specialised drugs and injectable and infusible chemotherapy medicines, for eligible patients. From 1 October 2015 to June 2016, approximately 47,000 patients benefited from these changes.
- As at June 2016, 46 nursing and midwifery students are currently enrolled in the NSW Health Aboriginal Cadetship program with more than 120 students successfully completing the program to date.
- Fifteen new medical specialist training positions were established in Bathurst, Bankstown, Campbelltown/Camden, Gosford, Goulburn, Kempsey, Lismore, Newcastle, Orange, Shoalhaven, Wagga Wagga and Wollongong.
- 60 new senior nursing and midwifery positions were allocated to lead expert clinical care and to provide support to new graduate nurses and midwives and undergraduate students.
- rural generalist training positions increased from 30 to 35 positions.
- in response to concerns about the increasing incidence of drug fuelled violence in emergency departments, a Roundtable meeting was convened by NSW Health in February 2016. The Roundtable supported a 12 point action plan for improving security in NSW Health hospitals.
- the 101st Trainee Public Health Officer graduated from NSW Public Health Training Program, and nine new trainees commenced the program in 2016.
- the NSW Health Population Health and Health Services Research Support Program provided an additional \$2.9 million to NSW research organisations to increase the generation of high quality and internationally recognised population health and health services research.
- NSW Health's commitment to Activity Based Funding continued to yield significant results, with a number of local health districts' average cost converging towards the State price.
- Successfully convened the 2015 NSW Health Innovation Symposium and the 17th annual NSW Health Awards.

Elizabeth Koff, Secretary

Statutory health organisations

Agency for Clinical Innovation

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Acting Chief Executive: Professor Donald MacLellan

Professor Donald MacLellan completed his science and medical degrees at Glasgow University before training in General Surgery in Melbourne. Donald held the position of Professor of Surgery at the University of Melbourne for six years before becoming Professor of Surgery at the University of Sydney. Donald has worked as the NSW Statewide Program Director of Surgery since 2005. He has worked extensively with the Surgical Services Taskforce, local health districts, and other clinical Networks to make significant improvements in surgical service delivery over the past seven years. Donald brings considerable clinical knowledge and experience, and is passionate about working collaboratively with clinicians and managers to improve patient centred care.

Year in review

The Agency for Clinical Innovation works with clinicians, consumers and managers to design and promote better health care for NSW.

With its clinician-led networks and expertise in service redesign and evaluation, implementation support and knowledge sharing, the Agency is building new capability and sustained improvement across every sector of the health system.

As our health system continues to grow and change at increasingly rapid rates, the Agency has focused on becoming more agile so that it continues to meet the needs of its stakeholders. The Agency's commitment to being a responsive organisation has resulted in strengthened partnerships with care providers including local health districts and primary health networks, as well as building greater links and coordination with other pillars such as the Clinical Excellence Commission.

A key focus for 2015-16 has been building capability in frontline staff at a local level. The Agency's Surgery Redesign School, Centre for Health Care Redesign Diploma Program and Patient Reported Measures workshops are all examples of the Agency's commitment to building a more capable workforce in the NSW health system, empowering staff to lead innovative changes in their workplace.

The Agency's mission to provide a truly integrated health system has been supported through 2015-16 with the delivery of initiatives such as the Patient Reported Measures Program, Musculoskeletal Primary Health Care Initiative, Health Pathway for pressure injuries in spinal cord injury, and the ACI Building Partnerships Program.

In 2015-16, service delivery strengthened across the State through key initiatives such as the implementation of the ACIs Operating Theatre Efficiency Guidelines, Criteria Led Discharge Program, the Specialist Geriatric Outreach Model and the establishment of telehealth services at eight pain centres.

The Agency recognises that innovative health care only benefits patients when implemented effectively in collaboration with the people who know their environment best. Agency teams work collaboratively with local health care providers and consumers to ensure that the design and implementation of health care innovation becomes standard practice across NSW.

Professor Donald MacLellan, Acting Chief Executive

During the reporting period the Chief Executive position was held by Dr Nigel Lyons. Professor Donald MacLellan is currently acting in this role pending recruitment.



**116 NEW IMPROVEMENT
PROJECTS PUBLISHING
ON THE INNOVATION
EXCHANGE**

Key achievements for 2015-16

- A number of hospitals have partnered with the Agency to implement the Operating Theatre Efficiency Guidelines. To further assist sites to identify opportunities for improvement, the Agency has developed an Operating Theatre Self-Assessment tool.
- The American College of Surgeons National Surgical Quality Improvement Program (ACS NSQIP®) data enhances a hospital's ability to zero in on preventable complications. In 2015, the Agency supported four NSW hospitals to enrol in this Program.

- The Integrated Care Capability Program has worked with all demonstrator and innovator sites to develop customised programs of training and skills development to support workers as they implement local initiatives to build patient-centred integrated care systems.
- The Agency co-hosted the 2016 Patient Experience Symposium in May 2016 with the Clinical Excellence Commission. The Symposium showcased initiatives to improve patient experience in NSW Health services and was attended by more than 400 NSW Health staff members and consumers.
- Ninety NSW Health staff graduated from The Centre for Healthcare Redesign Diploma program, bringing new skills for innovation and implementing 33 new improvement projects. In 2016, the Diploma is transitioning to a graduate certificate qualification in partnership with University of Tasmania.
- Development of a principles-based reference document for the *Clinical Management of Patients with Hepatitis C* to support access to recently introduced direct acting antiviral therapies. This nurse-led model incorporates a risk stratification approach and promotes the integration of care across jurisdictions and providers.
- The Stroke Clinical Audit Program conducted a medical record audit, investigating clinical variation in adherence to evidence-based care processes for 1793 stroke patients. This led to the development of quality improvement plans for 30 NSW hospitals. Examples of best practice were shared in a statewide forum.
- Pilot of an audit tool to investigate clinical variation in the care of people admitted to hospital with community acquired pneumonia. The tool identified areas of unwarranted clinical variation in clinical practice at individual sites.
- *Palliative and End of Life Care - A Blueprint for Improvement* provides a flexible guide for services to meet the needs of people approaching and reaching the end of life. It can be implemented across all settings of care. It was developed through consultation with more than 1200 clinicians, service managers, researchers, consumers, their families and carers.
- The Intensive Care Service Model is a framework for the safe and efficient delivery of care to critically ill patients in smaller rural and metropolitan Intensive Care Units. The Model includes recommended standards in service delivery, governance, care provision and the establishment of integrated networks within a local health district or region.

Bureau of Health Information

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Chief Executive: Dr Jean-Frederic Levesque

Prior to his appointment to the Bureau of Health Information, Dr Jean-Frederic Levesque held senior positions responsible for publicly reporting information about the Canadian health system.

His research focuses on how different models of care impact on patient outcomes and experiences of care, and on the analysis of health care reform.

Dr Levesque is a Conjoint Professor at the Centre for Primary Health Care and Equity, University of NSW. He has a Doctorate in Public Health, a Masters in Community Health and a medical degree from the University of Montreal.

Year in review

The Bureau of Health Information continued in its role of providing independent reports to NSW Government, the community and health care professionals on the performance of the NSW public health system. Our reporting focuses on accessibility, appropriateness, effectiveness, efficiency, equity and sustainability.

The Bureau published 17 reports during the 2015-16 year. We also launched a new website with the primary objective of making health care performance information accessible to a wider audience. New features on the website include animations, interactive information and a more streamlined navigation for our data portal, Healthcare Observer.

The Bureau continued to manage the NSW Patient Survey Program on behalf of the NSW Ministry of Health to support the integration of patient feedback into health system improvements. Each month we asked thousands of people to tell us about their recent experiences of care in a NSW public hospital. During the year, surveys were sent to adult patients admitted to NSW public hospitals, including small and rural hospitals, admitted children and young patients, emergency department patients, maternity patients and patients attending outpatient cancer clinics.

The survey program is a source of data that the Bureau makes publicly available on our online data portal Healthcare Observer, and in Snapshot Reports and Patient Perspective reports. Where possible, survey data is now available by quarter.

In November, the Bureau published a new report series, *Data Matters*, that explores the use and potential benefits of linked health care datasets to assess health care performance. We also hosted a Challenging Ideas seminar to discuss linking data for better health care performance measurement featuring Dr Rick Glazier from the Institute for Clinical Evaluative Sciences in Canada.

Dr Jean-Frederic Levesque, Chief Executive



NEW WEBSITE LAUNCHED THAT MAKES NSW HEALTH PERFORMANCE INFORMATION ACCESSIBLE FOR THE NSW COMMUNITY

Key achievements for 2015-16

- Published two *Healthcare in Focus* reports that provide a compendium of health care measures, allowing comparisons on the performance of NSW's health care system to Australia and 10 other countries.
- Collaborated with the Cancer Institute NSW to publish a *Patient Perspectives* report about the experiences of care by almost 6500 people with cancer who were admitted to a NSW public hospital. A further collaboration on the experiences of people with cancer who visited an outpatient cancer clinic was also initiated.
- Created a new responsive website that allows people seeking health care performance information to access relevant, engaging material easily. The new website includes interactive content, animation and complies with web accessibility guidelines.
- Published four *Hospital Quarterly* reports which look at NSW public hospital activity and performance, including making detailed information available by hospital, local health district and peer group on the Bureau's online data portal, Healthcare Observer.
- Published two *Insights Series* reports that explores people's use and experience of health care in NSW across the life span. The first volume looks at adults aged 55+ years, while the second volume focuses on children aged 0-17 years.
- Managed the NSW Patient Survey Program, which asks different groups of people in NSW about their health care experiences. In 2015-16, the Bureau conducted surveys of adult admitted patients in NSW hospitals including small and rural hospitals, admitted children and young patients, emergency department patients, maternity care patients, and patients attending outpatient cancer clinics.
- Published four new reports from the *Snapshot Series* reflecting on the experiences of thousands of patients to NSW public hospitals. The *Snapshot Reports* highlighted results from the Emergency Department Patient Survey, Admitted Children and Young Patients Survey, Adult Admitted Patient Survey and Outpatient Survey.
- Published a *Spotlight on Measurement* report that explores issues and options for the ongoing measurement and reporting of 30 day mortality in NSW.

- Increased the data available on the Bureau's online data portal, Healthcare Observer, to include outpatients and admitted children and young patients; and introduced quarterly results over a two year period for emergency department and adult admitted patients.
- Published the first report in a new report series, *Data Matters*, that explores the use and potential benefits of linked health care datasets to assess performance. The Bureau also hosted a new Challenging Ideas seminar to discuss linking data for better health care performance measurement, featuring Dr Rick Glazier, Senior Scientist and Program Lead of Primary Care and Population Health at the Institute for Clinical Evaluative Sciences, Canada.

Cancer Institute NSW

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Chief Executive: Professor David Currow

Before being appointed Chief Executive Officer and Chief Cancer Officer of the Institute, Professor David Currow was the foundation Chief Executive of Cancer Australia. He leads a team of more than 200 people whose remit include prevention, screening, service performance and development, and strategic research and investment. The Institute works to lessen the impact of cancer on the people of NSW and the NSW health system.

Year in review

The impact of cancer is felt right across our community, which is why cancer control is an important priority for NSW.

The Cancer Institute NSW was established under the *Cancer Institute (NSW) Act 2003*. The objectives of the Institute are outlined in the Act and are driven by the goals of the NSW Cancer Plan:

1. To reduce the incidence of cancer
2. To increase the survival of people with cancer
3. To improve the quality of life of people with cancer.

NSW currently has a five-year survival rate of 67 per cent for people diagnosed with cancer—this is on par with the best health systems in the world. Working together with local health districts, primary health networks, specialty health networks, the NSW Ministry of Health, pillars, government and non-government organisations, researchers, health professionals and people affected by cancer, we are making great progress, but there is always more to do.

This year the Institute collaborated with more than 1000 individuals to develop the fourth *NSW Cancer Plan*. This plan builds on the successes of the last three plans and provides a roadmap for how the health system, health care professionals, health care organisations and the community will work together to develop and deliver cancer control initiatives.

Through successful cancer prevention activities we have contributed to a continuous decline in the prevalence of adult smoking; notably, smoking prevalence among Aboriginal adults has declined by four per cent from 2012 to 2015. Other prevention initiatives have overseen a decrease in youth preference for a suntan.

Breast screening rates continue to increase, particularly in Aboriginal and culturally and linguistically diverse communities. The Institute continues to promote best practice by working collaboratively to ensure our data registries and programs, such as *eviQ*, are providing the latest available evidence-based information.

Canrefer continues to support and promote the importance of multidisciplinary teams as best practice cancer care.

The Reporting for Better Cancer Outcomes program delivered its fifth reporting cycle this year, highlighting cancer control performance across local health districts and primary health networks in NSW. Through this program we are informing health system change.

As the biggest funder of cancer research in NSW, the \$23.8 million invested in cancer research from 2004 to 2015 has returned an estimated \$108.8 million in direct leveraged funds for researchers in the same period. This is making a real difference to outcomes for cancer patients.

As we celebrate achievements, the enormity of the task ahead is not forgotten. Every day brings new questions and new challenges as we work collaboratively to make a difference to those impacted by cancer.

Professor David Currow, Chief Cancer Officer and Chief Executive



**ABORIGINAL SCREENING
ENGAGEMENT
STRATEGY DELIVERED A
16 PER CENT
INCREASE IN BREAST
AND CERVICAL
SCREENING FOR
ABORIGINAL WOMEN
THROUGH
BREASTSCREEN NSW**

Key achievements for 2015-16

- The Institute collaborated with more than 1000 individuals to develop the fourth *NSW Cancer Plan* in 2016.
- The Institute ran the Skin Cancer Prevention Summer Campaign 2015-16 to encourage youth sun safety. The campaign saw more than four million views of the campaign videos and a 13 per cent increase in sun protection intentions by the target audience.
- The Institute implemented 10 anti-smoking campaigns across NSW between July 2015 and June 2016, including specific campaigns for the Aboriginal and culturally and linguistically diverse communities. Adult smoking prevalence has declined from 16.9 per cent in 2010 to 13.5 per cent in 2015.
- The Institute established the NSW Smoking Cessation Collaboration with the Centre for Population Health, NSW Ministry of Health, Clinical Excellence Commission, Health Education Training Institute, Agency for Clinical Innovation, St Vincent's Hospital Network, University of Newcastle, Cancer Council NSW, Aboriginal Health & Medical Research Council, local health districts, The Children's Hospital at Westmead and South Western Sydney Public Health Network. The collaboration will support the capacity of the NSW health system to embed brief interventions in smoking cessation as part of routine care.
- The Institute implemented the Aboriginal Screening Engagement Strategy in 2015 to increase participation of Aboriginal women in breast and cervical screening programs. The strategy saw a 16 per cent increase in screens for Aboriginal women through BreastScreen NSW in 2015-16, compared to 2014-15.
- The Institute developed the NSW Primary Care Strategy for the bowel, breast and cervical screening programs. A representative advisory committee has been formed to support the strategy's implementation.
- The NSW Cancer Registry completed coding 2012 cancer incidence and mortality data in just eight months—at double the speed of previous data processing. This reflects a significant increase in efficiencies that ensure we are reporting the most recently available information to our stakeholders.
- Through funding multidisciplinary cancer care teams' sustainability grant programs and enhancing the Canrefer website, the Institute continually supports integrated care and use of multidisciplinary teams as best practice cancer care. The Canrefer website saw average monthly views increase from 15,500 in 2012 to 19,000 in 2015, and currently has 229 cancer services, 214 multidisciplinary teams and 1128 specialists listed.
- The Institute fostered translation and innovation from research by awarding four new translational program grants in 2015. Of the 16 grants awarded since 2004, eight completed grants reported a direct leverage ratio of \$4.5 for every \$1 invested during their program grant period.

- BreastScreen NSW launched its online booking system in November 2015, initially providing it to clients aged 50-74 who are returning to BreastScreen. As of 31 July 2016, 16,516 (9 per cent) of returning clients had booked online. Online bookings will become available to new clients during 2016-17.

Clinical Excellence Commission

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Business Hours: 8.30am-5.00pm, Monday to Friday

Chief Executive: Ms Carrie Marr

Carrie Marr has a strong commitment to, and extensive experience in, health care quality and safety improvement. Prior to becoming Chief Executive at the Clinical Excellence Commission in October 2015, Carrie held executive and consultant positions in Western Sydney and the National Health Service, Scotland. She is a graduate of Intermountain Health Care's Quality Improvement program and holds a Bachelor of Science (Nursing), Diploma in Education (Nurse Teaching); and Master of Science (Organisation Consulting).

Year in review

In October 2015, the Commission welcomed Ms Carrie Marr as its new Chief Executive. Shortly after, the Board endorsed the Clinical Excellence Commission Strategic Plan 2015-18, which outlines the following four key strategic direction themes for the next three years:

- building system excellence together
- quality improvement capability and capacity
- knowledge-based system improvement
- organisational excellence.

The Commission's organisational structure has been realigned to complement these strategic directions. As a result, existing core functions have been consolidated and new areas established such as knowledge exchange, systems improvement, organisational development and culture.

In line with its core incident management and governance function, throughout the year the Commission produced two focus reports relating to central venous access devices and hospital-associated venous thromboembolism, six safety notices relating to clinical or supply risk, and three policies relating to medicines and urinary catheterisation. It also developed and implemented initiatives and resources to reduce diagnostic error, enhance end of life care and ensure the quality use of antibiotics.

Accreditation against the national standards and development of a new online incident management system, IMS+, also progressed significantly, with the new system due to go live later this year following pilot testing.

Responding to feedback from last year's Capacity Assessment Program, the process for responding to serious clinical incidents in NSW Health, including Root Cause Analysis investigations, is also under review in collaboration with the Ministry of Health's Legal Branch. A discussion paper outlining proposed options was distributed for consultation in May 2016 with feedback to be reviewed and acted upon in the new financial year.

A significant piece of work for the Commission in 2016 was co-leading a Section 122 Inquiry with the Cancer Institute NSW into off-protocol prescribing of chemotherapy for head and neck cancers. An interim report released in March highlighted clinical, workplace culture and communication concerns, with a final report issued late July. The findings of the Inquiry and its recommendations are likely to generate a great deal more attention in 2016-17.

Ms Carrie Marr, Chief Executive



OVER 20 END OF LIFE CARE TOOLS PILOTED AT 27 SITES ACROSS 10 LOCAL HEALTH DISTRICTS

Key achievements for 2015-16

- In response to a Section 122 Inquiry from the Secretary NSW Health, the Commission and Cancer Institute NSW undertook a review into off-protocol prescribing of chemotherapy for head and neck cancers. An interim report was released in March making 20 recommendations, highlighting clinical, workplace culture and communication concerns, with a final report issued late July.
- The Commission's Quality Audit Reporting System was rolled out in 2014-15 to help support health care facilities in meeting audit requirements for the National Safety and Quality Health Service Standards. As at the end of June 2016, over 35,000 audits had been entered into the system.
- In collaboration with NSW and international partners, the Commission held an Emerging Leaders roundtable based on the Telluride model. This four day forum was attended by 27 emerging leaders from across Australia and was the first of its kind in Australia.
- During 2015-16 the Commission developed and released a suite of resources to help reduce infections and improve care for patients who have a catheter during their hospital stay. This included an innovative user-friendly, one-page pre-insertion decision support tool to facilitate best practice.
- Over 100 clinical units in NSW Health facilities have now implemented Structured Interdisciplinary Bedside Rounds, as part of the Commission's In Safe Hands program. Demonstrated benefits include improved teamwork, safety, efficiency and communication.

- Just over 300 clinicians completed the Commission's Clinical Leadership Program (executive and foundational models) during the year, building system-wide capacity and capability to improve the quality, safety and efficiency of health care within the NSW health system.
- The Commission successfully piloted a diagnostic error initiative, using techniques such as 'take 2, think do' and 'red team-blue team challenge', to help identify and correct potential diagnostic errors.
- Intended to facilitate better patient-based care, an evaluation of 'TOP 5 Phase 2' (project planning phase) found that using the program brought significant benefits for staff, patients and carers during transfer of care between health care settings. This included improved staff knowledge and confidence in caring for people with dementia, improved communication, seamless personalised care and reduced patient anxiety.
- 20 End of Life Care tools have been developed for improving the care at end of life for patients and to better support clinicians through the end of life process. These are currently being piloted at 27 sites across 10 local health districts to review their suitability in different clinical settings.
- In September, the Commission hosted an antimicrobial stewardship forum with 100 delegates. The 5x5 Antimicrobial Audit - a targeted audit, intervention and feedback activity developed by the Commission and successfully piloted by 15 NSW facilities during 2014-15, was launched at the event.

Health Education and Training Institute

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Chief Executive: Adjunct Professor Annette Solman

Annette Solman has significant experience working within the public health sector in a range of roles encompassing nursing, health management, multi-professional education, culture change, quality improvement and person centred research. Previous roles have included Acting Chief Executive of The Sydney Children's Hospital Network. Annette is an Adjunct Professor with the University of Technology Sydney and the University of Sydney. She is also a member of the International Practice Development Collaborative and the International Practice Development Colloquium.

Year in review

Collaboration and partnership again marked the work of the Health Education and Training Institute in 2015-16 towards expanding the education and training options available to NSW Health staff.

Working with local health districts and specialty health networks to identify their education and training needs and support development, the Institute delivered a further 52 education and training resources in 2015-16. These new resources are now available statewide to all NSW Health staff via the learning management system HETI Online.

The Institute continues to deliver the NSW Health Leadership Program in partnership with NSW Health organisations. The program commenced in a further six hospitals in 2015-16.

In 2015-16, on behalf of NSW Health, the Institute has been pursuing registration as a Higher Education Provider and accreditation of new courses in Psychiatric Medicine and Applied Mental Health Studies with the national regulator the Tertiary Education Quality and Standards Agency. This work is part of the transition of the NSW Institute of Psychiatry into the Institute which has been ongoing in 2015-16. The transition will enable an enhanced integration of mental health into the range of education and training curriculum available. It will also increase the capacity to expand education and training options and pathways for NSW Health staff and build on what is available through the NSW Health Registered Training Organisation.

In 2015-16, five new posts for the NSW Rural Generalist (Medical) Training Program were funded, bringing a total of 40 training places in rural NSW. New Mental Health and Palliative Care pathways were introduced in the program to expand advanced skill training options in rural areas.

In 2015-16, the Institute also oversaw another record allocation of 983 medical intern placements across NSW hospitals including 112 doctors recruited directly to rural hospitals, and 19 doctors recruited through the Aboriginal medical workforce pathway.

Adjunct Professor Annette Solman, Chief Executive



A TOTAL OF 2.3 MILLION MANDATORY TRAINING COURSES HAVE NOW BEEN COMPLETED THROUGH HETI ONLINE

Key achievements for 2015-16

- In January 2016, 983 junior doctors commenced in NSW Hospitals, including 112 doctors recruited directly to rural hospitals, and 19 doctors recruited through the Aboriginal medical workforce pathway.
- The Rural Generalist Nursing Program was launched in 2015-16, providing five innovative learning pathways to support comprehensive assessment; palliative, aged and paediatric care; and mental health.
- In 2016, five new posts for the NSW Rural Generalist (Medical) Training Program were funded, bringing a total of 40 training places in rural NSW. New Mental Health and Palliative Care pathways were introduced in the program to expand advanced skill training options.
- A total of 668 NSW Health staff commenced the Financial Management Essentials program during 2015-16.
- More than 500 allied health professionals completed training in lymphoedema care, through a new eLearning course.
- A total of 2.3 million mandatory training courses have been completed through HETI Online.
- The Foundations eLearning modules support improved interprofessional team work. Ten of the modules were redeveloped during 2015-16 to better reflect learner needs.

Specialty health networks

Justice Health & Forensic Mental Health Network

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Chief Executive: Gary Forrest

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

Gary joined the Network in 2002, working in nursing, population health and prison hospital management prior to becoming the Chief Executive on 1 June 2016.

Year in review

The Justice Health & Forensic Mental Health Network is a specialty network constituted under the *Health Services Act 1997*, delivering health care to those in contact with the NSW criminal justice and forensic mental health systems across community, inpatient and custodial settings.

In 2015-16, the Network continued to encounter unprecedented growth of 12 per cent in the adult custodial population. In order to improve efficiencies in the correctional system, the NSW Government announced major reforms including benchmarking and contestability of correctional services, and implementation of a Prison Bed Capacity Strategy. The Network is working closely with key justice and health partners to develop appropriate specifications and standards for custodial health services and ensure readiness for the commissioning of new and expanded correctional centres across the State.

In partnership with Corrective Services NSW, the Network successfully implemented one of the most significant public policy changes in NSW custodial history, with the move to a completely smoke-free correctional environment on 10 August 2015.

The Network continued its strong commitment to culture improvement in 2015-16, with the most significant activity being coordination of 101 facilitated local culture workshops. This resulted in the development and implementation of 104 individual team Local Action Plans.

The Network also commenced data collection for its Network Patient Health Survey, which underpins some of the most comprehensive prevalence research in prisoner health nationally and internationally. The Network also surveyed young people in custody and forensic mental health patients.

The continued high quality care provided to our patients is a credit to all staff and I convey my appreciation to all for their hard work and dedication.

Gary Forrest, Chief Executive



**3102 ADULTS AND
YOUNG PEOPLE WITH
MENTAL ILLNESS WERE
DIVERTED FROM
CUSTODY**

Key achievements for 2015-16

- Successful implementation of the Smoke-free Prisons policy in partnership with Corrective Services NSW. This huge undertaking involved screening 9413 patients; with 6990 smokers assessed and accepting nicotine replacement therapy at go-live in August 2015.
- In 2015-16, consumer workers were introduced into the Forensic Hospital for the first time to build and establish a patient participation framework and promote consumer participation in decision making on all facets of their care.
- The Network's Community Integration Team coordinated post-release care for 536 young people with significant mental health and/or problematic drug and alcohol use leaving custody, including coordination of links to community-based health and support services. 57 per cent of these young people identified as Aboriginal and/or Torres Strait Islander.
- The Network delivered sexual health education sessions to 1078 young people in custody (62 per cent of whom identified as Aboriginal); and antenatal care and parenting education sessions to 812 young people in custody (64 per cent of whom identified as Aboriginal).
- In 2015-16, the Network's Connections Program assessed and supported 718 patients on Opioid Substitution Treatment programs. Of these, 86 per cent of patients reported an easier transition to the community.

- 1514 patients accessed the Aboriginal Chronic Care Program in 2015-16. The program provides systematic screening, health education, health promotion and early intervention strategies for adult and adolescent Aboriginal patients in custody.
- The Network collaborated with the Cancer Institute NSW to deliver bowel cancer screening for custodial patients over the age of 50 years. The pilot study identified positive screening rates (14 per cent) for custodial patients were double those of the general community (7 per cent).
- The Network partnered with South Western Sydney Local Health District to develop a pilot Violence Reduction Program designed to reduce the frequency and intensity of problematic and antisocial/violent behaviour through delivery of targeted treatment.
- 106 patients commenced the new highly effective interferon-free Direct Acting Antiviral Hepatitis C treatments since their listing on the Pharmaceutical Benefits Scheme on 1 March 2016.
- In response to the low rate of health literacy among young people in custody, the Network provided health education and health promotion through its Aboriginal Youth Health Access Workshops. In 2015-16, 90 per cent of workshop participants successfully completed the program.

The Sydney Children's Hospitals Network

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Chief Executive: Dr Michael Brydon

Dr Michael Brydon was appointed as Chief Executive of The Sydney Children's Hospitals Network in July 2016. Dr Brydon was previously Director Clinical Operations for the Network.

He worked at Sydney Children's Hospital, Randwick for 27 years after completing his Medical Degree and his Fellowship of Paediatrics in the Randwick program. His other qualifications include Masters of Paediatrics and Masters of Health Administration. Michael is a strong advocate for the unique needs of children.

Year in review

The 2015-16 financial year marks five years since the establishment of The Sydney Children's Hospitals Network. This is an important milestone as our services have been significantly strengthened over that time, with collaboration across the Network delivering world-class care for patients and their families.

We have seen significant growth and important advances within each of our pillars – clinical care, advocacy, research and education. These are the core functional areas of our organisation, depending on each other to ultimately provide the safest and most effective paediatric health care.

We are fortunate to have seen recent expansion and enhancement in our facilities and equipment. Notably, the opening of the Cardiac Catheter Lab at the Children's Hospital at Westmead, the Rehabilitation Ward at Sydney Children's Hospital, Randwick, the 3D Orthopaedic Lab at Kids Research Institute and the purchase of an additional heart lung machine.

Our capital works program is progressing well with the Bright Alliance Building nearing completion at Randwick and work scheduled for our new Clinical Trials Centre at Westmead. The redevelopment of the Westmead precinct is a major focus over the coming years, with stage one plans well progressed to build a shared acute services building with Westmead Hospital and improved parking facilities across the precinct.

Our commitment to quality and safety is unwavering. Almost 300 Quality Improvement Activities were initiated this year, we consolidated and strengthened our collaboration with the families we serve and we are working towards Network-wide accreditation in 2017.

Our Network is only as safe, smart and strong as our people and we would like to acknowledge the Network Board, executive, our staff and the many volunteers for their commitment to providing the best care for children and families.

Special thanks also to our community supporters and donors who are partners in our important work and continue to help us to fulfil our vision – Children First and Foremost.

Dr Michael Brydon, Chief Executive



**IMPROVED CATEGORY
 B AND C SURGICAL
 WAITING LISTS BY OVER
 65 PER CENT IN 12
 MONTHS**

Key achievements for 2015-16

- Opening of the \$3.4 million Cardiac Interventional Suite to offer safer and more efficient treatment for children with complex heart conditions, reducing their exposure to radiation and improving their recovery time.
- Opening of the first dedicated paediatric Rehabilitation Ward in NSW and day-only service for brain injury patients.
- Advancement of Network's MEMORY Strategy, incorporating the Electronic Medical Record, Electronic Medication Management, My Health Memory (patient connectivity portal) and installation of Guest WiFi.
- A world-first cannabis trial for children with severe, drug-resistant epilepsy was announced, featuring a compassionate access scheme to cannabis-based medicine.

- Home for Lunch and Kids GPS initiatives were launched to ensure all areas of the Hospital are working in unison and able to provide the best care, especially for chronically-ill patients.
- The Network launched a range of key advocacy projects, including online Cardiopulmonary Resuscitation training for the community, Kids Quit project to reduce smoking and concussion campaign to raise awareness of the dangers and treatment of sporting injuries.
- NSW Immunisation Specialist Service was launched, providing a drop-in immunisation service, a specialised immunisation clinic and a telephone hotline providing clinical advice and support to immunisation providers.
- Enhanced consumer engagement occurred during 2015-16 through establishment of the Network Families and Consumer Council and inaugural Patient Experience Week activities across both hospitals.
- The 3D Orthopaedic Laboratory was opened, enabling engineering and prototyping of orthopedic implants for children using 3D design and printing.
- 2015-16 saw the advanced use of genomic sequencing as a diagnostic and research tool within the Network, particularly assisting patients with rare diseases. Five research teams received a total of \$1.54 million as part of the NSW Government's 2015-16 Genomics Collaborative Grants Program.

St Vincent's Health Network

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390 Victoria Street
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Website: www.svhs.org.au
Business Hours: 9.00am-5.00pm, Monday to Friday

Chief Executive: Associate Professor Anthony Schembri

Anthony Schembri is the CEO of the St Vincent's Health Network Sydney. Anthony holds appointment as Board Director for the Garvan Institute of Medical Research, Board Director of the Central and Eastern Sydney Primary Health Network, Board Director of the St Vincent's Curran Foundation and Co-Chair of Australian Catholic University/St Vincent's Nursing Research Institute. Anthony is an Adjunct Professor in Health Sciences at the Australian Catholic University and Associate Professor of the St Vincent's Clinical School of the Faculty of Medicine at the University of New South Wales.

Anthony's qualifications include an Honours degree in Social Work from the University of NSW, Graduate Diploma in Public Administration and Masters of Public Policy with Merit from the University of Sydney. He is a Fellow of the Australasian College of Health Service Managers.

Year in review

Across all of our major areas of clinical endeavour, the St Vincent's Health Network Sydney is embracing innovation to improve patient outcomes.

As part of an international trial, our cardiology team successfully performed one of the world's first implants of the MVAD Pump, a miniature artificial device which is a third of the size of the currently available device, resulting in a reduction in surgical trauma and improved quality of life.

The transplant team pioneered a procedure to bring better patient outcomes to those with cardiovascular conditions, whereby they no longer need to stop a patient's heart from beating in order to repair or replace defective aortic valves.

St Vincent's Drug and Alcohol Unit began a clinical trial for patients with methamphetamine addiction using replacement Lysine Dexamphetamine. To date, the trial has seen promising results, and is enabling users to withdraw safely, without experiencing some of the withdrawal symptoms that can impede a full recovery.

St Vincent's was granted \$1.5 million from NSW Health to commence the Psychiatric Alcohol and Non-Prescription Drug Assessment (PANDA) Unit, within the \$14 million Emergency Department enhancements that will reconfigure the physical space in the Emergency Department to directly address projected growth in emergency presentations.

St Vincent's continued their commitment to HIV care with the opening of the Translational Research Centre where Kirby Institute staff partner with St Vincent's clinicians, including specialty HIV inpatient and ambulatory services and the NSW State Reference Laboratory for HIV. Several clinical research projects in specialities such as HIV infection, viral hepatitis, anal cancer, immunology, rehabilitation medicine and neurology will be conducted at the Centre.

Stanford House was opened at St Vincent's in April following coordination between St Vincent's and Sydney Local Health District to safeguard the survival of the short-term supported accommodation service for people living with HIV.

Associate Professor Anthony Schembri, Chief Executive



\$5 MILLION ANNOUNCED TO INITIATE MASTER-PLANNING FOR THE ESTABLISHMENT OF AN INTEGRATED CARE CENTRE AND AUSTRALIA'S FIRST HEART LUNG VASCULAR INSTITUTE

Key achievements for 2015-16

- The Duchess of York, Sarah Ferguson officially opened Stanford House at St Vincent's Hospital, a new supported accommodation service for people living with HIV who have complex health needs. The home has capacity for six clients and also offers outreach services for clients and past residents.
- Previously based at Stanmore, Dr Mark Polizzotto was awarded a prestigious NSW Cancer Institute grant to develop a world-leading clinical trial program in cancers associated with HIV infection at St Vincent's Hospital.
- St Vincent's Health Network and Murrumbidgee Local Health District established a partnership agreement to further enhance the provision of efficient health care in areas of expertise such as Aboriginal Health. St Vincent's and the District have traditionally shared a long standing relationship supported by an informal referral network to meet the complex health needs of the District's population.
- St Vincent's launched a pioneering cardiac web portal for patients, families and carers touched by heart disease, providing expert advice and resources through all stages of heart disease from diagnosis through to treatment, recovery and beyond. Since its launch in February the site has received a high volume of visits from clinicians and patients both locally and internationally.
- February 2016 marked the two year anniversary of the introduction of the NSW alcohol sale restriction and lockout laws. St Vincent's conducted several media engagements highlighting the reduction in alcohol-related harms presenting to the hospital since the new laws were introduced.
- Director of St Vincent's Emergency Department, Prof Gordian Fulde was announced Senior Australian of the Year for his contribution to emergency medicine and reducing alcohol harms.
- St Vincent's implanted the world's smallest miniature artificial device in a patient with advanced heart failure. St Vincent's, led by Drs Paul Jansz and Chris Hayward, is participating in an international trial of the HeartWare MVAD Pump. Less than half the size of the previous smallest device, it is implanted through a minimally invasive procedure to reduce surgical trauma.
- Members of the Packer family announced a multi-million dollar funding commitment to enable St Vincent's to conduct long-distance heart and lung organ retrievals over the next 10 years. This announcement extends the help the Packer family have given over the past few decades to facilitate hundreds of long distance organ retrievals to save the lives of many.
- The St Vincent's Campus celebrated the 125th anniversary of Sacred Heart. After seeing the need for dignified end-of-life care in the community, the Sisters of Charity of Australia founded the Sacred Heart Hospice, Australia's first hospice.
- The NSW Health Minister announced \$5 million to initiate master-planning for the St Vincent's Healthcare & Research Campus, to help plan for the creation of an Integrated Care Centre and the establishment of Australia's first Heart Lung Vascular Institute amongst other initiatives.

Health Administration Corporation

NSW Ambulance

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Rozelle NSW 2039
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Website: www.ambulance.nsw.gov.au
Business Hours: 9.00am-5.00pm, Monday to Friday

Chief Executive: Dominic Morgan

Formerly the Chief Executive of Ambulance Tasmania, Dominic Morgan has returned to NSW Ambulance following 23 years with the organisation in executive, operational, corporate and clinical roles. As NSW Ambulance Chief Executive, Dominic's priorities are the mental health, wellbeing and resilience of staff, ensuring they are supported and best placed to meet the demands and challenges of their job, as well as the prevention of occupational violence and improving the safety of staff while they undertake their duties.

Year in review

2015-16 saw the appointment of our new Chief Executive, Dominic Morgan who undertook a Listening Tour across NSW, gaining feedback on the issues that matter to our staff.

This year also saw a number of key projects completed across all areas of the organisation. Operationally, the Integrated Paramedic Assisted Screening and Streaming (iPASS) project, which sees paramedics transporting low acuity patients to destinations other than emergency departments, was implemented at Westmead and Mt Druitt Hospitals; significant improvements in Transfer of Care resulted in increased emergency ambulance availability; our Special Operations Team were deployed to the Western Australian and Tasmanian bush fires; construction commenced on our new helicopter base and a compliance audit of the first new helicopter was completed.

The Non Emergency Patient Transport (NEPT) transition to HealthShare was finalised; StaffLink was implemented and payroll functions also transitioned to HealthShare. The migration of IT services to the Statewide Service Desk was completed.

The \$122 million Rural Ambulance Infrastructure Reconfiguration (RAIR) program business case was approved; service plans completed for seven regional response areas and four superstation sites were announced.

Referral pathways were formalised across local health districts; three after-hours medical deputising services Memorandum of Understanding signed; and paramedic non-transport and referral protocols were strengthened.

Supporting our staff was a top priority this year, with the establishment of an Occupational Violence Prevention Strategic Advisory Group, tasked to review current strategies and identify best practice to keep our staff safe. The Staff Wellbeing and Resilience Summit was developed, a first for NSW Ambulance and the country, and will bring together emergency services, topic experts and thought-leaders to openly discuss the mental health of our workforce.

The successful No Excuse for Call Taker Abuse campaign complemented this work, highlighting the fact that abuse is not only physical, but also impacts on our Triple Zero (000) control centre staff.

Mr Dominic Morgan, Chief Executive



**MANUAL HANDLING
INJURIES REDUCED
SUBSTANTIALLY WITH AN
OVERALL DROP IN
MUSCULAR SKELETAL
INJURIES OF 26 PER CENT
SINCE LAST YEAR**

Key achievements for 2015-16

- Four NSW Ambulance superstation locations were announced, bringing the total of new superstations to nine. Evidence-based initiatives were developed; and a collaborative consultation strategy and paramedic-led user groups informed design and construction.
- A statewide initiative began to ensure rural ambulance infrastructure and models of care are meeting current and future regional patient needs. Designed to empower paramedics to provide a timely, efficient and effective service, construction of the first sites will be complete in 2016-17.
- As part of a strategy to address the 'elephant in the room', NSW Ambulance developed the Staff Wellbeing and Resilience Summit, which placed the spotlight on mental health, providing an open discussion forum and examination of current support systems and other models and initiatives in practice. The Summit further develops our staff support strategy to meet the future health needs of our workforce.
- NSW Ambulance continued to support paramedics responding to the wishes of patients with palliative or life limiting illness, achieved through adult and paediatric authorised care plans which ensure patients receive their care in their preferred location, complementing services already in place. This provides a safety net for palliative patients seeking unplanned access to health care through calling Triple Zero (000).

- A Memorandum of Understanding was established with three After Hours Medical Deputising Services, providing paramedics with a 'see and refer' pathway for low acuity patients who call Triple Zero (000) and whose condition does not warrant transport to a hospital emergency department.
- Construction commenced on the new Bankstown Helicopter Base and the first helicopter fit out was completed, with operations on track to commence progressively between January and June 2017. This follows a competitive tender process and contract agreements executed with Toll Helicopters and the Northern NSW Helicopter Rescue Service in 2014-15 to deliver 12 AgustaWestland AW139 helicopters, five new helicopter retrieval bases and upgrades to another base to commence operations in 2017.
- The Occupational Violence Prevention Strategic Advisory Group was established in early 2016 to conduct a review of occupational violence prevention, including identifying and categorising risks, current and proposed mitigation strategies, cutting-edge developments, progressive interventions and best practice.
- The 'No Excuse for Triple Zero (000) Call Taker Abuse' community education campaign was launched, promoting a zero tolerance to verbal abuse. The campaign encouraged control centre staff to speak up about experiences of abuse.
- As part of the Is Your Urgency an Emergency campaign, callers to Triple Zero (000) were asked to make the right call to enable NSW Ambulance to get them the most appropriate care. The campaign highlighted the range of treatment pathways for non-urgent conditions and that not all calls require a paramedic to respond.

Health Infrastructure

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Chief Executive: Sam Sangster

Sam Sangster's career spans public and private sectors, including large ASX-listed companies in a range of commercial and project delivery roles.

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

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

Year in review

In 2015-16, the demonstrated capability of Health Infrastructure to plan and deliver world-class health care facilities continued to drive exceptional outcomes for communities across NSW.

In dollar terms, the portfolio of capital works projects managed by Health Infrastructure stands at \$5 billion, with project expenditure in 2015-16 in excess of \$800 million.

In 2015-16, Health Infrastructure completed 10 projects throughout the State, including Blacktown and Mount Druitt Hospitals Redevelopment - Stage 1, Byron Central Hospital, Peak Hill Multipurpose Service, the South East Regional Hospital at Bega and the Wollongong Hospital Elective Surgery Unit.

Beyond individual projects, Health Infrastructure has been involved in an important shift that is taking place in how we plan for, and understand the role of health facilities in our communities and the economy more broadly.

For example, Health Infrastructure's planning role for Westmead extends well beyond the already ambitious \$900 million Redevelopment project; it includes contributing to whole of Government precinct planning with transformational, city-shaping impacts across the health, education and transport sectors.

Health Infrastructure has been working with the Greater Sydney Commission, Transport for NSW, local government and in collaboration with other Westmead precinct partners to create a vision for Westmead as a workable, liveable and accessible health city that nurtures and attracts globally relevant research capacity. Importantly, this vision also sees the Westmead health city as a major driver of jobs growth in Western Sydney.

Sadly, late in 2015 we lost Robert Leece AO RFD. Bob was a most significant contributor to NSW, our industry and in particular to our organisation as inaugural Chairman. There is no doubt that Health Infrastructure is largely what it is today as a result of Bob's insight, leadership, drive, attention to what mattered and approach to life generally.

Bob's significant contribution to NSW Health has been acknowledged in the most significant manner, with the naming of a new built form/ICT award in the annual NSW Health Awards.

Sam Sangster, Chief Executive



PLANNING AND DELIVERING NEW STATE-OF-THE-ART HOSPITALS THROUGHOUT THE STATE FROM AS FAR NORTH AS TWEED, AS FAR WEST AS BROKEN HILL AND DOWN TO COOMA IN SOUTHERN NSW

Key achievements for 2015-16

- Working with clinicians, local health districts, pillars and the Ministry to plan and implement new models of care and manage change through a mature established Change Management and Communications Framework.
- Applying an approach to project governance that promotes engagement with key stakeholders, communities and consumers to achieve the best options and outcomes through integrated services and care delivery.
- Health Infrastructure is playing a key role in broader strategic planning for the Westmead precinct, working alongside key education and health care stakeholders, as well as UrbanGrowth NSW and Transport for NSW to deliver high quality infrastructure outcomes on a whole of Government basis. As some of the largest research, education and training providers in Australia, the Westmead hospitals, Westmead research facilities and Westmead-based university facilities are uniquely placed as a global centre of excellence in research-integrated health care and clinical education.
- Health Infrastructure's portfolio now includes over \$5 billion to build and upgrade more than 80 hospitals, health services and ambulance facilities over four years. Projects being delivered by Health Infrastructure which form part of the NSW Government's commitment include the Westmead Redevelopment, Dubbo Stages 3 & 4, Lismore Hospital Stages 3A and 3B, Manning Hospital, Gosford Hospital, Broken Hill Hospital and Macksville Hospital.
- Working with NSW Health to better strengthen the identification, prioritisation and scope stages of capital projects.
- Developing a proposed program of health service projects utilising partnerships to deliver services and assets for communities, following the successful finalisation of the operator-led Northern Beaches Hospital transaction.
- Working with NSW Health and local health districts to identify opportunities to explore non-capital solutions, including through the roll-out of a program of health service projects utilising partnerships to deliver services and assets.
- Implementing a program-wide management approach to capital works to ensure projects are prioritised and delivered efficiently across the Multipurpose Service program, providing the opportunity for new models of care and improved health care services for rural and remote communities.
- Working with key internal and external stakeholders to implement program-wide management approaches to delivering new capital works under the largest investments in ambulance station infrastructure in decades, spanning both metropolitan and rural programs.

- Continued to provide secretariat services and policy advice to inform the on-going operation of the Australian Health Facility Guidelines. The Guidelines team operates from Health Infrastructure and reports to the Australasian Health Infrastructure Alliance which comprises senior asset managers from the public health authority of each Australian state and territory and New Zealand.

HealthShare NSW

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Business hours: 8.30am-5.00pm, Monday to Friday

Chief Executive: Daniel Hunter

Daniel Hunter joined HealthShare NSW in June 2015. Over the course of his career, Daniel has held leadership positions in the public and private sectors, 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

Over the past twelve months HealthShare NSW has worked extensively on a number of key initiatives, including moving towards being a customer focussed organisation, work to build a constructive culture within the organisation, and partnering with Northern Sydney Local Health District for the provision of 'soft services' at Royal North Shore Hospital. Major business reforms were also delivered including the transition of staff and fleet to complete the establishment of a centralised Non-Emergency Patient Transport service.

HealthShare NSW customers are more satisfied than ever, with survey results displaying a positive shift across all outcome measures over the past two years. Customer satisfaction increased by 10 per cent, dissatisfaction decreased by 15 per cent and Net Promoter Score values improved by 13 points. This work is also supported by a number of organisational culture initiatives with culture indexes also improving significantly.

The Non-Emergency Patient Transport service has successfully transitioned the fleet and staff from NSW Ambulance and local health districts to the centralised booking hub managed by HealthShare NSW. The service transitioned 179 patient transport vehicles, 322 patient transport officers and 84 nursing staff. This is delivering tangible benefits to the NSW health system through a significant reduction in reliance on NSW Ambulance vehicles from 19.6 per cent in 2012-13 down to 2 per cent in July 2016.

As a recognised provider of high quality support services to NSW public hospitals, HealthShare NSW was requested by Northern Sydney Local Health District to provide soft services at Royal North Shore Hospital. The transition was rapid and complete within six weeks, and involves 520 staff providing the delivery of a number of services including patient meals, patient support services, cleaning, security, and maintenance of the grounds and gardens.

Significant progress in commissioning and contestability was made including the successful transition of the Warehouse and Logistics services from HealthShare NSW to a new private provider (One Link), and the commencement of a market testing process for Linen Services in Southern NSW.

Due to internal efficiencies a customer rebated dividend was paid for the first time in 2015-16 and resulting price reductions for several service lines have been implemented for the 2016-17 year.

Daniel Hunter, Chief Executive



**GENERATED
PROCUREMENT
SAVINGS OF \$53
MILLION EXCEEDING
THE TARGET OF
\$51.3 MILLION**

Key achievements for 2015-16

- Established the Our People, Our Talent program to enhance the skills and capabilities of existing and emerging top human talent through a unique suite of development programs. The initiative is for all levels of employees who have shown high performance and high potential.
- Implemented a video service which allows Chief Executive messages to be viewed by the widest audience possible within the organisation.
- More than 500 leaders across HealthShare NSW and eHealth NSW have participated in one of 22 workshops run by the Organisational Development team during 2015 focusing on 'How We Lead a Constructive Workplace Culture'.
- Successfully managed the transition of Warehouse and Logistics services from HealthShare NSW to OneLink.
- Released an Expression of Interest to the market for our Linen Services in Illawarra and Wagga Wagga to identify other providers with the capability to service our customers more effectively than we do.
- Established a Disability Employment Strategy in December 2015 to help drive an increase in the number of people with disability in our workforce which enables these individuals to realise their potential and contribute to the success of our organisations.

- Coordinated a smooth transition of soft services at Royal North Shore Hospital to HealthShare NSW in support of a collaborative market testing process for Northern Sydney Local Health District. Numerous safety initiatives have seen a significant drop in list time injuries, down 24 per cent year on year.
- Completed the transition of 179 Non-Emergency Patient Transport vehicles, 322 patient transport officers and 84 nursing staff from NSW Ambulance and local health districts to HealthShare NSW.
- Implementation of efficiency strategies across all Business Units allowed HealthShare NSW to provide a one-off cash dividend to customer Health Agencies this financial year (2016) to a total value of \$3.7 million.

NSW Health Pathology

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Website: www.pathology.health.nsw.gov.au

Business Hours: 9:00am-5:00 pm, Monday to Friday

Chief Executive: Ms Tracey McCosker

Ms McCosker has worked in public health for over 20 years. She has previously held several Hunter New England Local Health District executive positions and successfully led a range of statewide projects for NSW Health. She has Bachelor of Commerce and MBA degrees. She is a member of the Australian Institute of Company Directors and is on the Life Without Barriers board. She is committed to leading organisations that make a positive difference in people's lives.

Year in review

NSW Health Pathology provides expert pathology and forensic science services for our health and justice systems.

It operates more than 60 laboratories, manages 200 pathology collection services in our public hospitals and community health facilities, employs over 4000 staff, and conducts more than 61 million tests per year.

Pathology touches people at every stage of life. Even before we are born, antenatal screening helps provide insights into our development and wellbeing.

Pathology continues to play a role throughout childhood, adulthood and old age. It helps diagnose and treat infections, viruses, allergies, chronic diseases, cancer and countless other medical conditions. Pathology also provides the answers families need when faced with the unexpected and unexplained loss of a loved one.

Our Forensic & Analytical Science Service provides independent, objective analysis to the State's criminal and coronial justice systems. It also provides environmental health testing to public health units in NSW and delivers services to the Roads and Maritime Service, local government bodies and other organisations.

NSW Health Pathology is committed to creating better health and justice systems by being true partners in patient care, providing the expertise to support the most serious medical conditions, using world leading forensic analysis to help solve crimes, and protecting the health and safety of our communities. We deliver an extensive breadth and depth of services, build the knowledge and capacity of others, and are focused on delivering smarter services for better outcomes.

Ms Tracey McCosker, Chief Executive



**OVER 850,000 POINT
OF CARE TESTS
COMPLETED USING MORE
THAN 450 IN OVER 180
HOSPITALS**

Key achievements for 2015-16

- Began development of a coordinated statewide genomics service to provide state-of-the-art diagnostics and care for NSW patients. NSW Health Pathology Genomics will initially focus on three primary service specialities: cancer genomics, rare disorders and infectious diseases.
- Leading the development of first statewide human bio-banking framework for NSW which will improve integration between research, diagnostics and clinical care.
- Improving and expanding the world's largest managed Point of Care Testing program. Pilots established with NSW Ambulance and Hospital in the Home. Cardiac surgery blood conservation project also being planned.
- Continued to drive reforms that further strengthen our services, improve customer relationships and promote the value-adds we bring to our health and justice systems.
- Conducted a regional contestability analysis in five markets to assess competitiveness of regional services, identify strategies to boost our competitive edge and help ensure we're contestable in the marketplace.
- Established new partnerships with the Garvan Institute and Royal Flying Doctors Service. Also partnered with TNT to improve logistics management and start work on improvements across five key areas.
- Worked with our Clinical Streams to improve service quality and advance new statewide policies to better manage and communicate high-risk patient results; optimise use of blood products; ensure rapid assessment of organs for transplant; and increase transfusion safety.

- Planning commenced for \$91.5 million Forensic Pathology and Coroner's Court at Lidcombe and five new pathology collection centres. Collection centres opened at Singleton, Kurri Kurri and Byron Bay Hospital, along with a revamped pathology laboratory at Gosford.
- Provided world-class public health expertise and advice to support international outbreaks of Ebola and Zika virus. Used genomics to track tuberculosis infection, legionella and salmonella outbreak and provided expertise on issues including influenza, bed bugs and anti-venoms.
- Continued to strengthen our culture through initiatives such as the Emerging Leaders pilot for 30 new leaders; launched 'Who Cares?', an initiative where staff can show why they care about public pathology and forensics; and introduced electronic thank you cards, with staff sending over 500 e-cards to their colleagues so far.

eHealth

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Website: www.ehealth.nsw.gov.au
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Chief Executive: Dr Zoran Bolevich

During a 25-year career in health, Dr Zoran Bolevich has held a range of health management and ICT leadership roles in Australia and New Zealand.

Since joining eHealth NSW in 2015, he has focused on streamlining governance of eHealth NSW's key programs and activities and developing the *eHealth Strategy for NSW Health: 2016-2026*.

Dr Bolevich holds a medical degree, a Masters of Business Administration and is a Fellow of the Royal Australasian College of Medical Administrators.

Year in review

Building on the *NSW State Health Plan: Towards 2021*, which sets out a clear pathway for eHealth priorities and funding, 2015-16 saw the launch of the *eHealth Strategy for NSW Health 2016-2026*. The Strategy outlines a 10-year program of innovation, investment and implementation of key eHealth goals for NSW. Developed in consultation with NSW Health organisations, the Strategy aims to create a world-class, patient-centred and digitally enabled health care system in NSW.

Significant progress was achieved with the implementation of the Health Wide Area Network, especially in rural NSW. The high speed, secure connection supports the deployment of a number of eHealth clinical and corporate programs, as well as telehealth and WiFi. Additional TeleHealth terminals have been implemented across the State, including several Residential Aged Care Facilities. The Network also supported pilot Guest Wi-Fi programs in The Sydney Children's Hospitals Network.

To support integrated models of care, the HealtheNet web based clinical portal is now available in all local health districts, providing a summary view of a patient's available health information which connects public hospitals, multi-purpose service centres, as well as community health services. HealtheNet sends discharge summaries to a patient's nominated general practitioner and to their Commonwealth My Health Record, if they have one.

Implementations of the Electronic Medical Record, Electronic Medication Management and Community Health and Outpatient Care continue apace, as part of the eMR Connect program.

The Electronic Record for Intensive Care program has been working with the Agency for Clinical Innovation and clinicians to finalise a solution for piloting in late 2016.

eHealth NSW corporate systems continued to provide the foundations to run the statewide health system effectively and efficiently. This included the continued implementation of the statewide rostering system, HealthRoster, the roll-out of eCredentiaing to all local health districts, and the implementation of the StaffLink Enterprise Resource Management system and Asset and Facilities Management system across NSW.

Dr Zoran Bolevich, Chief Executive



OVER 73 PER CENT OF HEALTH EMPLOYEES NOW USING ELECTRONIC MEDICAL RECORDS ACROSS NSW HEALTH FACILITIES TO PROVIDE MORE EFFICIENT PATIENT-CENTRED CARE

Key achievements for 2015-16

- The *eHealth Strategy for NSW Health 2016-2026* was launched in May 2016. The Strategy outlines a 10-year program of innovation, investment and implementation to deliver world-class, eHealth-enabled patient-centered health care in NSW.
- eHealth NSW completed the implementation of StaffLink, a statewide HR and Financial management system. This represents one of the largest Enterprise Resource Planning implementations in Australia. StaffLink provides access to human resources data for 140,000 permanent and casual staff and manages the payroll for 108,000 permanent employees. StaffLink processes over \$8.5 billion in annual salaries, 3 million invoices and 1 million requisitions and purchase orders annually.
- To support integrated care models, HealtheNet was implemented in all local health districts. The system provides an integrated view of hospital and My Health Record clinical information, enables the sending of electronic discharge summaries to patients' general practitioners, and provides patients with the ability to access and view their personal health information online via the My Health Record. At year end, more than 900,000 hospital discharge summaries had been sent via secure messaging to general practitioners and more than 200,000 had been sent to the My Health Record. As of June 2016, 195 (86 per cent) NSW Health hospitals were connected and able to view the My Health Record, while 186 hospitals were able to upload documents to the My Health Record.
- The Health Wide Area Network was deployed to over 180 rural sites providing metropolitan level performance in rural and remote parts of NSW. This capability facilitated the deployment of the eMR across the six rural local health districts and enabled the delivery of TeleHealth services across these locations.
- The Rural eHealth Program continued to roll out clinical, corporate and infrastructure programs of work across rural local health districts. More than 70 paper-based sites were provided access to the electronic medical record, eMR1; over 100 sites went live with eMR2; and over 100 sites went live with the Community Health and Outpatient Care module in the eMR program.
- The Statewide Infrastructure Services program was rolled-out to the majority of NSW Health employees. This brings employees on to a common identity system thereby facilitating the sharing of information and providing common access to health systems information.

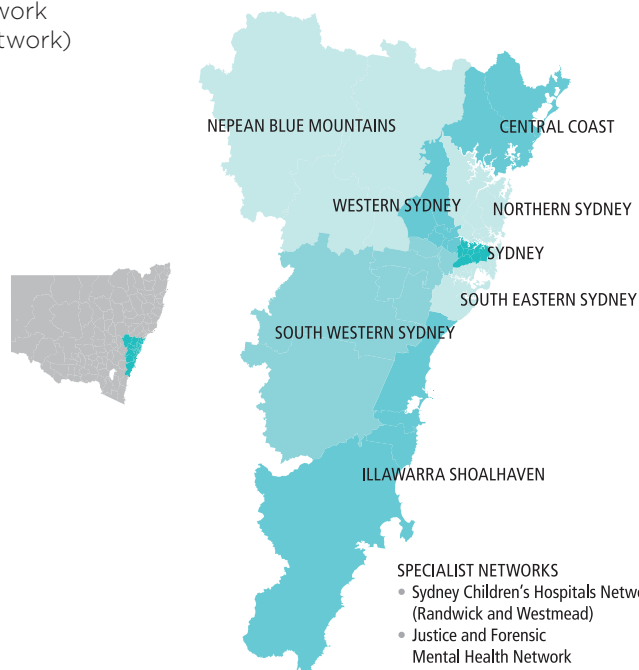
- The Health Security Operations Centre was established to continuously protect, detect and respond to threats against the eHealth NSW network, systems and data centers. The Centre leverages a global intelligence network and is monitored 24 hours, 365 days a year by security analysts.
- The amalgamation of the second phase of Electronic Medical Records (eMR2), Electronic Medication Management (eMeds), and Community Health and Outpatient Care (CHOC) programs of work into the eMR Connect Program to form a single, cohesive program focused on building a statewide, comprehensive electronic medical record system. At 30 June 2016, eMR2 was live at 104 sites, Community Health and Outpatient Care programs module at 263 sites, and eMeds at six sites across NSW.
- The rollout of the Asset and Facilities Management solution to all local health districts was completed in 2015-16. This solution supports the effective management of NSW Health's \$8 billion asset portfolio by facilitating greater visibility of the asset lifecycle, more proactive maintenance and improved efficiency in asset management processes and reporting.
- The HealtheNet team worked closely with Nepean Blue Mountains Local Health District, the Primary Health Network and the Commonwealth to successfully launch the My Health Record 'Opt-Out' trial in the Nepean Blue Mountains region of NSW. A key objective of the trial has been to promote greater awareness and use of My Health Records in the local health district, to support integrated care and improved communication between hospitals and primary care providers.
- An eCredentialling solution was completed in 2015-16. It was made available to all local health districts to support the recruitment process and provide easy access to the medical credentials of Senior Medical and Dental Officers.

Local health districts

Eight local health districts cover the Sydney metropolitan region, and seven cover rural and regional NSW. There are two specialty health networks (The Sydney Children's Hospitals Network and Justice Health & Forensic Mental Health Network) and one specialty network (St Vincent's Health Network).

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

Holden Street

PO Box 361

Gosford NSW 2250

Telephone: 4320 2111

Facsimile: 4320 2477

Website: www.cclhd.health.nsw.gov.au

Business Hours: 8.30am-5.00pm, Monday to Friday



Chief Executive: Andrew Montague*

Dr Andrew Montague has extensive clinical and senior management experience within the health sector in both QLD and NSW. He was previously the Executive Director Operations for Northern Sydney Local Health District, where he also acted as the Chief Executive for an extended period.

Dr Montague studied medicine at the University of New South Wales and has a Masters in Health Administration from the University of NSW. He is a fellow of both the Royal Australian College of General Practitioners and the Royal Australasian College of Medical Administrators. He has held the roles of Director of Medical Services, Mercy Health and Aged Care Queensland; Deputy Director of Medical Services, Royal North Shore Hospital; and Director of Medical Services, Northern Beaches Health Service.

Year in review

Central Coast Local Health District continued to drive an integrated approach to health care, working with key health partners to ensure services are delivered in the most appropriate setting for the community.

Following training of 102 NSW Ambulance paramedics (including intensive care paramedics) in alternate pathways for non-emergency patients, 124 people were able to be directed to community-based care between December 2015 and June 2016, helping to reduce the demand on our emergency departments.

Despite an increase of 6.3 per cent in emergency department presentations this year, our Emergency Treatment Performance continued to improve, made possible by strong teamwork across the entire District.

Approximately 59 per cent of our staff were vaccinated against influenza this year as part of our annual Exercise Respect program, aimed at protecting our patients and staff from the spread of the virus.

The importance of the popular NAIDOC Day community gathering was evident with 88 per cent of people who participated in the event's health screen referred to their general practitioner for follow up, including five newly diagnosed cases of diabetes.

A significant step for the District was the announcement of funding commitments from the NSW and Commonwealth Governments towards the establishment of a Central Coast Medical School and Research Institute, in partnership with the University of Newcastle. Developing and attracting clinical leaders will be an important part of the District's growth.

Our services continued to grow during 2015-16 with the opening of the new \$1.9 million Long Jetty Dialysis Unit and works on the \$348 million redevelopment of Gosford Hospital progressed.

Andrew Montague, Chief Executive

**During the reporting period the Chief Executive position was held by Mr Matthew Hanrahan. Mr Andrew Montague was appointed to the position of Chief Executive on 15 August 2016.*

Key achievements for 2015-16

- Work progressed on the \$348 million redevelopment of Gosford Hospital with the relocation of several hundred staff to enable the construction zone to be established, followed by the demolition of several older buildings.
- The NSW Government committed \$20 million towards the establishment of a Central Coast Medical School and Research Institute at Gosford Hospital.
- In November 2015, the NSW Health Minister opened the \$1.9 million Long Jetty Dialysis Unit, providing additional capacity for dialysis services in the region.
- The District was a key partner in the establishment of the Central Coast Multiagency Response Centre, to improve interagency support for young people at significant risk of harm.
- Trained 102 NSW Ambulance paramedics, including intensive care paramedics, in alternate pathways for non-emergency patients in the first half of the year, leading to 124 cases of emergency department avoidance between December 2015 and June 2016.
- Integrated adult community health referral pathways to help streamline access to many adult community health services.

- NAIDOC Day community gathering helped raise awareness of preventative health and support available in the region. Of 180 attendees who participated in the event's health screen, 160 were referred to their general practitioner for follow up and five newly diagnosed cases of diabetes were identified.
- 59 per cent of staff were vaccinated against influenza as part of the annual Exercise Respect program, to protect patients and staff from the spread of the virus.
- The District continued to improve its Emergency Treatment Performance with 70 per cent of patients admitted to a ward, transferred to another facility or discharged, spending four hours or less in the emergency department.
- Developed an information, communications and technology plan defining the technology delivery program for the next five years.

Demographic summary

Central Coast Local Health District is located north of metropolitan Sydney and provides health care services across a geographic area of approximately 1680 square kilometres. The District extends from the Hawkesbury River to the southern shoreline of Lake Macquarie, and from the eastern NSW coastline to the Great Northern Road in the west, and encompasses the local government areas of Central Coast. The District includes extensive areas of national parks and state forests in the west and burgeoning new residential areas on the east.

Traditional custodians of the land covered by the District are the Darkinjung.

About 322,656 residents live within the District. People of Aboriginal and Torres Strait Islander heritage make up 10,885 (3.4 per cent) of the population, compared to 172,625* (2.9 per cent) for all NSW. The majority (60 per cent) of the Aboriginal and Torres Strait Islander population reside in the Wyong local government area. Culturally and linguistically diverse communities represent approximately 5.6 per cent of the Central Coast population (17,931 people), of whom 9.3 per cent report poor proficiency in English (0.5 per cent of the Central Coast population). The number of people from a non-English speaking background has increased by over 39 per cent between 2001 and 2011.

In 2015-16, the Central Coast population represented 4.4 per cent of the NSW population. Comparatively large numbers of older people (70 plus years of age) live on the Central Coast (13.6 per cent of the total population, compared to the NSW average of 10.1 per cent). The Central Coast population aged 70 years and older represent approximately 6 per cent of the NSW population aged 70 years and older.

Over the next decade, the District's population is expected to grow by around 10 per cent or more than 33,000 people to about 373,000. Within the District, the Wyong local government area is expected to grow at over twice the rate of Gosford. The population aged 70 years and older is projected to grow by approximately 35 per cent and will contribute to over half of the overall increase in residents.

The main health issues facing the District are health and social concerns related to ageing, chronic health conditions and keeping pace with growing service requirements. This is particularly prevalent within the Wyong local government area which has rapid population growth, lower levels of socioeconomic status and higher levels of risk behaviours such as smoking, alcohol consumption, poor diet and overweight and obesity. Central Coast residents have higher rates of death from all causes in particular cancers and respiratory disease in comparison to the NSW rates.

Local government areas

Central Coast

Public hospitals

Gosford, Wyong, Woy Woy, Long Jetty Health care Centre

Community health centres

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

Child and family health services

Erina Community Health Centre, Family Care Cottage Gosford Gateway Centre, Family Care Cottage Wyong, Kanwal Health Service, Kariong Neighbourhood Centre, Mangrove Mountain, Kincumber Community Health Centre, Long Jetty Community Health Centre, Lake Haven Community Health Centre, Toukley Community Health Centre, Wyong Central Community Health Centre, Wyong Kanwal Health Service, Woy Woy Community Health Centre

Oral health clinics

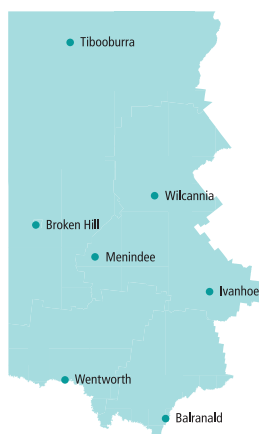
East Gosford (Child), Gosford Hospital, The Entrance (Child), Woy Woy Hospital, Wyong Hospital

Other services

Aboriginal Maternal and Infant Health Services, Ambulatory Care, Multicultural Health, BreastScreen, Child Protection, Universal Health Home Visiting, Statewide Infant Screening-Hearing, Quit for New Life, Statewide Eyesight Pre-Schooler Screening, Violence, Abuse, Neglect and Sexual Assault, Drug and Alcohol, Mental Health, Sexual Health, Acute Post-Acute Care (APAC), Community Nursing, Chronic Care, Allied Health, Caring Networks, Integrated Care Program, Women's Health, Youth Health

Far West Local Health District

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Website: www.fwlhd.health.nsw.gov.au
Business hours: 8.30am-5.00pm, Monday to Friday



Chief Executive: Stuart Riley

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

Year in review

The fifth year of the Far West Local Health District's operation has seen the consolidation of developments in the preceding years and significant progress on initiatives to provide a strong foundation for further development.

Notable achievements included Emergency Department performance, palliative care framework development, child immunisation rate increases, infrastructure growth (Broken Hill Hospital and Dental Facility, Ivanhoe Health Service), Registered Nurses recruitment and staff culture progress.

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

The District's medical and nursing workforce strategies have resulted in an increase in the proportion of staff that are resident. Recruitment of eight resident and visiting Staff Specialists has reduced reliance on locums, improved consistency in medical rosters and allowed development of heads of Departments for Anaesthetics and Intensive Care Unit. Recruitment and retention of nursing staff continues to improve. The use of agency nurses has reduced dramatically. More placements and rotation of Graduate Registered Nurses in the remote facilities is developing the capabilities of the nursing workforce in the remote setting and resulting in permanent recruitment to vacant positions in the District.

An ongoing focus on developing a positive workplace culture has contributed to improved performance in the District and the care received by consumers. Staff feedback through the NSW Health YourSay survey showed increased engagement with the District and confidence there is an appropriate response to poor behaviour. The District recently relaunched this program as 'Yamirri Nharatji' to promote consistency, accountability and sustainability in service delivery and patient care.

There has been improvement in clinical quality, evidenced by a reduction in Severity Assessment Code one rating clinical incidents over the past five years. Key actions have been the implementation of the Clinical Excellence Commission's Between the Flags program for early recognition and management of deteriorating patients and the Ministry of Health's Maternity Risk Management Framework guiding staff in the identification and management of foetal and maternal risks.

The District faces a busy 2016-17, not least due to the capital refurbishments planned at Broken Hill Hospital and in its community and primary health care services.

Stuart Riley, Chief Executive

Key achievements for 2015-16

- The new Ivanhoe Health Service redevelopment was officially opened in December 2015. The new \$2.5 million facility provides services within a HealthOne model ensuring the community has access to health care services that are integrated across a multidisciplinary team of health providers.
- The District continues to develop a positive workforce culture following the introduction of staff and leadership management programs. Staff feedback through the NSW public health system YourSay Survey 2015 show the majority are proud to be part of the organisation and would recommend their workplace as a good place to work. The survey recorded a 60 per cent response rate, compared to 41 per cent for NSW Health overall. The District's workplace culture Studer program, focussed on improving the workplace, responding effectively where behaviour or performance was poor and recognising the achievements of staff - has evolved into 'Yamirri Nharatji', a new approach to how the District does business which is about consistency, accountability and sustainability in service delivery and patient care.

- Broken Hill Health Service has achieved better patient flow in its Emergency Department. Patients are being seen in a timely manner meeting national targets. All Emergency Treatment Performance (previously NEAT) targets were achieved with a result of 89.7 per cent in 2015-16, compared to 85.2 per cent in 2014-15. All elective surgery targets were achieved as at the 30 June 2016 with no patients waiting longer than their recommended waiting times for surgery.
- The 'Did Not Wait' rate in the Broken Hill Health Service Emergency Department decreased following implementation of a clinical redesign project from August 2014 to December 2015. The rate decreased from a range of 6-12 per cent in August 2014 to a range of 1-3 per cent in December 2015. The rate of Aboriginal 'Did Not Wait' reduced from a range of 6-13 per cent in 2014, to a range of 1-3 per cent in December 2015, which also resulted in a narrowing of the gap between Aboriginal and non-Aboriginal rates. Previously, the rate of Aboriginal people leaving before accessing care was 8.7 per cent compared to 4.2 per cent for non-Aboriginal people (source: Aboriginal Health CHO report 2012).
- The District established a Midwifery Group Practice model in Broken Hill Health Service. This model is a primary health, midwifery continuity of care model that offers women an option of continuity of midwifery care. Midwives through this practice model will be responsible for a caseload of 30-35 women per year. The model will provide 24 hour continuity of clinical care across the continuum. A known midwife provides the majority of antenatal care and education, care during labour and birth and post-partum home support and care (for at least 14 days) to all women within their caseload.
- The District has recruited new graduate Registered Nurses in its remote facilities at Ivanhoe, Wilcannia, Tiboburra, and Balranald. New graduate Registered Nurses are rotated through the remote facilities every four months. The remote rotations expose the graduates to living and working in the remote facilities across the District. New graduates are supported with practice development and skills acquisition with key learning objectives focused on skills and knowledge required to work effectively and safely in the remote setting.
- The District continues implementation of its Palliative and End of Life Care Framework across all care settings. Major achievements include a successful 12 month Palliative Care Link-Nurse in Residential Aged Care Facilities in Broken Hill (funded by Decision Assist) project. Outcomes include reduced hospital transfers for residents for care; increased residents dying in their usual place of residence and not in hospital; increased general practitioner engagement; and sustainability in the appointment of three Palliative Approach Coordinators in aged care facilities to continue the implementation of a palliative approach to care in that setting. The District also had a successful Translational Research Grant submission of \$239,806 over two years to adapt and translate the successes of the above project across all sites and generalist settings in the District.
- Immunisation rates for Aboriginal children aged one year in 2011 reached a low of 77.8 per cent in the Far West. By December 2015 these rates had climbed to 87.5 per cent in the District. For Aboriginal children aged 5 years, rates were 70 per cent in 2010 in the Far West. By March 2016 the rates were 93.4 per cent and achieved 100 per cent by June 2016. The National Health Performance Authority recently reported immunisation rates for the Western Primary Health Network for all children aged 5 years as 95.6 per cent and for Aboriginal children as 96.7 per cent, the highest for Australia.
- A project team was appointed and started planning work on the \$30 million dollar Broken Hill Hospital and Dental Facility Reconfiguration. Options are being considered for ways to integrate services and improve patient flows through these services. A business case is currently being assessed by the NSW Ministry of Health which includes upgrading of administrative accommodation, relocation and expansion of dental services and the development of a new Community Health Centre with co-located services.
- A new Computed Tomographer scanner installed in Broken Hill Health Service has improved safety for patients and staff and provided quicker, improved diagnostic capability in the Imaging Department. The new \$800,000 scanner provides significant radiation dose reduction, quick examination time and an almost instantaneous image acquisition and reconstruction allowing urgent cases to be reviewed and reported in a much quicker time frame. It also provides for improved resolution images and diagnostic capability.

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

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

About 31,127 (Estimated Residential Population) residents live within the District. People of Aboriginal and Torres Strait Islander heritage make up 10 per cent of the population, compared to 3 per cent for all NSW. Representation of culturally and linguistically diverse communities is very small in the district with 91.1 per cent of residents coming from an English speaking background.

In 2015-16, demand for health services changed in line with the ageing population with 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.

The District's population is expected to decrease by 10.4 per cent by 2031. There is, however, a planned land release in the Wentworth Shire that may increase the population over the next 25 years, doubling the existing population within that local government area. Additionally, mining activity and alternate electricity generation technologies are increasing in Broken Hill and in some outlying communities.

The proportion of the population aged 65 years and over will increase from 17.8 per cent of the population in 2011 to 28.0 per cent by 2031. With the elderly generally requiring a greater proportion of health care services than other populations, it is expected that this growth will increase the demand for services in the District.

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

Local government areas

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

Public hospitals

Broken Hill Health Service, Wilcannia Health Service Multipurpose Service, Balranald Health Service Multipurpose 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

Hunter New England Local Health District

Lookout Road
Locked Bag 1
New Lambton NSW 2305
Telephone: 4921 3000
Facsimile: 4921 4969
Website: www.hnehealth.nsw.gov.au
Business Hours: 8.30am-5pm, Monday to Friday



Chief Executive: Mr Michael DiRienzo

Mr Michael DiRienzo 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 a senior operational leader of major referral hospitals prior to becoming the Chief Executive of the Hunter New England Local Health District in January 2011.

Year in review

I am proud to lead an organisation made up of individuals and teams who strive each day to deliver their very best for our patients who reside in a region the geographical size of England.

The past year has been a period of significant growth and achievement for Hunter New England Local Health District. Our commitment to providing excellent care for every patient, every time has remained at the centre of everything we do.

We are consistently focused on ensuring that our patients receive safe and high quality health care delivered with respect, and supported by open, two-way communication.

The local health district continues to build infrastructure to meet our goal to provide world-class clinical services with effective infrastructure.

For example, in the past year:

- a state-of-the-art Bi Plane Angiography Unit was opened at the John Hunter Hospital
- planning continued for the redevelopment of regional hospitals, including Armidale and Inverell
- work continued to expand John Hunter Children's Hospital's Neonatal Intensive Care Unit and a new Paediatric Intensive Care Unit.

We are committed to ensuring genuine patient and community partnership in health care decisions. We value the contribution that our patients, their carers and families, as well as our communities make in improving the quality and safety of our services.

In the past year we have continued to work closely with our local health committees, consumer representatives and community partners to continue to build strong relationships with the communities we serve.

The District is positioning itself for the future by supporting our clinicians to develop innovative approaches to health care.

I would like to take this opportunity to thank our doctors, nurses, allied health, administration and support staff for their ongoing commitment to keeping people healthy, now and into the future.

Michael DiRienzo, Chief Executive

Key achievements for 2015-16

- Strengthened and reaffirmed the District's commitment to *Excellence: every patient, every time* while treating 396,108 presentations to emergency departments, providing 3,156,095 occasions of service to non-admitted patients and 211,365 admitted patient separations.
- Changed the senior executive and operational structure to integrate acute and community services into geographic sectors. The Rural and Regional Health Services and Greater Metropolitan Health Services portfolios were created to support this change.
- Continued a key focus on Close the Gap strategies, including providing clinical and cultural support for 15 Aboriginal nursing cadets and two Aboriginal midwifery cadets; and improved Aboriginal health outcomes, such as the gap in immunisation of Aboriginal infants closed to zero.
- The District has been successful in meeting its key access and financial performance indicators. In response to accessibility issues at the District's major health campuses, an additional 740 car parking spaces were opened at John Hunter Hospital in August 2015 and 273 additional spaces opened at Calvary Mater Newcastle in December 2015. An additional four High Dependency beds at John Hunter Hospital has increased critical care capacity.

- Continued to build research capacity through Clinical Research Fellowships and Rural Innovations Changing Healthcare workshops. The District also attracted significant research funding, including more than \$4.7 million in grants from the National Health and Medical Research Council.
- In partnership with the Hunter New England Central Coast Primary Health Network, 230 online HealthPathways have been designed to support local general practitioners in clinical care and referral decision making. Use of the online portal has grown significantly with an average of 6680 sessions per month in 2016. HealthPathways is informing a smart e-referral system currently being integrated into general practice clinical software.
- Continued construction of Stage One of the John Hunter Children's Hospital Neonatal Intensive Care Unit expansion. The redevelopment will provide enhanced capacity for future growth in a modern world-class environment.
- Expanded interventional radiology services by installing a state-of-the-art Bi Plane Angiography Unit at John Hunter Hospital. The unit provides cutting edge imaging technology and delivers on the District's commitment to provide world-class clinical services with timely access and effective infrastructure.
- The District has continued to implement outreach strategies, along with Telehealth services, to provide increased access to care. The implementation of a Maternal Outreach Service to the communities of Collarenebri and Mungindi is providing high risk pregnant women with access to monthly visits by specialist staff, reducing the need for travel.
- Commencement of the \$60 million Armidale Hospital Redevelopment.

Demographic summary

Hunter New England Local Health District is located north of Sydney and spans from Morisset in the south to Tenterfield in the north and west to Boggabilla and Mungindi on the Queensland border. The District provides health care services across a geographic area of approximately 131,785 square kilometres or 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, which is NSW's second largest city and is located 150 kilometres north of Sydney. The local health district spans almost 700 kilometres from north to south and approximately 500 kilometres from east to west.

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

About 910,436 residents live within District. About 51,840 people of Aboriginal and Torres Strait Islander heritage make up 5.6 per cent of the population, compared to 225,349 for all NSW. About 169,846 residents were born overseas, which equates to 20 per cent of the District's population. A total of 68,286 (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, particularly those aged 85 years and over. At the same time, some parts of the District are seeing a growth in families and young people in their communities, 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 decreasing in overall population, there is growth in the Aboriginal population.

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

Local government areas

Armidale Regional, Cessnock, Dungog, Glen Innes Severn, Gunnedah, Guyra, Inverell, Lake Macquarie, Liverpool Plains, Maitland, Mid Coast, 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, Bogabilla, 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 Mental Health Services, Maitland, Tamworth, Manning, Armidale and John Hunter Hospitals

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, chronic disease

Illawarra Shoalhaven Local Health District

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Chief Executive: Margot Mains

Margot Mains commenced her career as a nurse and has 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. Margot has extensive health executive leadership and management experience at hospital and District level, and is a member of the Health Roundtable Board, NSW HealthShare Board and Illawarra Health and Medical Research Institute Board. Margot also holds a Bachelor of Laws (University of Otago).

Year in review

The past 12 months have been busier than ever for our District. Demand for our services continues to grow, our facilities and workforce are constantly expanding, and we have strived to develop innovative ways to connect with our communities to ultimately improve health outcomes for the people of the Illawarra and Shoalhaven.

Major clinical infrastructure enhancements have been a significant achievement for the District, particularly at Wollongong Hospital. The \$106 million Illawarra Elective Surgical Services Centre officially opened in December and has delivered seven new operating theatres, a larger intensive care unit, a new ambulatory care centre as well as an expanded Emergency Department.

The growth of our capital footprint continues, with work starting on the purpose-built Renal and Palliative Care Unit at Milton Ulladulla Hospital while construction started on the \$3.6 million Integrated Primary and Community Health Centre at Kiama, which will provide improved access to a range of local outpatient services including dental, aged care and other specialist clinics.

Other capital projects that have commenced work or are in planning, include the Aged Care Centre of Excellence at Bulli Hospital, a second cardiac catheter lab at Wollongong and the installation of a second linear accelerator at Shoalhaven Cancer Care Centre.

The District has strengthened its focus on research with work starting on the development of a specialised health information platform which, in partnership with the Australian Health Services Research Institute, will build capacity for research initiatives.

As always, our community and our people are at the heart of everything we do. We have developed a quarterly community magazine that provides our consumers with news and information about their wellbeing, our services and our staff.

Overall, we have strived to ensure we are delivering the right care, in the right place, at the right time for our community and I look forward to the year ahead.

Margot Mains, Chief Executive

Key achievements for 2015-16

- The District completed and fully commissioned the \$106 million Illawarra Elective Surgical Services Centre, Ambulatory Care and Emergency Department at Wollongong Hospital. The Centre was officially opened by the NSW Minister for Health in December 2015.
- Construction commenced on Milton Ulladulla Hospital's new \$4.6 million Renal and Palliative Care Unit, which will see the construction of a dedicated Renal Unit with capacity for six dialysis chairs and a purpose-built Palliative Care Unit.
- Construction commenced on a purpose-built \$3.6 million Integrated Primary and Community Health Centre on the Kiama Hospital site, which will provide improved access to a range of outpatient services to the local community including dental, speech pathology, physiotherapy and specialist clinics. The Centre is scheduled for completion later this year.
- Following an election commitment of \$5 million and a community fundraising effort of \$750,000, a state-of-the-art second linear accelerator was purchased and is currently being installed at the Shoalhaven Cancer Care Centre. This will ensure the Cancer Care Centre maintains the capacity to support the growing demand for cancer treatment in the Shoalhaven. It is expected to be operational in late 2016.
- The District established a \$500,000 new Stimulant Treatment Program in Wollongong and Nowra. The program commenced in February 2016 and had 234 referrals to June 2016.
- The Leadership and Governance Framework, a significant cultural and leadership change initiative, was implemented across the District to enhance accountability, role clarity, empowerment, leadership behaviour and clinical/professional leadership. This included creation of six District-wide clinical divisions, integrated primary and community health services, and decentralised business support functions, to ensure decision-making that supports service delivery are as close to the patient as possible.

- The District has strengthened its approach to research with establishment of a Research Governance Board and appointment of a Clinical Director, Health and Medical Research. A shared position with the Illawarra Health and Medical Research Institute, the position provides clinical leadership across both the District and the Institute.
- The \$5 million Illawarra Health Information Platform is under development in partnership with the Australian Health Services Research Institute.
- Shoalhaven Hospital was awarded accreditation for registrar training by the Australasian College for Emergency Medicine. Medical training at Shoalhaven Hospital was also boosted by the Health Education and Training Institute agreeing to fund new Rural Generalist Registrars in Obstetrics and Gynaecology and Palliative Care at Shoalhaven and David Berry Hospitals, and by Shoalhaven Hospital being awarded accreditation for intern training in Emergency Medicine and Intensive Care.
- The quarterly *Health in Focus* magazine has been developed and distributed, as the official public community magazine of the Illawarra Shoalhaven Local Health District. It focuses on news stories across the District based on infrastructure, research, equipment, new initiatives, awards, events and spotlights on our people, patients and stakeholders.

Demographic summary

The Illawarra Shoalhaven Local Health District covers four local government areas: Wollongong, Kiama, Shellharbour and Shoalhaven. The District covers a large geographic region of approximately 5687 square kilometres and extends along the coastline from Helensburgh in the north to North Durras in the south.

The Australian Bureau of Statistics 2014 estimated resident population for the Illawarra Shoalhaven was 395,886. The population is projected to reach 402,800 by 2016 and 419,750 by 2021. This equates to a projected per annum growth rate of 0.8 per cent.

Some groups in our communities have greater and/or distinct health care needs when compared to the rest of the population, based on various factors that include:

- **Rurality:** approximately 99,016 people are currently living in the Shoalhaven Local Government Area, representing 25 per cent of the Local Health District population.
- **Age:** the Illawarra Shoalhaven has a higher proportion of people aged 75 years and older (8.3 per cent) when compared to the NSW average (6.74 per cent). Children aged less than five years make up 6.0 per cent of the population, lower than the NSW average of 6.5 per cent. The fastest growing age group between 2011 and 2021 will be persons aged 85 years and over with a 51 per cent increase.
- **Relative disadvantage:** the Illawarra-Shoalhaven population, on average, is more disadvantaged than the NSW population, based on the composite Socio Economic Index for Areas, with the exception of Kiama.

Culturally and linguistically diverse communities are well represented in Illawarra Shoalhaven. In 2011, an estimated 17.5 per cent (67,773) of the Illawarra Shoalhaven population were born overseas (excluding country of birth not stated).

As at 2015, the estimated Illawarra Shoalhaven Aboriginal and/or Torres Strait Islander population was 13,736 (3.4 per cent of the total Illawarra Shoalhaven population). Of the Aboriginal and/or Torres Strait Islander population, 57.3 per cent (7,874) live in the Illawarra and the remaining 42.7 per cent (5,862) reside in the Shoalhaven region.

Local government areas

Kiama, Shellharbour, Shoalhaven, Wollongong

Public hospitals

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

Community health centres

Bulli, Cringila, Culburra, Dapto, Illawarra Diabetes Service, Helensburgh, Jervis Bay (Jervis Bay Territory), Nowra, St Georges Basin, Sussex Inlet, Ulladulla, Warilla, Wollongong (Piccadilly), Wreck Bay

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, Warilla, 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 Child 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 (AMICHS), Jervis Bay Early Childhood Centre, Binji and Boori Aboriginal Maternal Infant Child Health Service (AMICH) Shoalhaven, Wreck Bay Community Health Centre

Oral health clinics

Bulli Hospital Dental Clinic (currently closed), Kiama Hospital Dental Clinic, Nowra Community Dental Clinic, Port Kembla Dental Clinic, Shellharbour Hospital Dental Clinic, Ulladulla Community Dental Clinic, Warilla Dental Clinic, Wollongong Dental Clinic (including Child Dental Clinic)

Other services

Aboriginal Health, Agency for Clinical Innovation Clinical Variation Project, Access and Referral Centre, Carer's Program, Connecting Care, Diabetes Services, HealthPathways Illawarra Shoalhaven, Healthy People, Health Improvement, Health Promotion, Multicultural Health, Refugee Health, Mental Health Homelessness Project, Sexual Health, Women's Health, Youth Health, Violence Abuse and Neglect Service, Youth Health and Homelessness Strategy, HIV / AIDS and related programs (SESLHD hosted service, Asthma Education service, Continence Service, Palliative Care, Primary Health Nursing, Speciality wound service, Stomal therapy service, Breast Screen, Cancer Services, Drug and Alcohol Program, Medical Imaging, Mental Health Service, Pathology, Research/Research Support, Rehabilitation, Aged and Extended Care, Renal Services, Clinical Redesign and Access Services

Mid North Coast Local Health District

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Facsimile: 6588 2947
Website: www.mnclhd.health.nsw.gov.au
Business Hours: 8.30am-5.00pm, Monday to Friday



Chief Executive: Stewart Dowrick

Stewart 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 health executive positions and was appointed Mid North Coast Local Health District's Chief Executive at the beginning of 2011. He has a particular interest in health service partnership and service partners 'working together'. Stewart has 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 has been able to oversee the largest ever capital investment into health services on the Mid North Coast. Kempsey District Hospital officially opened the new Clinical Services Building with significant improvements for staff and patients now evident. Work has now commenced in the planning for Macksville and Coffs Harbour.

The new \$1.5 million HealthOne Community Health Centre at Nambucca Heads was also completed, significantly improving access for local residents to many services including oral health and community health programs.

The District has demonstrated a capacity to deliver services within budget while continuing to invest in service growth and upgrade of facilities.

The past year has seen the emergence of opportunities for future health care delivery including advances in the integrated care approach, expansion of home-based treatment services and collaboration with community services to maximise the efficiency of hospital based services.

Closer collaboration between the Clinical Networks has assisted in ensuring the hospitals and services are appropriately connected to meet population needs while making the best use of available resources, learning and sharing of knowledge skills and experience. The District has established a platform from which it can become an organisation that is agile and can respond rapidly to changes in the internal and external environment.

The District has also commenced a range of initiatives aimed at supporting learning and development opportunities for staff as well as encouraging diversity in senior roles. Initiatives have included the inaugural Women's Leadership Program and the Emerging Health Leaders forums.

The District regularly recognises the excellent work undertaken 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 coordinate fundraising efforts.

Stewart Dowrick, Chief Executive

Key achievements for 2015-16

- Continued to deliver the largest ever capital works program for the Mid North Coast with the opening of the \$81 million Kempsey Redevelopment.
- Working in partnership with the University of NSW to establish the first Rural Medical School in NSW. This will commence in 2017 with the inaugural intake of first-year students and expand the current two Rural Clinical Schools that provide opportunities for students from Year three.

- Demonstrated progress across a number of Closing the Gap targets including reaching an employment rate of four per cent for those who identify themselves as Aboriginal.
- Establishment of the first Culture and Wellbeing Fund to support initiatives identified by staff to improve the morale and engagement of our staff with \$500K distributed across 42 projects across all sites.
- Achieved cash and budget targets and remained below the State efficient price for activity.
- Implementing a range of regional integrated collaboration projects that focus on Aboriginal Health, Inter-hospital transport, Nambucca Valley Integrated Care, Family and Children Services and Mental Health.
- Reporting a high level of bed occupancy of 92-95 per cent and is very close to that experienced by most metropolitan local health districts.
- Continued to expand the breadth of clinical networking with surgery, Cancer and Radiotherapy services now delivered on a Network basis across the region.
- Commencement of a Cardiac Catheterisation Unit at Port Macquarie to complement the services already established in Coffs Harbour.
- After being the first District to achieve District-wide accreditation in 2014 under the National Safety and Quality Framework, the District is continuing work for the 2017 renewal process.

Demographic summary

Mid North Coast Local Health District extends from the Port Macquarie Hastings local government area in the south to Coffs Harbour local government area in the north and provides health care services across a geographic area of approximately 11,335 square kilometres.

Traditional custodians of the land covered by the District are the Gumbainggir, Dunghutti, Birpai, and Nganyaywana nations.

About 212,193 residents live within the District. People of Aboriginal and Torres Strait Islander heritage make up approximately 5 per cent of the population. Representation of culturally and linguistically diverse communities comprised 13 per cent of the total population in 2011, as measured by people living in the District being born overseas. 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 2015-16, the child and youth population (0-24 years) made up approximately 29 per cent of the population, while those over 65 years approximately 28 per cent. This trend is predicted to be maintained to 2026, when the total population of the District is expected to increase by 13 per cent.

The largest increases are being projected for the Coffs Harbour and Port Macquarie Hastings local government areas.

The main health issues facing the District are mental health illnesses and chronic age related illnesses such as cardiac, pulmonary, diabetes, renal disease and dementia. The Mid North Coast also has significant groups of disadvantaged people, including Aboriginal people and 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.

Local government areas

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

Public hospitals

Bellingen, Coffs Harbour, Dorrigo Multipurpose Service, Kempsey, Macksville, Port Macquarie, Wauchope

Public nursing homes

Dorrigo Residential Aged Care

Community health centres

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

Child and family health services

There are no tertiary level facilities in Mid Coast Local Health District. These services are sourced from other partners. John Hunter Children's Hospital is the tertiary facility for children's services for the District, with the exception of some quaternary services that are provided at Sydney and Westmead Children's Hospitals

Oral health clinics

Coffs Harbour, Kempsey, Laurieton, 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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Facsimile: 6933-9188
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Chief Executive: Jill Ludford

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

Year in review

The Murrumbidgee Local Health District *Strategic Plan 2016-2021* was released this year, with a fresh vision, clear priorities and a solid commitment. Wellness and excellence signify an exciting new era for Murrumbidgee, as we continue our proud history of delivering high quality health care.

This year we continued to strengthen our commitment to Our People Our Future. This is at the core of our culture, and is about ensuring that the values of collaboration, openness, respect and empowerment underpin everything we do.

We have delivered a number of initiatives to improve service delivery, with a focus on the priorities as outlined in our Strategic Plan:

- We are focusing on wellness by eliminating the sale of sugary drinks at all of our facilities, setting an example for communities.
- We are aspiring to excellence, with the new Wagga Wagga Rural Referral Hospital opening as part of the \$282 million redevelopment. The new hospital delivers modern health care and specialised services, with an expanded emergency department, imaging department, operating theatres, women's and children's inpatient units, intensive care and high dependency units, angiography suites, additional inpatient beds and a rooftop helipad.
- We are investing in our people through the establishment of the District Clinical Council, who provide strategic leadership and oversight of clinical engagement in service planning and delivery.
- We are working together in partnership through the Memorandum of Understanding governing our joint executive with Family and Community Services and the Murrumbidgee Primary Health Network. The collaboration works to address the needs of communities with regard to health and wellbeing, vulnerability and social disadvantage, child protection, domestic and family violence, disability services, and social housing services.

Staff, volunteers, and community and consumer representatives are to be thanked for their dedication to our vision: wellness is our goal, excellence is our passion, and our people are our future.

Jill Ludford, Chief Executive

Key achievements for 2015-16

- The electronic Medical Record (eMR) has provided enhanced electronic medical records for inpatient settings, as well as electronic records to support community health and outpatient care. The Health Wide Area Network has been enhanced, and wireless networks are now live at every eMR site.
- The Patient Flow Unit commenced operation. The Unit is staffed by experienced critical care nurses, who coordinate inter-facility transfers, a Critical Care Advisory Service, escalation of care for deteriorating patients, and facilitation of medical advice to all sites.
- The Prostate Cancer Foundation Australia and the District announced the appointment of a Prostate Cancer Specialist Nurse Care Coordinator for the region, providing care coordination, educational and clinical support to men at all stages in the management of their prostate cancer.
- The Regional Assessment Service commenced operation on 1 July 2015. The service has been established to determine eligibility for the Commonwealth Home Support Program and access to basic care.

- An \$800,000 theatre upgrade has been completed at Young Hospital, providing the ability to perform more surgical procedures.
- The 11th Annual Koori Mini Olympics were held in Albury in October, with almost 250 people gathering from across Southern NSW. This is an extension of the Aunty Jean's Program, which is built around the community's capacity to work together for better health outcomes for Aboriginal people, with Elders leading the way.
- The District enhanced its clinical and business capability through the Analytics Unit. The Unit supports clinician engagement in decision making; and provides capability and capacity to understand clinical performance, review variations and identify specific issues.
- Commenced implementation of the Framework for Integrated Care for People with Chronic Conditions, by progressing patient identification and care coordination services to a streamed management model.
- The Murrumbidgee Mental Health and Drug and Alcohol Alliance has been established to provide a forum through which key stakeholders develop a strategic approach to meeting the needs and expectations of consumers for access to, and delivery of, services to the Murrumbidgee population.
- Child victims of sexual assault and physical abuse and neglect presenting to Wagga Wagga Emergency Department previously had to travel to Canberra for a forensic medical examination. A forensic medical service was established at Wagga Wagga this year, enabling children to remain in the city for this examination.

Demographic summary

Murrumbidgee Local Health District is located in south central NSW, providing health care services across approximately 124,000 square kilometres.

Traditional custodians of the land are the Wiradjuri, Yorta Yorta, Baraba Baraba, Wemba Wemba and Nari Nari people.

About 240,720 residents live within the District. People of Aboriginal and Torres Strait Islander heritage make up 4.0 per cent (9504), compared to 2.5 per cent for all of NSW. Most people were born in Australia, or were born in English speaking countries. 4.4 per cent of the population were born in a predominantly non-English speaking country, 5.0 per cent stated speaking a language other than English, and less than 1.0 per cent had difficulty speaking English. The Griffith and Leeton areas are the most culturally diverse, with established communities of Italian background and more recent migration from India, the Pacific Islands and Middle Eastern nations.

The population has grown by approximately 1000 (1.04 per cent) people annually since 2011. In 2011, people aged 75 years and over made up 10 per cent (18,000) of the population.

This is projected to increase to 14 per cent in 2026 (around 29,000 people), an increase of more than 10,000 older people. The proportion of the population who are working is decreasing, thus lowering socioeconomic status.

Over the next decade, the District's population is expected to grow by less than 1 per cent from 2011 to 2021, to reach approximately 239,750 people; and drop to 239,500 by 2026. The older population however is expected to grow by 10,000. The main health issues facing the District are chronic conditions such as chronic cardiac failure, diabetes and chronic obstructive pulmonary disease as well as prostate, breast and other cancers, which are in line with the adult population's high prevalence of health risk factors such as tobacco smoking, overweight/obesity and risk alcohol consumption.

Note: Albury Local Government Area is not included in the above demographic summary data.

Local government areas

Berrigan, Bland, Carrathool, Coolamon, Cootamundra-Gundagai, Edward River, Federation, Greater Hume, Griffith, 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

Adelong-Batlow Multipurpose Service, Barham Multipurpose Service, Berrigan Multipurpose Service, Boorowa Multipurpose Service, Coolamon Multipurpose Service, Cootamundra, Corowa, Culcairn Multipurpose Service, Deniliquin, Finley, Griffith Base, Gundagai Multipurpose Service, Hay, Henty Multipurpose Service, Hillston Multipurpose Service, Holbrook, Jerilderie Multipurpose Service, Junee Multipurpose Service, Lake Cargelligo Multipurpose Service, Leeton, Lockhart Multipurpose Service, Murrumburrah-Harden, Narrandera, Temora, Tocumwal Multipurpose Service, Tumbarumba Multipurpose Service, Tumut, Urana Multipurpose Service, Wagga Wagga Rural Referral, West Wyalong, Young

Public nursing homes

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

Community health centres

Adelong, Ardlethan, Barelman, 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, Howlong, Jerilderie, Junee, Lake Cargelligo, Leeton, Lockhart, Moama, Moulamein, Narrandera, Temora, The Rock, Tooleybuc, Tumbarumba, Tumut, Urana, Wagga Wagga, West Wyalong, and Young

Oral health clinics

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

Nepean Hospital, Derby Street

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Business Hours: 8:30am-5.00pm, Monday to Friday



Chief Executive: Kay Hyman

Kay Hyman has led the District as Chief Executive for over five years and has more than 20 years health management experience in New Zealand. Mrs Hyman has extensive experience and skill in strategic leadership, change management and service development. She works in partnership with the community, clinicians and the District Board towards her vision to provide extraordinary patient experience and a high performing culture.

Year in Review

2015-16 was a period of continued success for Nepean Blue Mountains Local Health District with many achievements across a wide range of services.

The year saw the strengthening of positive relationships with our patients and clients, the community and affiliated organisations; including a focus on supporting our local children and young people to transition into the National Disability Insurance Scheme as pilot site for the early roll out for 0-18 year olds.

The District demonstrated world-class clinical care, research and innovation with a number of award-winning projects that continue to improve clinical outcomes and enable better access to health services for our community. This included a unique approach that resulted in keeping more people with substance use problems out of custody and in better health.

The District recognises that staff are key to ensuring it can continue to 'together achieve better' health for the community. As a result, in 2015-16 we strengthened our commitment to provide tools and education to support staff to be the best they can be and to demonstrate a person-centred focus for all activities. For example, as evidence of our commitment to the health and wellbeing of our staff we implemented the Get Healthy at Work program and Fitness Passport and we made a commitment towards ending violence beginning the process to achieve accreditation as a White Ribbon Accredited Workplace.

The District is proud to have supported a range of world-class research programs including research on a potentially life-saving treatment for peanut allergy sufferers.

Our continued focus on innovation was demonstrated with the implementation of a new tele-psychiatry service that is supporting patients at our regional hospitals to access after-hours care by teleconference.

In 2015-16, the District continued to perform above the State average across a number of indicators including hand hygiene, falls, pressure injuries and the immunisation of Aboriginal children.

Kay Hyman, Chief Executive

Key achievements for 2015-16

- Expanded tele-psychiatry at Nepean Hospital to provide after-hour consultations by teleconference to patients who present at the Lithgow and the Blue Mountains emergency departments, reducing waiting times.
- The District's Forensic Drug and Alcohol Service won two District Quality awards, including the Chairman's Award for the *Green Is Not My Colour* project which was also a finalist for a NSW Premier's Public Sector Award. The project reduced the drop out to custody rate from 32 per cent to 14 per cent while the current State average is 51 per cent.

- The District's Community Drug and Alcohol Service introduced an after-hours Counselling Clinic to increase access to services for full-time workers. Over a 12 month period more than 400 appointments were made with 96 new clients accessing the service. Patient feedback surveys indicated 90 per cent would not have commenced treatment without access to an after-hours service.
- Experimental work conducted by researchers at Nepean Hospital began investigating a potentially life-saving treatment for peanut allergies receiving a \$1.13 million research grant from the National Health and Medical Research Council awarded in November.
- The NSW Government committed \$4 million to plan a major redevelopment of Nepean Hospital. A comprehensive planning and consultation phase is currently underway.
- In 2015-16, 93 per cent of one year old Aboriginal children were fully immunised which is above the State average. 97 per cent of five year old Aboriginal children were fully immunised which is again above the State average.
- The District launched the Get Healthy at Work program including a series of organised healthy walks attended by 228 staff, online brief health checks completed by over 300 staff, healthy and affordable lunches in the staff cafeteria and an official launch event.
- In 2015-16 the District was chosen as the pilot site for the early roll out of the National Disability Insurance Scheme for 0-18 year olds. Over 800 transition plans were approved and actioned between September 2015 and April 2016. Scheme funds individualised support for people with disability, their families and carers.
- The District's Junior Medical Officers led a pioneering project to produce a standardised, up-to-date and readily available clinical orientation resource for their colleagues. The Nepean *Wiki for JMO's* project won a Quality Award for the development of a 'wiki' platform that ensures every Junior Medical Officer has access to clinical information, as well as specific details about their roles and responsibilities during hospital rotations.
- The District consistently performs well across a number of quality and safety indicators including: hand hygiene at 89.3 per cent which is above the State average of 84.8 per cent (March 2016); patient falls at 4.3 falls per 1000 bed days against the NSW public hospital average of 5.6 falls per 1000 bed days; and a reduction in hospital acquired pressure injuries from 14.6 per cent (2012) to 5.1 per cent (2016).

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 health care services to a geographic area of 9179 square kilometres and to over 360,000 residents.

The traditional custodians of the land are the Darug, Gundungarra and Wiradjuri people. The number of people identifying as Aboriginal and Torres Strait Islander make up 3.2 per cent of the population, compared to 2.9 per cent for all NSW. The largest indigenous community resides in Penrith.

People from culturally and linguistically diverse communities represent 22 per cent of the population with the most frequently reported countries of birth being the United Kingdom, New Zealand, Germany, Netherlands, Philippines, India, Malta and USA. In 2010, the District received 503 migrants, 79 per cent of whom settled in the Penrith local government area.

Over the next decade, the District's projected population growth is 23.8 per cent. Births and new arrivals to the area have contributed to population growth in the District with around 5000 births to residents recorded each year.

The main health issues facing the District are the increasing populations of older people that foreshadow new and unique challenges in health care planning, service delivery and access to specialised care. Life expectancy at birth ranged from 76.7 to 78.9 years for males and 81.8 to 83.3 years for females.

Based on the Socio-Economic Indexes for Area 2011, Index of Socio-economic Disadvantage, The District had local government areas at both ends of the spectrum. Lithgow was in the second most disadvantaged 10 per cent of local government areas in NSW. At the opposite end, Blue Mountains was among the second least disadvantaged 10 per cent of local government areas. Hawkesbury and Penrith were among the third least disadvantaged 10 per cent.

Around 70 per cent of District staff (totalling more than 5000) live in the area.

Local government areas

Penrith, Blue Mountains, Lithgow and Hawkesbury

Public hospitals

Nepean, Blue Mountains District ANZAC Memorial, Springwood, Lithgow, Hawkesbury (public - private partnership 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 Blue Mountains Local Health District Oral Health

Third schedule facilities

Tresillian Centre

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

Crawford House, Hunter Street

Locked Mail Bag 11

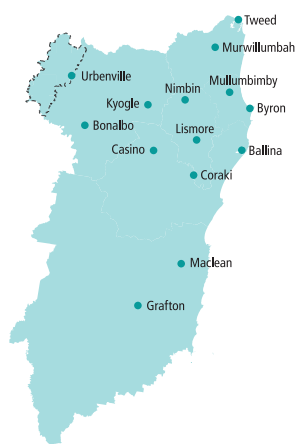
Lismore NSW 2480

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Business Hours: 8.30am-5.00pm, Monday to Friday



Chief Executive: Wayne Jones

Wayne commenced in health more than 30 years ago undertaking his generalist nursing training. For the following 10 years, Wayne obtained multiple post-graduate nursing qualifications in areas including Intensive Care and Cardiology. Wayne then progressed into a variety of nursing management roles and eventually came to the Northern Rivers as the Executive Officer of Lismore Base Hospital. Prior to his appointment as Chief Executive in May 2016, Wayne held a variety of roles in the North Coast including Manager of Planning, Director of Clinical Streams and most recently Chief of Staff.

Year in review

2015-16 has seen major change across Northern NSW Local Health District. Long-serving Chief Executive Chris Crawford retired at the end of 2015 after leading health services on the North Coast for over 15 years. Chris steered public health services through many major capital developments across the North Coast and we wish him well in his retirement. In May 2016 Wayne Jones was appointed the new Chief Executive.

The past financial year was very busy and the executive and Board extend a huge thank you to our staff and Visiting Medical Officers who provide excellent care to the many thousands of patients receiving care/services from our hospitals and health services.

In June 2016 Byron Bay and Mullumbimby District Hospitals were closed and services transferred to the new Byron Central Hospital. The move for many was a combination of sadness in leaving the "old" places and excitement in moving to the new purpose-designed facility.

By the end of the financial year, the District had met the Emergency Department Access Target of 81 per cent with an end-year result of 81 per cent of patients presenting being managed within four hours. In addition, the District met the Elective Surgical Access Targets in Categories one and two and narrowly missed out on achieving Category three.

The past year has seen major developments across the District in clinical information technology with the implementation of Community Health & Outpatient Care records system and the Electronic Medical Record 2 (EMR2) capability across our hospital and community health settings. These systems move us one step closer to a paperless record keeping system that will provide clinicians timely access to current medical records and patient information when needed.

The Integrated Care program continues to grow with a range of developments including the piloting of admission/discharge alerts to the patient's general practitioners which enhances communication between the patient's primary medical home of the general practitioner and the acute hospital setting. These system improvements being developed within the Integrated Care Program will in the fullness of time be available for all patients under our care.

Finally, the most pleasing achievement last year has been the continued reporting from our patients who rank the quality of care and quality of staff as superior in the Bureau of Health Information surveys. No greater compliment can be received and we strive to maintain the standard that our communities deserve and expect.

Wayne Jones, Chief Executive

Key achievements for 2015-16

- Mullumbimby and Byron District Hospitals merged to form the newly constructed \$88m Byron Central Hospital on a Greenfield site at Ewingsdale. The 43-bed hospital plus three birthing suites and 14-bed Emergency Department has a higher role delineation and enhanced services.
- The *Northern NSW Integrated Aboriginal Health and Wellbeing Plan 2015-20* identifies the priorities and actions required by the District over the next five years, in particular improved partnership arrangements with key stakeholders, to improve the health and wellbeing of Aboriginal people living in Northern NSW.
- The Nothing About Us Without Us – Walking the Talk: Mental Health Forum is a subcommittee of the District Board providing a means whereby people with lived experience of mental health issues and carers can contribute meaningfully to the development, evaluation, and review of mental health services.
- Continued focus upon person-centred care results in our patients reporting superior experiences of care in the NSW Bureau of Health Information patient surveys, in particular the District being frequently named with significantly higher results in the *'Patient Perspectives - How do outpatient cancer clinics perform'* report.
- Development and implementation of the Child At Risk Electronic Medical Record file flagging system to alert staff of children who are potentially at risk of significant harm where an alert from Community Services or the NSW Police Force has been received regarding a child or young person at risk of harm.
- Across the portfolio, substantial improvements in workers compensation claims experience have resulted in an overall \$865,580 contribution decrease. A targeted strategic approach to managing WC hindsight claims saw a net refund of \$1,496,003 for 2014 hindsight results.
- Admission and Discharge Notifications now automatically and instantaneously send a short message to a patient's general practitioner when the Integrated Care patient has an unplanned or surgical admission. The general practitioner also receives a discharge notification, which includes an indication.
- The trauma Informed Care pilot program was launched, providing exchange of trauma informed care practices between clinicians to explore ways of overcoming the barriers to implementing care in the clinical setting. The program recognised the effect of trauma histories on patients and how clinicians can respond in ways that does not re-traumatise or add to the burden of trauma.

- The Electronic Medical Records system rolled out across the entire District closing the loop for the transfer of clinical patient information across Emergency Departments, Theatre, Community Health and Inpatient Wards. Project saw the implementation of extensive computer hardware, software and workforce training across the District.
- The development of the Maternity and Newborn Clinical Services Plan (2016) saw the review of midwifery group practice at Murwillumbah District Hospital with approval for mothers to self-refer. This resulted in the upskilling of midwives in neonatal resuscitation and emergency department nurses in emergency birthing.

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 health care services across a geographic area of approximately 20,732 square kilometres.

Traditional custodians of the land covered by the District are the Bundjalung, Githabul, Gumgaynggirr, and Yaegl Nations.

About 288,241 residents lived within the District in 2011. People of Aboriginal and Torres Strait Islander heritage make up 13,660 or 4.7 per cent of the population, compared to 172,625 (2.9 per cent) for all NSW.

In 2015-16, the proportion of people aged 65 years and over continued to increase. In 2011 they comprised 19.4 per cent of the total District and by 2021 this figure is expected to increase to 24 per cent. Within the older person population, the cohort of people aged 85 years and over is significant.

Over the next decade, the District's population is expected to continue to age and grow, with the overall population of Northern NSW projected to increase by 8.2 per cent to 311,903. The main health issues facing the District are demand for cardiovascular, cancer, respiratory, renal, bone and joint as well as mental health, and drug and alcohol services.

Local government areas

Ballina Shire, Byron Shire, Clarence Valley, Kyogle Shire, Lismore City, Richmond Valley, Tweed Shire Council

Public hospitals

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

Community health centres

Alstonville, Ballina, Bangalow, Banora Point, Bonalbo, Byron, Casino, Coraki Campbell, Grafton, Iluka, Kingscliff, Kyogle Lismore (Adult), Maclean, Murwillumbah, Nimbin, Pottsville Health One, 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 and rehabilitation, public health, mental health and drug and alcohol, sexual health, sexual assault, women's health

Northern Sydney Local Health District

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Chief Executive: Adjunct Associate Professor Vicki Taylor

Adjunct Associate Professor Vicki Taylor became Chief Executive of Northern Sydney Local Health District in 2011 and has over 30 years' experience in health care.

Her career began in nursing and led to senior executive experience in both public and private health sectors, including the Director Clinical Operations in the former Northern Sydney Central Coast Area Health Service.

Professor Taylor was awarded an Adjunct Associate Professorial role by the University of Sydney Medical Faculty in 2013.

Year in review

Much has been achieved over the past 12 months to prepare for the challenges ahead and meet the complex health care needs of the Northern Sydney community and beyond.

The District has benefited from several major capital redevelopments with more planned for the future. This includes the commencement of construction of a major acute hospital in Frenchs Forest, to be provided by the private sector under a public-private partnership.

With the investment in these redevelopments it is important that we ensure we continue to provide efficient and effective health care and use these new resources wisely.

Considerable attention has therefore been given to strategic planning and developing clinical networks across the District in identifying the priorities and strategic directions for services across and within the District.

The District's new Strategic Plan for 2017-2022 is currently being developed in consultation with staff and stakeholders. The Plan will outline the vision for our agreed common goals and priorities and set the agenda for what the District will become by 2022.

To ensure we keep in pace with the revolution in the way technology is used to deliver better clinical and operational performance the District has developed an *Information Communication and Technology Plan (ICT) 2016-2020*.

This Plan will be a key enabler of the District's Strategic Plan and work in close alignment with the *eHealth Strategy for NSW Health 2016-2026*. The *Information Communication and Technology Plan 2016-2020* aims to build on our existing platforms and foundations whilst also defining the technology delivery program of work over the next five years.

I would like to thank all staff, volunteers, community and consumer representatives for their dedication and commitment to ensure we continue to provide the very best health care to our communities.

Adjunct Associate Professor Vicki Taylor, Chief Executive

Key achievements for 2015-16

- Royal North Shore Hospital in partnership with Kidney Health Australia committed to providing dialysis services to Australians living with kidney failure who were travelling to popular NSW holiday destinations. Dialysis services will be provided by Hospital staff on the Big Red Kidney Bus.
- A new \$30 million Community Health Centre opened at Mona Vale to provide a variety of services including oral health, occupational therapy, speech pathology, physiotherapy, child and family health, rehabilitation and aged care, community nursing and acute post-acute care.
- The Hornsby Ku-ring-gai Surgical, Theatres, Anaesthetic, Recovery (STAR) Building was officially opened. The \$120 million surgical complex has eight operating theatres including an integrated interventional operating suite to provide surgeons with the ability to conduct and view three dimension cross-section CT imaging and began providing non-emergency paediatric surgery to provide services to families closer to home.
- Construction work began on the new \$50 million Brookvale Community Health Centre.
- The District secured funding for two Translational Research Grants. One research project will look at reducing inappropriate poly-pharmacy for older inpatients. The other research project will look at the use of nerve blocks for elderly patients who present to the emergency department with a broken hip.
- Royal North Shore Hospital was the first in NSW to trial a new coronary artery stent designed to help patients with coronary heart disease get better faster.
- Health Promotion launched the 'You're a parent, not a mate' campaign to encourage the community to take a stand against supplying alcohol to minors.
- A world-first clinical trial using a real-time tumour tracking system to improve lung cancer radiotherapy was led by researchers and clinicians from the Northern Sydney Cancer Centre and the University of Sydney.
- A new diabetes Out-Of-Hospital Health Program was established across Manly and Mona Vale Hospitals to help patients with diabetes and its associated problems.
- The \$10 million purpose-built Dalwood Child and Family Health Centre was officially opened providing a major hub for child and family health services on the Northern Beaches.

Demographic summary

Northern Sydney Local Health District covers approximately 900 square kilometres. The area extends from Sydney Harbour to Sydney's Upper North Shore, west along the Hawkesbury River to Wiseman's Ferry and includes Sydney's Northern Beaches, Hornsby Ku-ring-gai and Ryde.

The estimated resident population of the District is expected to reach 906,803 by the end of 2016 and is projected to increase to 1,030,317 by 2026. This is a 13.6 per cent increase, which is similar to the NSW state increase for the same period. Population density for Northern Sydney is just over 1000 residents per square kilometre.

At the time of the last Census in 2011, there were 2466 residents of Aboriginal and/or Torres Strait Islanders residents, equating to 0.30 per cent of the total District's population. In addition to this figure, the District has admitted for treatment 1555 Aboriginal and/or Torres Strait Islander people from outside the District between 1 January 2011 and 31 December 2015.

There were 179,039 residents born overseas in predominantly non-English speaking countries, equating to 22 per cent of the total District's population.

Northern Sydney residents compare favourably on most socioeconomic and health status indicators to the rest of New South Wales and have, on average, greater access to both public and private health services. There are however, identifiable geographical areas and population sub-groups with higher health and social care needs and lower economic means.

The number of residents aged 70 to 84 years is projected to increase at more than double the rate of the general population (36 per cent) to 2026, while the number aged over 84 years is projected to grow at 22 per cent.

Health care needs increase rapidly with age and demand for acute, sub-acute, ambulatory and community-based needs will increase significantly with the expected large increase in the elderly population.

Local government areas

City of Parramatta (part), Hornsby, Hunters Hill, Ku-ring-gai, Lane Cove, Mosman, North Sydney, Northern Beaches, Ryde, Willoughby

Public hospitals

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

Community health centres

Allambie Heights, 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, Manly Sydney Road Methadone Clinic, Mona Vale, Pennant Hills, Pittwater Road Clinic, Queenscliff, Royal North Shore, Ryde Community Mental Health, 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, Wiseman's Ferry

Oral health clinics

Cox's Road, Dee Why, Hornsby Ku-ring-gai Hospital, Mona Vale Hospital, Royal North Shore Community Health Centre, Top Ryde

Third schedule facilities

Greenwich, Royal Rehabilitation, Neringah

Other services

Aboriginal health, acute post-acute care, aged care and rehabilitation, ambulatory care, BreastScreen, child protection, chronic care, community home nursing, domestic violence, 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 has 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 and Chief Executive.

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

Year in review

South Eastern Sydney Local Health District continues its transformation through its *Journey to Excellence Strategy*, implementing significant positive changes to improve patient outcomes. Priority areas for action are to create a higher performing, equitable and sustainable health system.

A key priority is to provide integrated care and we continue to work with general practitioners and primary care partners to ensure people with chronic and complex conditions stay healthy and out of hospital. The *Integrated Care Strategy* provides a narrative and vision for integrated health care and will look at new ways of managing increasing demands on health services.

Improvement in emergency care, particularly transfer of care, has seen the District consistently perform above target at 91 per cent. In 2015-16, there were 223,336 emergency department presentations (an increase of 3.4 per cent); 7981 babies born and 169,186 admissions.

Investment in new and improved services during 2015-16 include:

- opening of Headspace, Bondi Junction which provides early intervention services to young people in the areas of mental, physical and sexual health
- refurbishment of the Sydney/Sydney Eye Hospital Hand Clinic, including 20 treatment bays that will benefit 2800 people who undergo surgical operations each year
- opening of the expanded St George Hospital Sleep Disorders Laboratory that schedules 1400 sleep and 300 respiratory failure studies each year
- opening of the \$2.85 million Prince of Wales Hospital Hybrid Operation Theatre with advanced medical imaging devices enabling minimally-invasive surgery.

Over the past 12 months new ideas have been fostered to improve the value and effectiveness of the health care we deliver and to drive corporate efficiencies.

Reducing health inequities and building community partnerships is crucial to achieving an effective and sustainable health system for the future.

I thank staff for their commitment to improving health outcomes; volunteers who help us deliver services and our community partners who work with us to improve the population's health.

Gerry Marr, Chief Executive

Key achievements for 2015-16

- *South Eastern Sydney Local Health District Equity Strategy* aims to improve the health and wellbeing of the disadvantaged, including Aboriginal and Torres Strait Islander peoples. Initiatives underway include the 'Doing it Differently' project that engages local communities to identify areas of importance and need.
- Continue to drive organisational improvements and efficiencies through the Journey to Excellence program. The launch of 95 value improvement programs will remove duplication and reduce inefficient processes to better support frontline services.
- Opening of HealthOne Integrated Skin Cancer Clinic at Sutherland Hospital that works with general practitioners and patients on preventable care. The Clinic has delivered reduced waiting times to diagnosis and treatment for 1000 patients in 12 months.
- Continue to lead in innovation through the new Improvement Academy which is training staff in a range of techniques and tools to equip front line staff to test new and innovative service models and technologies to foster health care excellence.
- The Mental Health Patient Safety Program - 'Towards Zero Together' aims at reducing patient harm by 30 per cent in 12 months. The program will bring together clinical teams to test changes that will make a difference to patient safety.
- Management of an extensive capital works program including the \$277 million redevelopment at St George Hospital; a \$62.9 million redevelopment at Sutherland Hospital and the \$114 million Bright Alliance Building at the Randwick Hospitals Campus that will house the Nelune Comprehensive Cancer Centre.
- The Royal Hospital for Women has established a support group and treatment program for women who suffer the rare condition Mayer Rokitansky Kuster Hauser Syndrome, a disorder that affects the reproductive system; and are also developing a pioneering pain management service for women suffering chronic gynaecological pain.
- A world-first medication trial of the cannabinoid replacement therapy Sativex for management and treatment of cannabis dependence is underway. The study is being done in collaboration with universities and other local health districts and will examine the efficacy, safety and cost effectiveness of medication for treating cannabis dependent patients in the community.

- The *Heart of Caring* booklet tells the personal stories of 50 nurses and midwives about caring and putting patients at the centre of everything we do. Heart of Caring recognises and values compassionate care, leading to the development of wellbeing resources for nurses and midwives.
- New approach in the way patient encounters are recorded in the Electronic Medical Record System. A 'Single Encounter' approach will generate one record per patient, per visit allowing patient information to be shared seamlessly between clinicians and support staff across the system.

Demographic summary

South Eastern Sydney Local Health District covers nine local government areas from Sydney's Central Business District to the Royal National Park in the south and provides health care services across a geographic area of approximately 468 square kilometres.

Traditional custodians of the land covered by the District are the Dharawal and Eora nations.

About 840,000 residents live within the South Eastern Sydney Local Health District. People of Aboriginal and Torres Strait Islander heritage make up 6300 of the population, compared to for all NSW. An increase in immigration to the District over the last decade is reflected. More than half the District's population (51 per cent) were born overseas, compared to less than 30 per cent in NSW as a whole, with the inner Sydney statistical local area having over 84 per cent of its population non-Australian born and 39 per cent of these are from non-English speaking nations.

Around 5.5 per cent of District's residents have been living in Australia for less than five years compared to 2.5 per cent in NSW as a whole. Almost 23 per cent of the District's population is from non-English speaking countries and 4.3 per cent of this population speaks English not well or not at all, compared to 3 per cent across NSW as a whole.

The population of the South Eastern Sydney Local Health District is expected to grow by almost 12 per cent by 2028. The fastest growing age groups will be the 85 years and over age group (a 52 per cent increase) and the 70-84 years age group (a 30 per cent increase).

The overall local health district age structure is somewhat similar to that of the State as a whole. However, there are fundamental variations on the average. For example, there is an over-representation in the 65+ age group in several local government areas in the District's south (over 16.5 per cent versus 14 per cent in NSW as a whole). Conversely, in the District's north there is an under-representation of persons aged between 10 and 14 years (3.6 per cent) compared to 6.2 per cent in NSW as a whole.

The Index of Relative Socio-Economic Disadvantage score for the South Eastern Sydney Local Health District is considerably higher (1041.45) than for the State as a whole (983.57). However there is relatively large intra-District diversity with some local government areas in this District among the least advantaged in the state (Rockdale 992.5 and Botany Bay 962.3).

South Eastern Sydney is one of the healthiest areas in Australia, though there are significant health inequalities. This is most evident for Aboriginal people, as well as people who are disadvantaged socio-economically, including those who are homeless, long term unemployed and people with mental illness.

The greatest inequalities exist for causes considered potentially avoidable, in particular major long term conditions, such as coronary heart disease, chronic obstructive pulmonary disease, lung cancer and diabetes.

Local government areas

Botany Bay, Georges River, Randwick, Rockdale, Randwick, Rockdale, Sutherland Shire, Sydney (part)*, Waverley, Woollahra, Lord Howe Island**

*Sydney Local Government Area split between Sydney Local Health District and South Eastern Sydney Local Health District

** Lord Howe Island is part of Unincorporated NSW and included with South Eastern Sydney Local Health District

Public hospitals

Gower Wilson - Multipurpose 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 (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)

Southern NSW Local Health District

Peppertree Lodge

Queanbeyan Hospital Campus

Collet Street

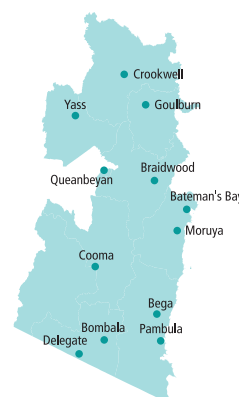
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Chief Executive: Ms Janet Compton

Janet Compton's career began as a physiotherapist in country NSW. After working in the Northern Territory, she returned to NSW and held several positions in the Hunter Health Area Health Service. Over the past 20 years, she has held senior executive positions in Victoria's acute and subacute health sectors, including Eastern Health's Executive Director of Acute Health and CEO of Northern Health. Janet is committed to improving patient care through innovation and co-design. She holds a Masters in Public Policy, post graduate diplomas in administration and physiotherapy and a Bachelor of Science degree.

Year in review

The completion of new major capital works throughout the District dominated achievements for the year. The \$187 million South East Regional Hospital at Bega was opened in March, while construction of the new \$6.75 million renal and oncology units at Moruya Hospital was completed late last year, as was the \$1.5 million HealthOne facility at Yass. Significant progress has also been made in developing other new health infrastructure including:

- \$120 million for the redevelopment of the Goulburn Base Hospital
- \$10 million to upgrade Cooma Hospital
- \$8 million for improvements to Yass Hospital and \$3.7 million for a new ambulance station at Yass
- \$2.5 million Jindabyne Health One building
- a multi-million dollar redevelopment of the Braidwood Multi Purpose Service facility.

For the third consecutive year, the District delivered an on-budget performance at the end of 2015-16. The Health District achieved a net result of \$25.396 million for 2015-16, a favourable variance of \$1.039 million to budget. The District continues to carry the best possible risk rating of zero by the NSW Ministry of Health, compared with a risk rating of three (in a scale of 0-4) in the District's first year of operations.

For 2015-16, the District's emergency treatment performance was higher than the State target at 84.7 per cent against a State target of 81 per cent. The Transfer of Care result met the State target of 90 per cent. Elective surgery access performance was above the State target for Category two and three, and only 0.5 per cent below the 100 per cent target for category one.

Increased awareness and education about health outcomes for Indigenous consumers resulted in a number of new and acclaimed initiatives including a top State award for a weight loss program in the Eurobodalla.

A program to attract and train volunteers to help patients with dementia and delirium, devised at Bega Hospital, has been internationally acclaimed and is set to go nation-wide.

In other achievements, 50 graduate registered nurses and midwives commenced across the District, funding was received from the Ministry to support the capability development of District paediatric services, the District entered into partnership with St Vincent's Network to support the management of patients with chronic pain management needs, and progress has been made with palliative care.

I took up the position of Chief Executive in March 2016 and my aim is to take the District forward with a change process that will have it become an adaptive and innovative organisation. A new *Strategic Plan 2016-21*, outlines innovation processes to make the District a more patient-focussed organisation which works in partnership with local communities and patients.

Ms Janet Compton, Chief Executive

Key achievements for 2015-16

- The new \$187 million South East Regional Hospital was opened at Bega on 7 March 2016, the former Bega District Hospital was closed the same day after 50 years of service. The \$1.5 million HealthOne facility at Yass was opened on 2 October 2015, providing the residents of Yass and the surrounding area with better integrated health care. The \$6.75 million Eurobodalla renal and oncology units at Moruya District Hospital were officially opened on 7 December 2015.
- The District has achieved a net result of \$25.396 million for 2015-16, a favourable variance of \$1.039 million to budget.
- The District continues to carry the best possible risk rating of zero by the NSW Ministry of Health through good financial management and patient care, compared with a risk rating of three (in a scale of 0-4) in the District's first year of operations.
- For 2015-16, the District's Emergency Treatment Performance target was higher than the State target at 84.7 per cent. The Transfer of Care result met the State target of 90 per cent. Also:
 - Category one (procedure within 30 days) Elective Surgery Access Performance (EAP) was only 0.5 per cent below the 100 per cent, only six of 1097 not meeting the benchmark time.
 - Category two (procedure within 90 days) Elective Surgery Access Performance was a percentage above the State target of 97 per cent target.
 - Category three (procedure within 365 days) EAP was almost a percentage above the state target at 97.8 per cent, against a 97 per cent target.
- The District has worked on a new *Strategic Plan 2016-21*, one which reflects its transition from its successful foundation and consolidation to focus on processes to become an adaptive, innovative organisation which works in partnership with our communities and patients.
- The maternity unit at Queanbeyan Hospital was awarded its fifth consecutive Baby Friendly Health Initiative accreditation certificate. The only other NSW hospital to have achieved the same status is the Royal Hospital for Women in Sydney. The number of births at Queanbeyan is increasing rapidly, from a total of 403 in 2015 to more than 380 by half way through 2016.
- A team from the Eurobodalla came first in the State in the Aboriginal Knockout Health Challenge, losing the most weight and beating the rest of NSW's teams to win a \$20,000 prize. The team has won a total of \$35,000 for its weight-loss efforts over the past two years.

- An innovative volunteer program established at Bega District Hospital in 2009 was extended with funding from the Department of Social Services, and it is set to be adopted Australia-wide. The dementia and delirium volunteer program was developed by the District's Dementia Delirium (Acute) Clinical Nurse Consultant Cath Bateman, in partnership with Alzheimer's Australia NSW. The program has received recognition nationally and internationally, having been showcased on the US Agency for Health Care Research and Quality Innovations Exchange and more recently included in the NSW Agency for Clinical Innovation Rural Innovations Exchange Program. An initial program implementation plan and procedures developed at Bega has supported its introduction in other hospitals in NSW, Vic and Qld.
- Palliative care initiatives included gaining funding to deliver public bereavement sessions and the development of an equipment loan service for patients receiving end of life care at home. The District furthered its relationship with Hammond Care to deliver in-home palliative care support, and collaborative work was undertaken with ambulance services and the Primary Health Care Network to coordinate with ambulance services symptom management plans for patients' end of life care.
- The District commenced 50 graduate registered nurses and midwives across the region in 2015-16.

Demographic summary

Southern NSW Local Health District covers the south-eastern corner of NSW, extending from the south coast and Southern Tablelands, across the Great Dividing Range and the Snowy Mountains, and almost surrounds the Australian Capital Territory. It provides health care services across a geographic area of approximately 44,500 square kilometres.

Traditional custodians of the land covered by the District are the Gundugurra, Ngunawal, Ngarigo and Yuin nations.

About 202,000 residents (2.5 per cent of the NSW population) live within the District. People of Aboriginal and Torres Strait Islander heritage make up 7513, or 3 per cent of the population, compared with for all NSW. Representation of culturally and linguistically diverse communities include those from various parts of Europe after they or their forebears came to Australia after the Second World War to work on the Snowy Hydro-electric Scheme.

In 2015-16, the District covered about and 12.2 per cent of the State's rural population in many medium and small sized communities, most of which do not relate strongly to each other.

Over the next decade, the District's population is expected to grow in most areas, and to age. The District's population is projected to grow to 220,050 by 2021, to 230,850 by 2026, and to 240,700 by 2031. The greatest population growth by 2021 will be in Queanbeyan, which is projected to have an additional 9050 residents within the next 10 years. A slight decline in population is projected for the Upper Lachlan and Bombala local government areas.

About 25 per cent of the population is over 60, the ageing population having a significant impact on demand for health services and on the health workforce. There is negligible growth expected in the younger age groups. As a result, over the next 15 years, the ratio of older residents (65+ years) to working age people (15-64 years) is predicted to increase from 2.7 to 4.2 older people for every ten residents of working age. This change will be even more pronounced in coastal areas with older populations. The ratio of children (0-14 years) to workers will remain steady at 1:3.

Local government areas

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

Public hospitals

Batemans Bay District, Bega South East Regional, Braidwood Multipurpose Service, Bombala Multipurpose Service, Cooma Health Service, Crookwell Health Service, Delegate Multipurpose Service, Goulburn Base, Bourke St Health Service, Kenmore, Moruya District, Pambula District, Queanbeyan District, Yass Health Service

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

South Western Sydney Local Health District

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Business hours: 8:30am-5:00pm, Monday to Friday



Chief Executive: Amanda Larkin

Before taking on the role of Chief Executive of South Western Sydney Local Health District, Ms Larkin was the General Manager of Camden and Campbelltown Hospitals and the Queen Victoria Memorial Home.

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

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

Year in review

It has been a year for establishing and mapping out the future direction for South Western Sydney Local Health District to ensure we can continue to be a leader in health care while growing and evolving services to meet coming challenges.

A number of key plans were completed and launched, including our *Mental Health Strategic Plan (2015-2024)*, *Advance Care Planning, End of Life and Palliative Care Strategic Plan (2016-2021)* and *Education and Training Strategic Plan (2015-2021)*.

To ensure we have the capacity to treat our growing population, Campbelltown Hospital's new Acute Services Building, the centrepiece of the \$134 million stage one redevelopment was completed.

We are now working towards stage two of Campbelltown Hospital's redevelopment, with the NSW Government announcing it has reserved \$300 million for the project.

Planning for the Bowral and District Hospital redevelopment continues, with the NSW Government committing \$50 million to the project in March 2015.

Our research capacity continues to grow, with three services within the District awarded the highly coveted title of South Western Sydney Academic Unit. A further three were awarded resources to develop their service towards Academic Unit status.

Significantly, the District progressed work on key elements of our Strategic Plan.

A new service designed to support the needs of people living with End Stage Kidney Disease in south western Sydney was launched. The Renal Supportive Care Service is a collaboration between the Renal and Palliative Care departments and was designed for patients who decide dialysis may not be the appropriate pathway for them, as well as for patients who are on dialysis but continue to have severe symptoms and poor quality of life.

This year, the District launched the first Closing the Gap Report Card. The report card ensures transparency and accountability in providing health service to the District's Aboriginal communities and clearly identifies service gaps. The Report Card also highlighted where gains had been made. Of particular note are the improvements in immunisation status.

The District is part of an Academic Health Science Partnership, which has been established between 14 organisations, including representatives from key universities, local health districts and medical researchers. A website is being developed for the Partnership and office space at the Ingham Institute for Applied Medical Research has been confirmed.

'Transforming your Experience' is a new District initiative which aims to position the District as a leader in patient care and the health of our communities and also to develop outstanding leaders at all levels of the organisation.

Through Transforming Your Experience we will develop a long term, shared and sustainable strategy to effectively manage change and transform the District into a leader in exceptional patient-centred health care.

Amanda Larkin, Chief Executive

Key achievements for 2015-16

- The MRI-Linac, the first of its kind in the country, underwent its first ever live test in a landmark moment for Liverpool Hospital and the Ingham Institute. The technology combines an MRI magnet with a Linac Accelerator to improve the accuracy and precision of radiotherapy treatment for cancer.
- Construction has begun on a new clinical school in south-western Sydney which will provide advanced training to young medical students and researchers. The \$21 million, four-storey building is being built on the Campbelltown Hospital campus by the NSW Government and Western Sydney University.

- Three services within the District were awarded the highly coveted title of South Western Sydney Academic Unit. In 2015 the District Mental Health Program, Radiation Oncology and Respiratory and Sleep Medicine teams were named the inaugural South Western Sydney Academic Units. In 2016, the Endocrinology Academic Research Unit at Campbelltown Hospital, the Liver Cancer and Disease Centre at Liverpool Hospital and Stroke and Health Service Research Unit, were awarded resources to develop their service towards Academic Unit status.
- Liverpool Hospital has expanded its state-of-the-art Endoscopy Suite with the addition of a third procedure room featuring new Spy Glass digital technology, making it one of the largest and busiest standalone endoscopy centres in NSW.
- Cancer survivors were involved in a project at Liverpool and Macarthur Cancer Therapy Centres to turn their radiation therapy masks into works of art. The masks were exhibited at Casula Powerhouse Arts Centre in June.
- The PEACH Program for people with a terminal illness who wish to die at home was rolled out to residents of Wingecarribee and success of the District's Just PEACHY- Palliative Care Home Support Group was celebrated at the 17th annual NSW Health Awards, winning the Patients as Partners award. The program also saw the launch of a new PEACH Program DVD.
- Budyari Community Health Centre in Miller underwent a \$280,000 renovation to support improved patient care. Budyari is a unique resource that operates as a Community Health Centre with a focus on dedicated Aboriginal health. The renovation has allowed Budyari to expand its model of care to include new services including gastroenterologist outreach, mental health and drug health services that complement the established chronic and paediatric services.
- Staff and patients at Liverpool Hospital's Mental Health Service were rewarded for their participation in series one of the ABC TV program Changing Minds with a prestigious NSW Premier's Award for public service. Changing Minds, series two was filmed at Campbelltown and Liverpool Hospital mental health units focussing on younger patients aged 18 and over.
- A new radiation therapy trial at Liverpool Hospital for prostate cancer patients negates the need for invasive surgery and delivers a quicker, more targeted form of radiation therapy treatment. Stereotactic radiation therapy uses precision technology to deliver very high doses of radiation to the prostate.
- Staff from Liverpool and Fairfield Hospitals were awarded the Health Education and Training Institute's (HETI) top honours for pre-vocational education and training. Debbie Liversidge, Dr Tim West and Dr David Massasso were recognised for their outstanding support of Junior Medical Officers beginning their careers at hospitals across south western Sydney.

Demographic summary

South Western Sydney Local Health District is located in metropolitan Sydney extending to metropolitan fringe area the Southern Highlands and provides health care services across a geographic area of approximately 6243 square kilometres.

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

About 922,000 (ERP 2014) residents live within the District. People of Aboriginal and Torres Strait Islander heritage make up 1.6 per cent (13,070) of the population (3.2 per cent in Campbelltown), compared to 2.9 per cent (for all of NSW). In the District, 36 per cent of the population was born overseas and 48 per cent speak a language other than English at home. 37 per cent of NSW refugees have settled here.

Over the decade 2016-2026, the District's population is expected to increase to over 1.16 million people. The number of people aged 70 years and older will increase by 56 per cent by 2026. Rapid population growth is expected in the South West Priority Growth Area resulting in the Camden and Liverpool local government areas populations increasing by 58 per cent and 26 per cent respectively by 2026.

Growth will also occur broadly across the District through urban infill. Additional to this is 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 to 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 activity, overweight and obesity, adequate vegetable intake
- having 14 of 20 most disadvantaged suburbs in Sydney contributing to social determinants of health.

Local government areas

Bankstown, Fairfield, Liverpool, Campbelltown, Camden, Wollondilly, Wingecarribee

Public hospitals

Bankstown-Lidcombe, Bowral and District, Camden, Campbelltown, 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, Mt Pritchard, Narellan, Padstow, Panania, Penrose, Prairiewood, Robertson, Robert Townsend, Rosemeadow, The Oaks, Thirlmere, Wattle Grove, Warragamba, Yagoona

Oral health clinics

Bankstown (Child), Yagoona (Adult), Fairfield, Liverpool, Ingleburn, Rosemeadow, Tahmoor, Narellan, Bowral

Third schedule facilities

Braeside Hospital, Karitane, South West Sydney Scarba service, The 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 (statewide service)

Sydney Local Health District

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Chief Executive: Dr Teresa Anderson

Dr Teresa Anderson has worked in the NSW public health system for more than 30 years as a clinician, manager and health service leader. Prior to her appointment as Sydney Local Health District Chief Executive, Dr Anderson held positions as the Director, Clinical Operations, Sydney South West Area Health Service and General Manager, Liverpool Hospital.

Dr Anderson serves on the boards of the Ingham Institute, Centenary Institute, Heart Research Institute, ANZAC Research Institute and Healthshare, and is also the Chair of the Sydney Research Council.

Dr Anderson is focused on supporting collaboration and building partnerships to provide excellent health care. She has a continual commitment to supporting and mentoring staff in fostering new ideas to drive efficiencies and best practice.

Year in review

We are proud of our ongoing commitment to achieve our vision of excellence in health care for all during 2015-16.

Across the District, more than 156,000 people attended our emergency departments, we performed more than 41,000 operations and more than 6600 babies were born at Royal Prince Alfred (RPA) and Canterbury hospitals. Sydney Dental Hospital and Oral Health, Community Health and Mental Health all achieved accreditation against the national standards; we maintained outstanding performance and came in on budget.

Emergency treatment times for emergency department patients improved across the District with the implementation of the Transfer of Care program, piloted at Royal Prince Alfred and rolled out across Concord, Canterbury and Balmain.

New strategic plans launched covered the new RPA Health One at Green Square; Concord Hospital Clinical Services Plan; the Inner West Child Health and Wellbeing Plan; the Sydney Local Health District Drug Health Plan; our Education and Training Strategic Plan; a refreshed Community Health Plan and the Aboriginal Health Social Determinants of Health Report.

Our fourth annual Sydney Innovation and Research Symposium attracted more than 1000 people to hear more than 55 presentations from world-renowned clinicians.

We launched Australia's first Institute of Academic Surgery and a robotic surgery program at Royal Prince Alfred. We are soon to open, in conjunction with the University of Sydney, the first robotic surgery training centre in the southern hemisphere.

We also opened cutting edge Royal Prince Alfred Clinics at the Charles Perkins Centre and we look forward to Concord Hospital becoming the nation's first comprehensive centre for returned servicemen and women as part of a \$150 million redevelopment.

Technology was a key focus with the launch of an electronic medical record system at Canterbury Hospital, a new electronic medication management system at Concord which received the Minister for Health's award for innovation, advanced electronic patient journey boards at Royal Prince Alfred, and a NSW Refugee Health online appointment translation tool which generates a version of the client's appointments details in their language.

We've continued to focus on updating and expanding our websites and social media channels (including launching a Twitter account), staff surveys, and waiting room projects to enhance the patient experience and a consumer conversation series.

Dr Teresa Anderson, Chief Executive

Key achievements for 2015-16

- Implementation of a robotic surgery program at Royal Prince Alfred Hospital focusing on cardiovascular surgery.
- Establishment of a robotic surgery training centre with the University of Sydney, the first of its kind in the southern hemisphere.
- Opening of the Institute of Academic Surgery centre at Royal Prince Alfred, an Australian first, to train students and surgeons in innovative surgical techniques.
- Implementation of an electronic medical records system at Canterbury Hospital allowing nursing, medical and allied health staff better access to real-time patient records from anywhere in the hospital.

- Implementation of Transfer of Care pilot program at Royal Prince Alfred, in partnership with the NSW Ambulance, which substantially reduced waiting times for paramedics, getting them back on the road faster.
- Expansion of the Sydney Innovation and Research Symposium which this year attracted significant sponsor support, plus more than 1000 people to hear 55 presentations.
- Expansion of Sydney Research to attract \$82 million in category one grants, \$65 million in category three industry-related grants and the production of 1559 Higher Education Research Data Collection publications, 54 per cent of which were ranked in the top 25 per cent cited worldwide. Also, overseeing more than 450 clinical trials, 300 of which are in hospitals.
- Appointment of a governing council for Sydney Health Partners and the development of 13 thematic streams with clinical disciplines, plus 40 current projects translating science into improved clinical practice, policy and health systems.
- Work started on construction of a 1000-space multi-storey staff car park on the Royal Prince Alfred campus to ensure convenience and safety of staff needing to drive to and from work.
- Construction of an interventional hybrid operating theatre and a translational research facility at Concord Hospital; a new fixed BreastScreen centre at Campsie and a purpose-built youth centre in Redfern.

Demographic summary

Sydney Local Health District is located in the centre and inner west of Sydney, covering the local government areas of City of Sydney (part), Inner West Sydney, Canterbury and Bankstown (part), Canada Bay, Burwood and Strathfield – an area of 126 square kilometres.

Traditional owners of the land covered by the District are the Gadigal and Wangal people of the Eora nation.

The District provides healthcare to about 640,000 people living locally, as well as a large population outside the District requiring tertiary and quaternary healthcare services, such as trauma care, intensive care and transplantation surgery (2016).

At the time of the 2011 Census, there were 4875 people who identified as either Aboriginal or Torres Strait Islander living across the District. Approximately 43 per cent of residents speak a language other than English at home, almost twice the level of NSW as a whole (22 per cent).

Between 2008 and 2013, more than 1600 humanitarian arrivals (refugees) settled in the District, with large numbers coming from China, Burma, Iraq, Iran, Sri Lanka and Sierra Leone.

An estimated 106,960 people with a disability live in the District and about 45,000 people identify as being unpaid carers.

The District is characterised by socio-economic diversity with pockets of extreme advantage and disadvantage. In 2011, there were an estimated 4,496 people living with homelessness in Sydney (16 per cent of all homelessness in NSW).

By 2021, the District's population is expected to reach 708,000, growing to 835,000 by 2031 - an increase of 44 per cent from the 2011 population. There is significant urban growth with four out of six major UrbanGrowth NSW developments within Sydney Local Health District.

The growth in the aged population is predicted to increase to 86 per cent and 107 per cent respectively in the 70-84 and 85+ year age groups by 2031.

According to ABS data, 9,269 babies were born to Sydney mothers in 2013, representing 9.3 per cent of all babies born in NSW.

Local government areas

City of Sydney, Burwood, Inner West, Strathfield, Canada Bay, Canterbury-Bankstown

Public hospitals

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

Community health centres

Marrickville, Croydon, Redfern, Canterbury, Camperdown

Our community health centres provide a range of services across our clinical networks and streams, including Community Health, Mental Health, Oral Health, Drug Health, Sexual Health and Aboriginal Health Services

Child and family health services

Canterbury Community Health Centre, Canterbury Adolescent and Family Health Service, Canterbury Community Nursing Service, Croydon Health Centre, Croydon Community Nursing Service, Croydon Child, Adolescent and Family Health Service, Redfern Community Health Centre, Redfern HIV/AIDS Allied Health, Redfern Community Nursing Service, Redfern Mental Health Service

Early childhood health centres

Alexandria, Balmain, Belmore, Camperdown, Campsie, Chiswick, Concord, Croydon, Earlwood, Five Dock, Glebe/Ultimo, Homebush, Lakemba, Leichhardt, Marrickville

Oral health clinics

Canterbury, Concord, Croydon, Marrickville, Royal Prince Alfred hospitals, Sydney Dental Hospital.

Outreach services are provided to rural and remote Aboriginal communities in partnership with Aboriginal Medical Services and Aboriginal Community Controlled Health Services.

Third schedule facilities

Tresillian Family Care Centres

Other services

Aboriginal health, aged chronic care and rehabilitation services, allied health, BreastScreen services (RPA, Canterbury and the mobile van), Centre for Education and Workforce Development, Chris O'Brien Lifehouse at RPA, Concord Cancer Centre, community nursing services, Croydon Health Centre, drug health, health care interpreter team, heterosexual HIV service (statewide), mental health services, nursing and midwifery services, oral health, population health, sexual health outreach clinics, Sydney Local Health District research, Sydney Research (16 founding members including Sydney Local Health District, 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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Chief Executive: Scott McLachlan

Driven by a passion to improve health outcomes of rural people, Western NSW Local Health District Chief Executive Scott McLachlan is focused on delivering high quality health services for rural people. Scott leads an organisation that manages hospitals and health services in an area as geographically large as the United Kingdom with a large Aboriginal population. Scott's extensive leadership experience across public and private health sectors spanning two decades has developed his commitment to improve standards of patient care.

Year in review

Western NSW Local Health District delivers well-organised health care as close to home as possible to support the cultural, mental, social and physical wellbeing of our communities. Fostering new ideas, innovative solutions, quality improvement and research is fundamental to achieving this, and we are proud of the initiatives implemented in our district over the last 12 months.

The District is leading the way in a regional digital health reform to bring the world's best care to the doorstep of people right across our region. Examples in 2015-16 include a \$20 million investment in an electronic health record for every patient, cutting edge technology and bandwidth enabling a roll out of Telehealth technology, saving precious time and kilometres for people travelling away from home for care.

The District's Integrated Care Strategy is breaking new ground in better coordinating care for patients with complex health conditions, through an investment of over \$16 million over three years to lead new ways of working for rural clinicians. More than 800 patients across the District are now enrolled in the program across nine sites and the focus has now expanded from chronic disease to the first 2000 days of life, asthma and dementia.

The District celebrated completion of many exceptional capital works projects, including the \$91.3 million stage one and two of the Dubbo Hospital redevelopment. Stages three and four of the redevelopment were announced with \$150 million committed to the project and planning has now commenced.

The \$72.5 million Parkes Hospital redevelopment and Forbes Hospital \$40.9 million refurbishment as part of the Lachlan Health Service Project were officially opened, and the \$7 million Gulgong and \$12 million Peak Hill Multipurpose Services were completed and commissioned.

Funding was also announced and planning commenced for the current stage of the multipurpose services program which includes new Multi Purpose Services at Walgett, Molong, Rylstone, Coolah and Cobar.

Initiatives to deliver meaningful gains in Aboriginal health are embedded throughout the District and we are consciously creating culturally sensitive health services to help Aboriginal people feel welcome and encourage greater attendance and earlier intervention for better health outcomes.

Scott McLachlan, Chief Executive

Key achievements for 2015-16

- Western NSW Local Health District's *Integrated Care Strategy* expanded its demonstration sites to nine in 2015-16, to include Blayney, Coonamble, Cowra and Mudgee. More than 800 patients are enrolled across the District and the focus has expanded from chronic disease to First 2000 Days of Life, asthma and dementia.
- \$20 million was invested in an electronic health record for every patient, cutting edge technology and bandwidth, enabling a rollout of telehealth technology, saving precious time and kilometres for people travelling away from home for care.
- 2015-16 saw the official opening of more than \$217 million worth of hospital upgrades in the District. Upgrades at Dubbo (\$91.3), Parkes (\$72.8M), Peak Hill (\$12M) and Forbes (\$40.9) Hospitals have allowed improvement in the quality and range of services available.
- A \$40 Million capital works program across a range of Multipurpose Service projects in the District is delivering integration of a range of health care services to improve health outcomes for local communities. Walgett and Molong Multi Purpose Services are now complete and planning for Coolah and Cobar is continuing.
- There's been significant expansion in services across the District, including patient flow and transport unit functions, and more specialist support for remote areas. We have seen better health outcomes for patients with the introduction of a pain clinic at Orange Health Service and an orthopaedic service at Bathurst.
- The District continues to be an employer of choice and attracts highly specialised staff to deliver services in rural communities. For example in 2015-16, specialists including a medical oncologist and neurologist in Dubbo delivered new services for patients.
- 2015-16 brought an exciting wave of investment in eHealth. The District extended its existing electronic record for inpatients to include all wards within the hospital and extended to all sites with the District as part of a statewide \$48 Million program of works. To date 35 District sites have gone live with the electronic medical record.
- The District remains committed to better plan for the future requirements based on service needs and in 2015-16 developed the Clinical Services Framework for the delivery of safe, accessible and equitable services.

- The Health District is creating culturally sensitive health services to help Aboriginal people feel welcome and encourage attendance and earlier intervention for better health outcomes. The Wiradjuri Wayfinding Signage program at Lachlan Health Service will be used to embed Aboriginal language and culture across all District health services.
- Western NSW Local Health District continues to exceed the State guidelines in treating elective surgery patients within the target timeframes. 2015-16 saw 100 per cent of category one, 99.6 per cent of category two and 98.6 per cent of category three patients treated in the timeframe. These improvements were made whilst also delivering an additional 500 procedures compared to the previous year.

Demographic summary

Western NSW Local Health District is located west of the Great Dividing Range in the central western and northern areas of NSW. It provides health care services across a geographic area of approximately 246,676 square kilometres (31 per cent of NSW).

Over one third of the local government areas (located in the District are classified as remote or very remote. Most of the population is concentrated in the larger cities and towns in the Bathurst Regional, Cabonne, Orange, Dubbo, Mid-Western Regional, Parkes, Forbes and Cowra local government areas.

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

About 277,353 residents live within the District. There are 30,786 people (11.1 per cent) who identify as being of Aboriginal and Torres Strait Islander heritage compared to for all NSW. Thirty seven per cent are less than 15 years of age. The District has a lower proportion of people from culturally and linguistically diverse communities with the exception of Lightning Ridge.

In 2015-16, 21 per cent of its population was aged 0-14 years (compared with 19 per cent for NSW). At the other end of the age scale, 16 per cent of the population are aged 65 or over, compared with 15 per cent for the State. The District has a slightly higher proportion of people who are dependent on services or carers. The District also has a significantly lower proportion of people in the 20-34 years age groups.

Socioeconomic status follows a declining trajectory from the eastern to northwest and remote areas of the District. Bathurst Regional local government area has the highest socioeconomic index for area score (1004.1) and Brewarrina local government area has the lowest score (788.4). Aboriginal people continue to show increased disadvantage across all social determinants and their health outcomes remain unacceptably low compared to those of non-Aboriginal people.

Over the next decade, the District's population is expected to increase slightly. The most significant growth will occur in the Bathurst Regional, Dubbo Regional, Orange, Blayney and Oberon local government areas. The greatest population decline will occur in the Warren, Coonamble, Bogan and Brewarrina local government areas.

People living in the District have the shortest life expectancy at birth when compared to other local health districts, the exception being Far West Local Health District. Diabetes and cardiovascular disease are major contributors to premature mortality. High levels of chronic disease and risk factors for chronic disease are prevalent throughout the region. Those communities with higher proportions of Aboriginal people tend to have significantly higher rates. Diabetes is a major factor in the excess burden of disease among Aboriginal people.

Local government areas

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

Public hospitals

Orange Health Service – Bloomfield Campus, Dubbo Health Service, Bathurst Health Service, Cowra Health Service, Mudgee Health Service, Lachlan Health Service (incorporating Forbes and Parkes Hospitals), Baradine Multipurpose Service, Blayney Multipurpose Service, Bourke Multipurpose Service, Brewarrina Multipurpose Service, Canowindra Health Service, Cobar Health Service, Collarenebri Multipurpose Service, Condobolin Health Service, Coolah Multipurpose Service, Coonabarabran Health Service, Coonamble Multipurpose Service, Dunedoo Multipurpose Service, Eugowra Multipurpose Service, Gilgandra Multipurpose Service, Grenfell Multipurpose Service, Gulargambone Multipurpose Service, Gulgong Multipurpose Service, Lightning Ridge Multipurpose Service, Molong Health Service, Narromine Health Service, Nyngan Multipurpose Service, Oberon Multipurpose Service, Peak Hill Multipurpose Service, Rylstone Multipurpose Service, Tottenham Multipurpose Service, Trangie Multipurpose Service, Trundle Multipurpose Service, Tullamore Multipurpose Service, Warren Multipurpose Service, Walgett Multipurpose Service, Wellington Health Service

Community health centres

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

Child and family health services

Bathurst, Blayney HealthOne, Bourke, Brewarrina, Canowindra, Cobar, Collarenebri, Condobolin, Coonabarabran, Coolah, Coonabarabran, Coonamble, Cowra, Dubbo, Dunedoo, Forbes, Gilgandra, Grenfell, Gulargambone, Gulgong, Lightning Ridge, Molong, Mudgee, Narromine, Nyngan, Oberon, Orange - Bloomfield Campus, Parkes, Peak Hill, Rylstone, Tottenham, Trangie, Trundle, Tullamore, Walgett, Warren, Wellington

Oral health clinics

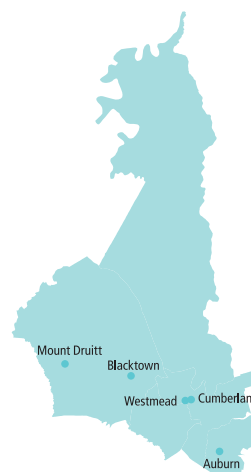
Bathurst Community Dental Clinic, Dubbo Community Dental Clinic, Mudgee Community Dental Clinic, Orange Community Dental Clinic, Parkes Dental Clinic, Forbes Child Dental Clinic, Coonabarabran Child Dental Clinic, Gilgandra Dental Clinic, Gulgong Dental Clinic, Oberon Child Outreach, Rylstone Child Dental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

Third Schedule Facilities

St Vincent's Outreach Service
Lourdes Hospital and Community Health Service

Western Sydney Local Health District

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Chief Executive: Danny O'Connor

Danny started his health career as a community service clinician at St Vincent's Hospital in Sydney. He has held other posts including research officer and senior policy analyst with the NSW Department of Health; Director of Drug Health Services with Central Sydney Area Health Service; General Manager of Sydney Dental Hospital; and General Manager of Concord Repatriation General Hospital.

He was chief executive of Greater Western Area Health Service between 2009 and 2010. In 2011, he was appointed Chief Executive of Western Sydney Local Health District. In January 2016, he was appointed for a further five year term.

He has been a member of the boards of the Sydney Institute of Health and Medical Research, the ANZAC Foundation, the Asbestos Diseases Research Foundation; Westmead Millennium Institute, and Westmead Medical Research Foundation.

He was a member of the NSW and ACT Advisory Committee for the Australia Council on the Health Care Standards (ACHS) and has been an ACHS surveyor since 2001. Danny is an ex-officio member of the Western Sydney Local Health District Board.

Year in review

The Western Sydney Local Health District's 2015-16 financial year was characterised by continued construction of, and planning for, various multi-million dollar infrastructure developments at Westmead, Blacktown and Mt Druitt.

The \$700 million Blacktown and Mount Druitt Hospitals Expansion Project commenced in 2012. Stage one was completed in May 2016 with the commissioning and official opening of the clinical services building at Blacktown Hospital. The new building includes nine wards, support services, outpatient clinics and a comprehensive cancer and haematology centre with radiation therapy, infusion therapy and clinics. In the past year, the project has been recognised locally and internationally for its consumer engagement, patient-focused design, arts program, digital innovation and collaborative approach.

Western Sydney was announced as one of the three local demonstrator sites for the NSW Integrated Care Strategy. The demonstrator is a partnership initiative with WentWest/Western Sydney Medicare Local and aims to improve the management of chronic disease in primary care in Western Sydney.

The REACH Patient and Family Activated Escalation rapid response program was implemented to great effect across more than 1500 inpatient beds in three hospitals in the District; Westmead, Blacktown and Auburn.

Danny O'Connor, Chief Executive

Key achievements for 2015-16

- An estimated 477 carers stayed overnight with a patient between August 2014 and August 2015, totalling over 3000 nights of stay. In response to consumer feedback, architects re-designed single rooms in Blacktown Hospital's new clinical services building to include a carer zone with a sofa-bed and a curtain for privacy, allowing carers to stay overnight with an adult patient.
- In a collaboration between allied health and nursing and midwifery, 150 self-starting leaders from varying designations and levels of career were brought together to drive innovation. The collaboration has resulted in leadership nurturing and 'shooting star' identification.
- The Westmead scanning project has led to all emergency and outpatient presentations, and all inpatient episodes of care received by the Health Information and Records Service being scanned within 48 hours.
- A large nurse bank model for relief and reduction of contingency labour usage and improvements in clinical safety was introduced.
- [Quality Matters Portal](#) launched. The Portal supports the Quality Improvement Curriculum with access to tools for all staff and is publicly available. Access data shows approximately 20 per cent of traffic is now sourced from the US & UK and a New Zealand healthcare service has sought permission to use the model to design their own site.

- 2015-16 capital works highlights of the District's major multi-million dollar infrastructure development program include:
 - completion of Stage one of the Blacktown and Mount Druitt Hospitals Expansion Project, and commencement of early works for Stage two at Blacktown Hospital and Mount Druitt Hospital
 - finalised concept design for the Westmead Redevelopment and commenced schematic design for the new acute services building and Westmead Hospital refurbishments
 - continued major services upgrades as part of the Westmead Redevelopment early works and commenced construction on new multi-storey car park at Westmead Hospital.
- Work has commenced on the planning for a refurbished Ambulatory Services centre within Stage one of the Westmead Redevelopment; this will include a dedicated space for the transition of young adults in partnership with Children's Hospital Westmead. Work also continues on the University Clinic / OP Clinic review, with the focus on improving the patient experience, access and operations of outpatient clinics across ambulatory services. An Eating Disorders Plan was developed for implementation.
- The *Safety + Quality Improvement Strategy 2016-2020* was launched. This strategy was developed in collaboration with senior clinical leaders and consumers to outline our strategy for safety and quality for the next 5 years.
- The District seeks to increase the capability of change agents within the organisation to carry out Quality Improvement. The Quality Improvement Curriculum was established and is delivered locally through a program of Core and Elective modules. To date more than 70 participants have been trained.
- In 2015-16, Auburn Hospital has completed 100 per cent of elective surgery for category one, two and three patients within the required time.

Demographic summary

Western Sydney Local Health District is responsible for providing and managing all public health care within five local government areas incorporating 120 suburbs, covering 780 square kilometres.

Our cutting-edge services provide a broad range of needs-specific health care to 946,775 local residents, as well as statewide specialty services operating out of more than 100 sites including four hospitals and an extensive network of community health centres. Our population is expected to increase to more than 1,270,000 by 2031.

The District provides health care services to one of Australia's fastest growing urban populations with a rich tapestry of culture, people, traditions and beliefs; and a growth rate nearly twice that of the rest of NSW. A total of 43 per cent of our population speak a language other than English, with the largest proportion from Auburn at 79.5 per cent.

Arabic, Cantonese, Mandarin, Hindi, Tagalog are the most commonly spoken languages other than English.

Approximately 11,500 or 1.4 per cent of our population self-identified as being Aboriginal, with the majority (8000) living in the Blacktown Local Government Area.

Our population is younger than the State average with 7.6 per cent being pre-school age (0-4 years) compared to 6.6 per cent statewide. Four of the five local government areas have higher total fertility rates than the State average.

Local government areas

Blacktown, City of Parramatta (part) and Cumberland (part), Hills Shire

Public hospitals

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

Community health centres

Auburn Aged Day Services, Auburn, Balcombe Heights Aged Day Services, Blacktown, Blacktown/Mount Druitt Sexual Assault Service, Child Protection Counselling Service, Carinya Aged and Ethnic Day Service, Copperfield Cottage Aged Day Service, Crestwood Aged Day Service, Doonside, HealthOne Rouse Hill, Hevington House Dementia Day Service, High Street Youth Health Service, Hills Physical Disabilities Team, Merrylands, Mount Druitt, Parramatta, Rosewood Cottage Aged Day Service, Tallowood Dementia Day Service, The Hills, Western Area Adolescent Team, Westmead Sexual Assault Service Auburn Community Drug Health Counselling, Blacktown Community Drug Health Counselling, Blacktown Opioid Treatment Unit (Drug Health), Centre for Addiction Medicine Cumberland, Centre for Addiction Medicine Mount Druitt, Doonside Community Drug Health Counselling, Fleet Street Clinic, Merrylands Community Drug Health Counselling, Parramatta Community Drug Health Counselling, The Hills Community Drug Health Counselling

Child and family health services

Auburn Early Childhood Centre, Baulkham Hills Early Childhood Centre, Blakett Public School, Blacktown Early Childhood Centre, Castle Hill Early Childhood Centre, Dean Park (William Dean) Public School, Dundas Early Childhood Centre, Epping Early Childhood Centre, Ermington Early Childhood Centre, Glendenning Public School, Granville Early Childhood Centre, Greystanes Early Childhood Centre, Guildford Early Childhood Centre, Hassall Grove Public School, Holy Family Centre, Jasper Road Public School, Kellyville Public School, Lalor Park Early Childhood Centre, Lidcombe Early Childhood Centre, Marayong Early Childhood Centre, Minchinbury Public School, North Rocks Public School, Old Toongabbie Early Childhood Centre, Parramatta North Public School, Plumpton Public School, Quakers Hill East Public School, Regents Park Early Childhood Centre, Riverstone Early Childhood Centre, Ropes Crossing Community Resource Hub, Rouse Hill Public School, Seven Hills Early Childhood Centre, Sherwood Ridge Public School, Tregear Public School, Wentworthville Early Childhood Centre, Winston Hills Public School

Oral health clinics

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

Other services

BreastScreen NSW Sydney West clinics (Auburn Breast Cancer Institute Sunflower Clinic, Blacktown Breast Cancer Institute Sunflower Clinic, Castle Hill Breast Cancer Institute Sunflower Clinic, Mount Druitt Breast Cancer Institute Sunflower Clinic, Parramatta Breast Cancer Institute Sunflower Clinic, Women's Health at Work), Education Centre Against Violence, Forensic Medical Unit (for victims of domestic violence), Health Care Interpreter Service, Multicultural Health, New Street Adolescent Service, NSW Education Program on Female Genital Mutilation, Pre Trial Diversion Program, Westmead Breast Cancer Institute, Westmead Breast Cancer Institute Administration, Westmead Breast Cancer Institute Treatment and Assessment Clinics