

CHAPTER VI

NSW HEALTH ORGANISATIONS



NSW MINISTRY OF HEALTH

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Selected achievements for 2016-17

- Progress continued on the biggest transformation and investment of regional infrastructure in NSW Ambulance history, the \$122 million Regional Ambulance Infrastructure Reconfiguration Program, which was building or upgrading 22 stations across the State
- \$1.47 billion spent on capital works in 2016-17
- Health Infrastructure's Asset Refurbishment and Replacement Program provided more than \$80 million to more than 500 projects, delivering critical repairs and maintenance
- 91.7 per cent of patients were transferred from ambulance to emergency department within the target of 30 minutes, exceeding the target of 90 per cent
- Public dental services expanded, with 360,000 people receiving care
- The inaugural NSW Ambulance Staff Wellbeing and Resilience Summit resulted in a \$30 million government investment in the protection of paramedics and staff
- The Housing for Health program delivered maintenance services at 497 houses in 13 Aboriginal communities
- \$48.6 million was allocated to support 15 independent research institutes under the Medical Research Support Program
- More than 2200 people used mental health support services provided at the three LikeMind sites at Penrith, Seven Hills and Orange
- A record 47,282 full-time equivalent nurses and midwives were working in NSW Health hospitals and health services as at June 2017. At the same time, there were over 11,705 full-time equivalent doctors employed within the NSW health system, representing about 10 per cent of the total health workforce
- 198 Enrolled Nurse scholarships were awarded, with about one third of scholarships offered in rural areas
- 70 nursing and midwifery students were enrolled in the Aboriginal Cadetship program during the year, and 133 have completed the program
- The Productive Mental Health Ward program was implemented by 24 mental health inpatient units, pursuing productivity and efficiency savings to allow frontline nursing staff to provide more direct care for patients
- Vaccination coverage for all children at one year of age improved from 93% to 93.6%
- 83% of schools joined the Live Life Well @ School scheme promoting physical activity and healthy eating
- About 1200 people from 50 teams participated in the NSW Aboriginal Knockout Health Challenge, held for the first time in a custodial setting in partnership with Corrective Services NSW and the NSW Rugby League to reduce chronic disease in Aboriginal communities
- 39 Aboriginal Dental Assistants graduated in 2016, under a \$1 million four-year program to provide 96 traineeships
- NSW Health developed its focus on self-managed learning by launching the statewide e-learning management system My Health Learning, including more than 100 new modules and courses on topics including refugee health, identifying homelessness, building a safe workplace culture and clinical care of people who may be suicidal. Five modules received national and international awards celebrating excellence in contemporary education design
- Stage two of the Electronic Medical Record project was live at 147 NSW hospitals by the end of the year
- NSW Health achieved an Aboriginal workforce participation rate of 2.5%
- The *Last Days of Life Toolkit* was published to support clinicians caring for dying patients in health facilities
- More than 500 more people with severe mental illness were being supported to live in the community through the statewide Community Living Supports program
- \$21 million was allocated to support an evidence-based approach to medical cannabis, including research into cannabis medicines for people with cancer, epilepsy and multiple sclerosis
- Community consultations were held across NSW to inform the development of the new State plan for palliative care
- \$3.74 million was allocated for 17 NSW Health Early-Mid Career Fellowships to support and retain experienced NSW researchers
- The first round of NSW Health PhD Scholarships program supported 26 applicants
- \$9.2 million was invested in six innovative medical device technologies in skin regeneration, cancer treatment and hearing diagnostics
- 58 (of 380) long stay psychiatric patients were transitioned to the community
- More than 200 NSW Health Pathology collection centres open in public hospitals and community health centres
- 194 sites were connected to the Health Wide Area Network

STATUTORY HEALTH CORPORATIONS

NSW AGENCY FOR CLINICAL INNOVATION

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Year in review

The NSW Agency for Clinical Innovation worked throughout the year with clinicians, consumers and managers to design and implement innovation projects across the health system.

Key activities included establishing the NSW Diabetes Taskforce, expanding the NSW pilot of the American College of Surgeons National Surgical Quality Improvement Program (ACS NSQIP), and implementing the Intensive Care Service Model for the safe and efficient delivery of care to critically ill patients in smaller rural and metropolitan intensive care units.

We worked to improve patient and carer satisfaction with key health services and built strong engagement with communities through a number of programs. These included the One Deadly Step Aboriginal chronic disease screening program, the Music and Memory program, the Living Well in Multipurpose Service Collaborative, and developing The Essentials, a resource to support local health districts delivering health services for people with intellectual disability.

We continued to build digital services and enable e-health strategies through developing the NSW Trauma App, which provided lifesaving information for trauma clinicians during emergencies. We also embedded telehealth as a mechanism to deliver health care by connecting clinicians to patients and caregivers for assessment, intervention, consultation and/or supervision.

Our commitment to providing a truly integrated health system was strengthened the development of the Navigating the Healthcare Neighbourhood website, which explored the patient-centred medical home model, and through the Patient Reported Measures program proof of concept, which was implemented in 81 health services across NSW.

A key focus in 2016-17 was to become more agile and responsive to the needs of stakeholders. We strengthened partnerships with local health districts, including Quality Improvement Partnerships with 13 local health districts to support quality improvement in stroke care, and joined with 19 facilities to investigate clinical variation in acute care for people with chronic obstructive pulmonary disease and/or chronic heart failure.

We recognised the importance of our staff and demonstrated this commitment through the Professional Development Framework, and by investing in technology to improve mobility and flexibility.

Jean-Frédéric Levesque, Acting Chief Executive

Dr Levesque has been the Acting Chief Executive since June 2017. He had been chief executive at the Bureau of Health Information from March 2013. Before coming to Australia, Dr Levesque held senior positions responsible for publicly reporting information about the Canadian health system. He has a Doctorate in Public Health, a Master's in Community Health and a medical degree from the University of Montreal, Canada.

Within the reporting period, Dr Nigel Lyons held the position until October 2016. Professor Donald MacLellan was appointed in an acting capacity from October until his retirement in June 2017.

79% of NSW Trauma App users said it contributed to positive patient outcomes



Key achievements for 2016-17

- Established the NSW Diabetes Taskforce to develop a system-wide response to improve the care of people with diabetes. This was a partnership between the Agency's Chronic Care and Endocrine networks.
- Developed The Essentials, a resource and website designed to guide local health districts to deliver health services for people with intellectual disability. The Essentials provided useful information, tools, interviews, videos, references and external links.
- Launched the Navigating the Health Care Neighbourhood website, exploring the patient-centred medical home model and expanding on the role of the health care neighbourhood in supporting the model. An online community of interest started in June 2017.
- Supported local teams to implement the Intensive Care Service Model, a framework for the safe and efficient delivery of care to critically ill patients in smaller rural and metropolitan intensive care units.
- Completed the Trauma Patient Outcome Evaluation Qualitative Report, which focused on resourcing the NSW Trauma Services, including paediatric services.
- Implemented the Patient Reported Measures program proof of concept in 81 health services across NSW. This resulted in 974 completed Patient Reported Outcome Measures and 652 completed Patient Reported Experience Measures.

- Designed the Living Well in Multipurpose Service Collaborative to support staff to provide care for residents of 25 Multipurpose Services. The residents were cared for in the context of living in their own home, rather than as patients in hospital.
- Completed a workplace strategy to accommodate growth and improve technology for more mobile and collaborative ways of working. The strategy was also to assist with testing an agile work environment in preparation for the Agency's move to a new shared workplace at St Leonards in late 2019.
- Developed the Agency's Aboriginal Employment Strategy 2016-18. The key priorities of the strategy were to attract and retain Aboriginal staff, support career development and progression, and improve cultural competency in the workplace.

BUREAU OF HEALTH INFORMATION

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Year in review

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

In the 2016-17 year, we published 13 reports with a focus on two new patient groups: Aboriginal patients and maternity patients. The Bureau provided in depth information about the self-reported experiences of care these patients received as admitted patients, and throughout the maternity journey.

This year we also began publishing activity and performance data on ambulance services in NSW. This information was incorporated into a regular reporting series, *Healthcare Quarterly*.

We published several reports, a summary report and hospital-level profiles with updated information on mortality and re-admissions. In the months prior to publication, we engaged extensively with clinicians and local health districts to test findings in different contexts, respond to local feedback and ensure the information presented was meaningful and actionable at a hospital level.

To ensure global best practice in measurement and reporting was maintained, we continued to participate in international and national meetings and publish work in peer reviewed literature.

Our team introduced innovations to the Bureau's website, which was updated to provide information in a range of formats to suit different audiences. The variety of materials available on the website included videos, animations, profiles for hospitals and local health districts, interactive data to suit basic and advanced users, blogs and infographics.

We continued to manage the NSW Patient Survey Program to support the integration of patient feedback into health system improvements. Each month thousands of people were surveyed about their recent experiences of care in a NSW public hospital. The data was made publicly available on our online data portal *Healthcare Observer*, and in many published reports.

In May 2017, the Chief Executive, Dr Jean-Frédéric Levesque, accepted a secondment to the Agency for Clinical Innovation. I would like to acknowledge the leadership and support that Dr Levesque provided to the Bureau during this year, and since his arrival in 2013.

Kim Sutherland, Acting Chief Executive

Dr Sutherland was appointed Acting Chief Executive of the Bureau in May 2017. Her substantive position at the Bureau is Senior Director, Performance Measurement and Reporting. Dr Sutherland is a health services researcher who has played a central role in the development of performance measurement frameworks in health care systems in the United Kingdom and in NSW. She was co-author on a series of reports evaluating the NHS 10-year quality agenda and this work continues to act as the conceptual base for the joint Health Foundation – Nuffield Trust QualityWatch initiative, based in London. Dr Sutherland sits on a health care quality indicator technical advisory group of the OECD. She has a Bachelor of Science degree from the University of Technology, Sydney; a Master of Science from London Hospital Medical College; a Master of Business Administration from Imperial College, London; and a Doctorate from the University of Cambridge.

Published 13 reports with information to assist clinicians and managers to improve health care services



Key achievements 2016-17

- The Bureau published an updated suite of reports exploring unwarranted clinical variation in patient outcome measures across NSW public hospitals – looking at mortality following hospitalisation and re-admission to hospital across nine conditions. These reports provided hospitals with clear and actionable performance information.
- Published four *Hospital/Healthcare Quarterly* reports featuring information about activity and performance in NSW public hospitals and ambulance services, and interactive data at hospital, district/zone, peer group and NSW levels.
- Collaborated with the Cancer Institute NSW to publish a Patient Perspectives report about the experiences of more than 3700 people who attended an outpatient cancer clinic. This report contained the first systematic information on patient self-efficacy and an assessment of how well treatment-related symptoms were controlled.

- Ensured transparency in the Bureau's methods by publishing three Spotlight on Measurement reports outlining technical issues relevant to measuring unwarranted clinical variation and ambulance performance in NSW.
- The Bureau surveyed thousands of adult patients admitted to NSW public hospitals (including small and rural hospitals), admitted children and young patients, emergency department patients of rural, regional and metropolitan hospitals, maternity patients and patients attending outpatient clinics on their health care experiences. This information was provided to local health districts and hospitals to better inform efforts to improve the patient experience.
- Increased the data available on the Bureau's online portal Healthcare Observer, including new survey data from maternity patients, adult admitted patients, outpatients of cancer clinics and performance data on ambulance services in NSW.
- Developed innovations on the Bureau website to provide information in different formats so that different audiences could access content in ways suited to their needs.
- Hosted two research fellows from the United States and Canada who participated in Bureau projects, built expertise related to predictive risk modelling in the organisation, and contributed to other areas of research in health system performance.

CANCER INSTITUTE NSW

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Year in review

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

The Cancer Institute NSW provided the strategic direction for cancer control across the state, driven by the goals of the *NSW Cancer Plan*:

- Reduce the incidence of cancer
- Increase the survival rate of people with cancer
- Improve the quality of life of people with cancer.

We continued to collaborate with local health districts, primary health networks, the NSW Ministry of Health, NSW Health pillars, government and non-government organisations, researchers, health professionals and the community to develop and implement initiatives across the full spectrum of cancer control, from cancer prevention and early detection to optimising cancer treatment and care, and facilitating research in all of these areas.

Although the burden of cancer was shared by all, its effects were not distributed equally across the NSW population. Some groups were more affected by cancer than others, including Aboriginal people, people from culturally and linguistically diverse backgrounds, and people from rural and remote and lower socio-economic backgrounds.

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

This year, the Institute launched its first Innovate Reconciliation Action Plan, endorsed by Reconciliation Australia – a practical plan of action reinforcing the positive work the Institute had done to build positive and respectful relationships with Aboriginal communities in a culturally appropriate way. The Institute also formed an Aboriginal Program Development Committee in early 2017, which involved representatives from Aboriginal communities providing direct input to related projects across the organisation.

As outlined in the *NSW Cancer Plan*, we continued to focus on some cancers with high incidence rates and poorer outcomes (for example, lung and bowel), as well as enhancing primary care involvement in cancer control and ensuring patient-centred quality cancer care was upheld across the State.

The Institute launched the *NSW Primary Care Strategy* for the bowel, breast and cervical screening programs in September 2016, with a representative advisory committee established to support the strategy's implementation.

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

Patient experience moved to being reported as part of the Reporting for Better Cancer Outcomes program (in collaboration with the Bureau of Health Information). The 2016 statewide performance report included identified local health district data for the first time and highlighted improvements and opportunities in cancer control measures across the state.

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

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

David Currow, Chief Executive

Professor Currow is the Chief Cancer Officer of NSW and Chief Executive Officer of the Cancer Institute NSW. Before his appointment in March 2010, Professor Currow was the foundation chief executive officer of Cancer Australia. Professor Currow is a Fellow of the Australian Academy of Health and Medical Sciences, the previous president of the Clinical Oncological Society of Australia and a past president of Palliative Care Australia. He also served on the American Society

of Clinical Oncology working party on palliative care education, and chaired the working party for the Union of International Cancer Control on Palliative Care for the United Nations summit on non-communicable diseases. He has also been on faculty for the Australia and Asia-Pacific Clinical Oncology Research Development workshops.

50% of NSW's pathology notifications are now being sent electronically to the NSW Cancer Registry



Key achievements 2016-17

- Six anti-tobacco mass media campaigns were implemented over the financial year. Adult smoking prevalence declined from 16.9 per cent in 2010 to 15 per cent in 2016.
- The iCanQuit website was used by 711,361 people between July 2016 and June 2017. This was an increase of about 122 per cent from the equivalent period the previous year (320,583 users).
- The NSW skin cancer prevention campaign 2016-17 ran from November to March, targeting 13- to 24-year-olds. The campaign prompted intentions to increase sun protection among 58-60 per cent of the target audience who saw the campaign, and encouraged an increase in sun protection use of between 43 and 44 per cent.
- Three-dimensional mammography (tomosynthesis) became available in 20 of 21 BreastScreen NSW assessment sites, with training and support provided to all assessment staff. This improved overall image quality for women who needed further assessment after their initial screening mammogram.
- The Institute operated the Bowel Screening Participant Follow Up Function (PFUF) since 1 July 2016, under the National Partnership Agreement with the Commonwealth Department of Health. PFUF officers followed up more than 20,000 NSW National Bowel Cancer Screening Program participants, minimising undue delays in bowel cancer diagnoses and participant uncertainty.
- Three local health districts adapted and implemented the lung cancer diagnostic pathway, which supported improved diagnostic pathways and timely access to best practice cancer treatment. Eight District grants for lung cancer diagnostic pathway localisation were awarded from January to June 2017.
- The Patient Reported Measures (PRM) for Personalised Treatment and Care project enabled the collection of patient-reported measures routinely in one District and, as part of the research program, in two other Districts. Implementation to 31 December 2017 was to enable engagement with three Districts to facilitate development of a statewide PRM solution.
- The Electronic Pathology Solution project was implemented in four laboratories (two public and two private), resulting in more than 50 per cent of the state pathology notifications of diagnoses of cancer being sent electronically to the NSW Cancer Registry.

- There were 418 interventional cancer clinical trials open for recruitment in NSW. Of these, 140 were Cancer Institute NSW portfolio trials (that is, investigator-initiated, non-commercial). During this time 1765 participants were enrolled on these portfolio trials. This represented a 29 per cent increase in enrolments from 2015.
- The seven Institute-funded translational cancer research centres brought together 787 members from 73 institutions actively involved in flagship projects in 2016.

CLINICAL EXCELLENCE COMMISSION

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Year in review

The Clinical Excellence Commission collaborated with the Cancer Institute NSW to present the final report of the inquiry into *Off-protocol prescribing of chemotherapy for head and neck cancers*. The report was given to the Secretary of NSW Health on 31 July 2016. As well as contributing to the report in general, we contributed specifically by interviewing 26 patients and/or their families affected by the issue.

In line with the core incident management and governance function, we worked closely with an investigation that followed the discovery an oxygen outlet in the Bankstown Hospital operating theatres was producing nitrous oxide instead of oxygen. We also helped co-ordinate checks of medical gas outlets across NSW.

In September 2016, the APAC Forum was presented by Auckland's Ko Awatea innovation centre, with the Clinical Excellence Commission and the Agency for Clinical Innovation as headline sponsors. The international health improvement conference, themed *Exploring New Frontiers*, attracted over 1500 leaders from more than 30 countries to Sydney.

Throughout the year, we collaborated with the Office of the Chief Health Officer, Chief Pharmacist Unit, HealthShare NSW and the CEC Antimicrobial Stewardship Expert Advisory Committee to develop communications regarding antibiotic shortages.

We also worked with the Office of the Chief Health Officer, local health districts and clinicians to provide resources and advice about the potential infection of cardiac surgery patients with *Mycobacterium chimaera* bacteria associated with contaminated heater-cooler devices. Four cases were confirmed in Australia.

In 2017, we established an improvement partnership with Women's and Children's Healthcare Australasia.

The NSW Chief Psychiatrist and I held a series of regional workshops with frontline staff to identify key priorities for the NSW Mental Health Patient Safety Program, starting later in 2017. These workshops followed an initial statewide meeting held with directors of Mental Health Services to discuss improved care of mental health patients.

Carrie Marr, Chief Executive

Before her appointment as Chief Executive in October 2015, Ms Marr was the executive director, organisation effectiveness at Western Sydney Local Health District. She earlier held a number of leading executive and consultant positions in the United Kingdom for a variety of organisations including the National Health Service, Scotland. She is a graduate of the renowned advanced training program in Quality Improvement at Intermountain Health Care, Utah, USA and also holds a Bachelor of Science (Nursing), a Diploma in Education (Nurse Teaching) and a Master of Science (Organisation Consulting).

More than 10,000 monthly quality audits were completed by NSW health staff



Key achievements 2016-17

- The Clinical Excellence Commission Quality Improvement Academy was established to provide learning opportunities for Health staff.
- The *Last Days of Life Toolkit* was published to provide tools and resources to ensure the best care for all dying patients. Key areas of focus included identifying all dying patients early so they could receive optimal symptom control and have social, spiritual and cultural needs addressed. Involving patients and their families in decision-making and bereavement support were also identified as focus areas.
- In collaboration with NSW Government and international partners, the Commission held the second Academy for Emerging Leaders in Patient Safety, based on the Telluride model. The four-day forum was attended by 30 emerging leaders from across Australia.
- Across the year, 10 Safety Alerts/Notices and nine Medication Shortage Communications were developed in response to a range of medication shortages to minimise medication safety risks.
- The article *Sepsis kills: early intervention saves lives*, written by Commission staff and published in the Medical Journal of Australia, was awarded the 2016 MJA/MDA National Prize for Excellence in Medical Research.
- This year the Organisational Safety Improvement Matrix was introduced to generate shared priorities for building local capability for improvement.

- The Commission developed a NSW Maternity Venous Thromboembolism risk assessment tool and developed supporting resources to help prevent blood clots in pregnant and post-partum women.
- In September 2016 the Commission published the *Clinician's Guide to Quality and Safety*, targeting frontline clinicians starting in quality and safety improvement.
- More than 1500 staff participated in structured training programs on quality improvement tools throughout the year, as part of the offering from the Quality Improvement Academy.
- The Commission co-hosted the 2017 Patient Experience Symposium, bringing together more than 550 NSW health staff, consumers and consumer groups from within the health system.

HEALTH EDUCATION AND TRAINING INSTITUTE

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Year in review

Excellence and innovation in education and training for the NSW Health workforce were the focus for the Health Education and Training Institute in 2016-17.

In late October 2016, the Institute was awarded registration as a Higher Education Provider through the Tertiary Education Qualifications and Standards Agency. Full accreditation was granted for the Institute as an entity and for its two submitted mental health frameworks: Psychiatric Medicine and Applied Mental Health Studies. These recovery-oriented programs, which started in 2017, were designed to meet the needs of health professionals across the state and beyond. In January 2017 the transition of the former NSW Institute of Psychiatry to the Institute as a dedicated mental health portfolio was completed.

A record 992 junior medical officers were placed into NSW Health hospitals in 2017. Five new posts for the NSW Rural Generalist Medical Training Program were funded, bringing the total to 40 in rural NSW.

With a renewed focus on self-managed learning, the statewide e-learning management system, formerly known as HETI Online, was reintroduced as My Health Learning. The Institute developed 115 new e-learning modules and courses for My Health Learning covering topics including refugee health, identifying homelessness, building a safe workplace culture and clinical care of people who may be suicidal. Five e-learning modules received national and international awards celebrating excellence in contemporary education design.

In recognition of workplace diversity, we introduced translations for a number of mandatory e-learning modules. Aboriginal Culture – Respecting the Difference, Violence Prevention and Management and Hazardous Manual Tasks were some of the modules made available in Arabic, Chinese, Korean, Thai and Vietnamese.

Further face-to-face workshops and resources were delivered to support violence prevention in emergency departments, build capacity in the guardianship application process, and understand changes to the *Mental Health Act*.

Developing leadership and management capabilities continued to be a focus. New resources including Foundations in Managing Health Resources and Mentoring for Health Management were introduced, adding to the comprehensive selection of courses available to health professionals. The newly created NSW Health Senior Executive Development Program provided 21 people the opportunity to develop their senior leadership capabilities. In addition, 30 future leaders from rural locations participated in the revised Rural Leadership Essentials Program.

An Educational Research and Evidence Based Practice team was established to support our commitment to individual and lifelong learning, providing innovation and insights to ensure a strong connection between theory and the realities of practice.

Annette Solman, Chief Executive

Adjunct Professor Solman trained as a registered nurse and her career spans many roles in health. Before joining the Institute, she was executive director for education and training and nursing and midwifery at the Sydney Children's Hospitals Network. With interests in person-centred care and educational program design, Professor Solman is experienced in leadership capability development and the cultivation of effective workplace culture. She contributes to academic publications and sits on the International Practice Development Journal Editorial Board. Annette holds a Master's in Nursing (Research) and a Bachelor of Health Science, and is Adjunct Professor at the University of Sydney and the University of Technology, Sydney.

1505 applications were received for 997 medical intern positions, a record number



Key achievements 2016-17

- The Institute was registered to become a higher education provider and was granted the maximum seven years of registration. This achievement enabled the Institute to offer nationally recognised education to NSW Health staff.
- A record 992 new junior doctors started jobs in NSW Health Hospitals in 2017. This year's total included 12 Aboriginal medical graduates, four applicants in job-share arrangements and 124 trainees based at rural facilities for the majority of their training.

- Redesigned mental health courses were launched in 2017, including Certificate, Diploma and Master's qualifications in Psychiatric Medicine and Applied Mental Health Studies. These contemporary recovery-oriented courses were designed to meet the practice needs of health professionals, including nursing, allied health and medical staff.
- In 2017, five new posts for the NSW Rural Generalist (Medical) Training Program were funded, bringing a total of 40 training places in rural NSW. The new posts included two new paediatrics positions, two additional palliative care positions and a new anaesthetics post.
- Fifteen new resources were developed to support implementing a Multi-Disciplinary Emergency Department Violence Prevention and Management Program. This included three e-learning modules, a face to face program and 12 in-service resources including 28 video resources.
- Seven new leadership and management resources were developed and piloted, including five new resources for managers, one program, with 21 participants, aimed at developing senior executives and one for 26 future leaders starting their management career.
- The Institute developed 115 new e-learning modules, covering topics such as refugee health, homelessness, antimicrobial stewardship, newborn basic and advanced life support, and an introduction to project management workshop. Twelve modules were redeveloped as part of a 'review, refresh, and retire' strategy.
- Two new courses were added to the suite of financial management courses: Managing Health Resources: A Foundation and Effective Business Case Design. These courses were delivered through 21 workshops to 301 participants during 2016-17.
- The statewide learning management system was relaunched as My Health Learning, with a renewed focus on self-managed online learning for NSW Health staff. Core mandatory training programs were translated into six key languages, Arabic, Chinese Simplified, Chinese Traditional, Korean, Thai and Vietnamese, to support staff from non-English speaking backgrounds.
- The new Educational Research and Evidence Based Practice Portfolio was launched in 2016. The new portfolio co-ordinated and conducted educational research and evaluation to advance education and training of the health workforce; led in providing the best evidence to inform the Institute's educational practice, and; made key contributions to innovation.

SPECIALTY HEALTH NETWORKS

JUSTICE HEALTH AND FORENSIC MENTAL HEALTH NETWORK

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Year in review

Our Network delivered health care to those in contact with the NSW criminal justice and forensic mental health systems across community, inpatient and custodial settings.

In 2016-17 our key challenge was the sustained and unprecedented growth in the adult custodial population, which increased by 26 per cent in the last three years.

The NSW Government also announced plans to construct 7689 new adult custodial beds by 2020 – increasing capacity by more than 50 per cent. We worked closely with key Justice and Health cluster partners to define health service requirements and ensure readiness for the commissioning of new and expanded correctional centres across the State.

The Network maintained its accreditation with the Australian Commission on Safety and Quality in Health Care for another three years after successfully meeting all National Safety and Quality Health Care Standards and Mental Health Service Standards.

To enhance patient engagement in their care, we implemented a range of initiatives, including:

- A *Consumer Engagement Framework* for staff
- Me, Myself and My Tribunal – a project to support patient and carer participation in the Mental Health Review Tribunal process
- Moving on – A consumer consultant-led program in the Forensic Hospital, focusing on hope and wellbeing in patients awaiting transfer to a medium secure forensic unit.

We held two art competitions in 2016-17, with submissions from staff and patients across a variety of media. The initiative recognised the important role of the arts in enhancing therapeutic environments for patients, their families and carers, and staff.

Staff wellbeing and recognition were also promoted through:

- launching a corporate health and fitness program offering staff substantially discounted memberships to hundreds of gyms, pools and fitness facilities across NSW
- an annual recognition and awards program showcasing service, innovation and quality care across a range of award domains

- implementing a local values-based recognition initiative to support timely local acknowledgment of staff demonstrating the Network's values.

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

Gary Forrest, Chief Executive

Mr Forrest has worked in nursing for more than 30 years. He completed his general nursing training at Rockhampton Base Hospital in Queensland, a Bachelor of Science (Nursing) at Flinders University and a Master of Applied Management (Health) with distinction at the University of Newcastle. Mr Forrest joined the Network in 2002, working in nursing, population health and prison hospital management before becoming Chief Executive on 1 June 2016.

51 per cent more patients than targeted were on the self-medication program each month



Key achievements 2016-17

- The Network assessed 6164 patients for hepatitis C related services and 533 patients started treatment via the nurse-led model of care. The Network also successfully eliminated hepatitis C at the Compulsory Drug Treatment Correctional Centre.
- The Network held 32 Closing the Gap events across NSW, engaging 914 patients in a range of health promotion and health literacy initiatives.
- The Community Integration Team supported transition of care for 662 young people with mental health and/or drug and alcohol histories on release from custody. Of the young people referred, 47 per cent identified as Aboriginal.
- There were 1317 young people in custody who received antenatal care and parenting education, while 817 young people in custody participated in sexual health education sessions.
- The Network's Connections Program assessed and supported 770 patients with drug and alcohol problems on release from custody. Of these, 223 patients were on abstinence-based treatment plans.
- The Network's newly established pilot Aboriginal Court Diversion and Bail Support Program received 100 referrals and achieved zero breaches of bail or returns to custody among participants. All participants had complex mental health and/or drug and alcohol concerns as well as significant social needs including primary health, employment, education, relationships and housing.

- The 2015 Network Patient Health Survey report was completed, analysing data collected on more than 1100 adults in custody. The survey is recognised internationally as the most comprehensive examination of inmate health undertaken within a single jurisdiction.
- The Network led 30 focus group sessions across metropolitan and regional NSW to seek patient feedback on experiences of care. The sessions were part of the Network's Patient Experience and Perceptions Study, with findings to inform improvements to service delivery.
- The 1677 adults participating in custodial Opioid Substitution Treatment (OST) had post-release arrangements made with a community OST provider.
- The Network and Corrective Services NSW joint public sector bid for management of John Morony Correctional Centre was announced by the NSW Government as the preferred submission after a competitive tender process.

THE SYDNEY CHILDREN'S HOSPITALS NETWORK

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Year in review

A major milestone in the history our Network was the inaugural Network accreditation process. We received a positive report card from the accreditors, who noted high levels of engagement, patient-focus and passion among staff at all levels.

Capital works and infrastructure development were a major focus, with the opening of the Bright Alliance Building at Randwick and the relocation of the Newborn and Paediatric Emergency Transport Service to Bankstown. The design phase of the Westmead Redevelopment project was completed and the new helipad opened. Building at the Kids Research Institute made excellent progress, with Stage 1 underway. Significant progress was made on the Randwick Redevelopment, towards the vision of establishing the Randwick Health and Education Precinct.

Research partnerships, such as Paediatrico, yielded promising results, including several significant discoveries that were published in leading journals in the areas of childhood cancer, genetic diseases and neurological disorders.

We also moved forward with our Sustainable Hospitals project. Work progressed to reduce waste in the hospitals, improve efficiency in our use of linen and the re-use of office and ward supplies, and furniture, as part of a clean up across The Children's Hospital at Westmead.

Our staff worked tirelessly to ensure that children and young people had their operations within the timeframe recommended by their treating surgeons.

We developed our second *Strategic Plan*, defining objectives to 2022. 'Helping children and young people live their healthiest lives' was at the heart of our new plan.

The Network board initiated a review of its efficacy by engaging with a consultancy firm specialising in board performance. The review found the board members acquitted their governance responsibilities soundly and had close oversight of Network strategies.

Michael Brydon, Chief Executive

Dr Brydon was appointed Chief Executive in May 2016, after a six-year tenure as the Network's director of clinical operations. Before the Network formed, Dr Brydon worked at Sydney Children's Hospital, Randwick for 27 years after completing his undergraduate Medical Degree at UNSW and his Fellowship of Paediatrics in the Randwick program. Other post-graduate qualifications include a Master's of Paediatrics and a Master's of Health Administration from UNSW. Dr Brydon has held an increasingly senior management portfolio across a local, state and national agenda, establishing a wide network of personal partnerships, predominantly in the child health environment, and gained significant expertise in clinical management and medical administration.

98% of patients were transferred from ambulance to emergency department in under 30 minutes



Key achievements 2016-17

- Fifty children with the most severe forms of treatment-resistant epilepsy were treated with an oral pharmaceutical formulation of pure cannabidiol. This was done in the context of compassionate access for a limited number of children unable to take part in trials due to the unrelenting nature of their epilepsy. The data collected, the Compassionate Access Scheme for Epidiolex, will help neurologists better understand the product.
- The Sustainable Connections for Overweight and Obesity in Paediatrics project resulted in the development of a suite of resources for health professionals and families, including online staff training modules, the Weight4KIDS learning program for health professionals, and a generic model of care, now housed at <https://pro.healthykids.nsw.gov.au/>.
- Design was completed and construction started of a central acute services building to be shared with Westmead adult hospital as part of the Westmead Redevelopment. This will provide a new emergency department for The Children's Hospital at Westmead, a new short stay unit with 32 additional beds, satellite facilities for pharmacy and medical imaging and state-of-the-art operating theatres.
- The Network's MEMORY strategy built on its achievements in creating a lifetime shared e-health record for patients, to support improved transition of care and self-management. As part of the strategy, bedside electronic devices offer patients and families entertainment, and the My Health Memory App enables access to health records via smartphone.

- The opening of the Bright Alliance Building, a 10-storey \$114 million world-class medical and research centre at the Randwick Hospitals Campus, enabled the Network to establish the Centre for Adolescent and Young Adult Health, an Australian-first dedicated and purpose-built outpatients service for adolescents and young adults.
- Initiatives such as Collaborative Care (in which 130 patients were treated at six participating private hospitals) helped The Children's Hospital at Westmead reduce waiting times for elective surgery patients by 100 per cent (categories A and B) and 93 per cent (C).
- Key research partnerships such as Paediatrico, SPHERE and Sydney Health Partners pooled the expertise of academics, scientists, clinicians and the community, ensuring research was implemented to directly improve children's health. Priority areas included personalised cancer care, rare genetic diseases, immunity and infectious diseases, chronic diseases, and gene therapy.
- Several initiatives developed a focus on consumer participation in the Network. Patients and families featured in a video, shown to all new staff at corporate orientation, explaining what made their hospital experience better. The Youth Advisory Council was established and met bi-monthly. And consumers were involved in service improvements and redevelopment projects across the Network.
- A partnership between the Sydney Children's Hospitals Network and the Butterfly Foundation opened the Child and Adolescent Day Program for Eating Disorders at Butterfly House, Crows Nest. The Network is responsible for the clinical oversight, delivery and management of this multidisciplinary treatment program for patients with high levels of symptomatology and comorbidity.
- The Network's Sustainability Plan drove the goal of leading in sustainable health care via waste management, energy and water conservation, transport, procurement, communication and open space. For example, a re-use initiative donated 100 beds to hospitals in Fiji. The Kids Guided Personalised Services Care Coordination program supported more than 300 children with chronic and complex conditions. Their families avoided coming to hospital on 560 occasions, saved almost 15,000 kilometres in travel and avoided 136 absences from school.

ST VINCENT'S HEALTH NETWORK SYDNEY

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

Year in review

This year St Vincent's embarked on one of the most important planning endeavours in our 160-year history, culminating in the launch the *St Vincent's Integrated Healthcare Campus Darlinghurst Clinical Services Strategy 2027* by the Minister for Health, the Hon. Brad Hazzard.

The Strategy represented our vision for the Campus to meet and adapt to the clinical, scientific, pastoral and financial challenges of health care in the 21st century.

After extensive consultation with staff and key stakeholders, we formulated the Strategy outlining six key commitments to 2027. These included precision health care, new ambulatory models of integrated care, and virtual/telehealth delivering innovative models of care that better reach our regional and rural patients. Our Centres of Excellence strategies ensured our national and statewide services such as heart/lung, bone marrow transplantation, HIV, and alcohol and drugs services remained a destination for world-class treatment, research and training.

In a major accomplishment for the Campus' precision health care endeavours, we launched Australia's first Clinical Genomics Unit at St Vincent's Hospital Sydney in collaboration with the Garvan Institute, to provide whole genomic sequencing to public patients in NSW. The new unit enabled the application of whole genome sequencing to understand the basis for hereditary diseases, and paved the way for tailored measures to minimize risk of disease. Suitable patients can now be offered a form of precision health care, using advances in genomics and expertise from the St Vincent's campus.

In May our inaugural Patient Safety and Quality Symposium was co-hosted with the Clinical Excellence Commission. The main theme for attendees was that all staff had a role to play in ensuring the safety of our patients by speaking up for safety. The keynote speaker at the forum, Richard de Crespigny, shared lessons from landing a Qantas A380 with 469 passengers and crew on board following an engine failure, which provided important lessons for the aviation industry. The St Vincent's Patient Safety and Quality Strategic Plan, Leading Safety Inspired Care was also launched at the symposium.

Anthony Schembri, Chief Executive

Professor Schembri 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. He 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 NSW.

His qualifications include an honours degree in Social Work from the University of NSW, graduate diploma in Public Administration and Master's of Public Policy with merit from the University of Sydney. He is a Fellow of the Australasian College of Health Service Managers.

**Undertook a record
95 heart/lung transplants**



Key achievements 2016-17

- A funding agreement was signed between the NSW Ministry of Health and St Vincent's Health Network Sydney for a \$17.7 million redevelopment of the St Vincent's Hospital Emergency Department. The redevelopment will include a six bed Psychiatric, Alcohol and Non-prescription Drug Assessment (PANDA) Unit to help improve the capacity and capability of the emergency department to manage future demand and complex drug and alcohol patients. The new unit was supported by the SIRENS Group.
- The St Vincent's Psychogeriatric SOS project won the Minister for Mental Health Award for Excellence in the provision of mental health services at the 2016 NSW Health Awards. This project delivered a clinician-to-clinician telehealth service to build capacity amongst rural clinicians managing elderly patients with mental health and dementia-related issues.
- St Vincent's started an Australian-first trial with medicinal cannabis to improve pain management and appetite of terminally ill cancer patients.
- St Vincent's Darlinghurst launched the Centre for Family Based Mental Health Care, a partnership with Sydney University. The Centre focussed on addressing the need for a recovery-orientated approach to mental health care with a stronger focus on young people, early intervention and involving families and carers in treatment as well as service design.
- St Vincent's Hospital opened the Gorman Unit, a 20-bed fully medicated unit for people undergoing alcohol and drug withdrawal. The Gorman Unit provides holistic medical, nursing and allied health care, including withdrawal management, stabilisation, treatment planning and post discharge follow up for patients requiring alcohol and other drug treatment.
- The *National Geographic* series *Miracle Hospital*, showcasing groundbreaking procedures at St Vincent's, was screened in 171 countries to critical acclaim.
- St Vincent's Health Network Sydney launched its *Aboriginal Health Plan 2017-2020*, establishing a framework to guide the Network on achieving better systems of care for Aboriginal people.
- St Vincent's Hospital opened its new Renal Ambulatory Care Unit, providing dialysis patients with brighter and more spacious surroundings.
- St Vincent's launched the Australia-first pancreatic screening program of asymptomatic people with a high risk of developing pancreatic cancer in an effort to treat the disease early.

HEALTH ADMINISTRATION CORPORATION

NSW AMBULANCE

Balmain Road, Rozelle
Telephone: 9320 7777
Facsimile: 9320 7800
Website: www.ambulance.nsw.gov.au
Business hours: 9am-5pm, Monday to Friday

Year in review

NSW Ambulance began its transition to a new concept of paramedic operations, the Paramedic Response Network, an evidence-based operations system designed to improve the availability of paramedics across metropolitan Sydney. By the end of 2016-17, three superstations were operational at Kogarah, Bankstown and Blacktown, with work advancing on six other announced superstations. In tandem, development was progressing of supporting Paramedic Response Points, which will complete the Network.

We also advanced the biggest transformation and investment of regional infrastructure in NSW Ambulance history through the \$122 million government funded Regional Ambulance Infrastructure Reconfiguration Program, which will build or upgrade 22 stations. The first station built under this program became operational at Wagga Wagga.

Significant improvements in Transfer of Care partnerships with the wider health system were strengthened. Supporting this was promotion of the NSW Ambulance *Is Your Urgency an Emergency?* campaign, to educate the community about the range of treatment options available.

Supporting our staff was a key priority this year, with strides taken to improve staff mental health, wellbeing, resilience and culture through a range of new initiatives.

The inaugural NSW Ambulance Staff Wellbeing and Resilience Summit resulted in a \$30 million government investment in the protection of paramedics and staff. This will build on the recent improvement and expansion of staff support initiatives including a register of significant events, a wellbeing and resilience training program, First Contact Workers Compensation Coordinators, Supporting Families workshops and streamlined workers compensation processes.

The recommendations of the Occupational Violence Prevention Strategic Advisory Committee were also tabled and considered for adoption. The successful rollout of our No Excuse for Call Taker Abuse campaign complemented this work, highlighting the fact abuse was not only physical, but also affected our triple-zero (000) control centre staff.

Six new operational bases joined the NSW Helicopter Retrieval Network, designed to better train and enable aeromedical doctors and paramedics to reach, treat and rescue patients in all corners of the state from a brand new fleet of AW139 aircraft.

Dominic Morgan, Chief Executive

Mr Morgan had more than 23 years of diverse career development with NSW Ambulance, gaining experience in operational, corporate and clinical roles, before he was appointed chief executive officer of Ambulance Tasmania in 2009. In that role he delivered significant organisational reforms, including introducing world-class initiatives to improve clinical outcomes. Mr Morgan returned as Chief Executive of NSW Ambulance in 2016. His priorities are the safety, mental health, wellbeing and resilience of staff, a strong organisational culture and clinical excellence. Through his strategic vision, the organisation works to ensure staff are supported and best placed to meet the demands and challenges of the job.

Workplace injury numbers declined overall, with mental stress injuries decreasing by 25 per cent



Key achievements 2016-17

- Implementation of the \$150 million Sydney Ambulance Metropolitan Infrastructure Strategy/ Paramedic Response Network started in 2017 with Bankstown, Kogarah and Blacktown superstations the first of nine to become operational. This reflected an important evolution in the way NSW Ambulance delivered emergency medical patient care.
- The \$122 million Rural Ambulance Infrastructure Reconfiguration began at Wagga Wagga in 2017, part of the biggest transformation of regional and rural NSW Ambulance infrastructure in its history. Across the state 22 locations will be upgraded or newly built to meet future regional patient demand.
- NSW Ambulance continued to support paramedics responding to the wishes of patients with palliative or life limited illness, achieved through adult and paediatric Authorised Care Plans.
- A memorandum of understanding established with After Hours Medical Deputising Services increased to six services, providing paramedics with a 'see and refer' pathway for low acuity patients.
- The NSW Government's \$151 million Helicopter Retrieval Network became operational with a new fleet of AW139 helicopters taking flight from six new or refurbished bases operated by Toll in southern NSW and Westpac Rescue in northern NSW.
- A Strategic Advisory Committee conducted a review of occupational violence prevention, identifying and categorising risks, current and proposed mitigation strategies, and progressive interventions. It put forward a series of recommendations that were being considered for adoption.

- Workplace injury numbers declined overall, with mental stress injuries decreasing by 25 per cent compared with 2015-16. A focus on tailored treatment, early intervention and timely claims closures achieved a 14.8 per cent reduction in total claims costs.
- The *Clinical Governance Framework* provided a comprehensive overview of interdependent systems supporting our approach to clinical governance, patient safety and quality. It was developed in consultation with our partners at the Clinical Excellence Commission, colleagues from Ambulance Tasmania and Victoria, as well as NSW Health local health districts.

HEALTH INFRASTRUCTURE

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

Year in review

Health Infrastructure continued to plan and deliver world class health care facilities to achieve exceptional results for the NSW health system.

In dollar terms, the value of projects under our management has reached \$10.6 billion, with project expenditure in 2016-17 of \$830.7 million.

Health Infrastructure completed 12 projects across the State during the year, including the \$114 million Bright Alliance project at Randwick, the \$80.25 million Lismore Base Hospital Redevelopment Stage 3A, and the \$211 million Tamworth Hospital Redevelopment Stage 2, as well as Multipurpose Service projects at Holbrook and Tocumwal, and ambulance superstations at Kogarah, Bankstown and Blacktown.

Rural and regional projects remained a major focus. We were planning and delivering state-of-the-art health facilities in every corner of the State, from as far north as Tweed, as far west as Broken Hill to as far south as Cooma in southern NSW. Projects in our rural programs often represented the largest single investment and building project in the community, with a significant local economic impact and keen community and stakeholder interest.

In recognition of this important and ongoing area of focus, we established the role of Executive Director Rural & Regional to provide strategic leadership and management of projects across rural and regional NSW.

We also made an impact in the metropolitan areas of the State, with 39 per cent of total project expenditure going towards major redevelopments at St George, Westmead and Blacktown hospitals.

We continued to work closely with the Greater Sydney Commission in developing and communicating a more complex understanding of the city-shaping role of health precincts. With mega-projects planned across Greater Sydney, the continued development and application of expertise in precinct planning was critical to maximise the benefits of this very significant investment.

A number of important internal changes took place at all levels of the organisation. Firstly, we welcomed to the board Lucio Di Bartolomeo, as Chair. Gender diversity of the leadership team significantly increased, with two women promoted to executive director roles. In late 2016 we started a cultural transformation program, developing a new Vision, calibrating our Values within the framework of NSW Health's CORE values, and driving a positive workplace culture and ongoing engagement for all of our people.

Sam Sangster, Chief Executive

Mr Sangster's career spans public and private sectors, including large Australian sharemarket-listed companies in a range of commercial and project delivery roles. Before joining Health Infrastructure, he worked in the Victorian public sector, delivering major infrastructure including Melbourne's Docklands. Mr Sangster holds qualifications in law, accountancy and computer science, is a graduate of the directors course run by the Australian Institute of Company Directors, is a Certified Practising Accountant, and is admitted to legal practice in several jurisdictions.

More than 90 new or upgraded hospitals, multipurpose services, ambulance facilities and car parks are being delivered



Key achievements 2016-17

- NSW Health's capital works portfolio is valued at \$7.7 billion over four years. This funding is to deliver four new hospitals, five new car parks and 15 upgrades or redevelopments, as well as planning funds for five hospitals. The funding will also ensure work continues on 21 existing hospital redevelopments and four car parks.
- The successful roll-out of the Multipurpose Service Program continued, tailoring services for local communities by integrating health, aged care services, and emergency and urgent care services, to drive equitable access to high quality care in rural areas.
- The HealthOne/Integrated Primary Health Care Strategy progressed, bringing together health care providers to improve patient access to community health care services locally.
- Health Infrastructure contributed to the vision for Westmead as a workable, liveable and accessible health city and global centre of excellence in research-integrated health care and clinical education. This work was done in collaboration with the Greater Sydney Commission, Transport for NSW, local government and other Westmead precinct partners.

- Health Infrastructure's health precinct planning capability was applied to other major health projects in metropolitan Sydney, ensuring the maximum return on the Government's investment.
- The Asset Refurbishment and Replacement Program enhanced asset management and maintenance across the State. The Program is a 10 year initiative administered by Health Infrastructure that provided funding for deferred maintenance and sought to enhance asset management across health facilities. More than \$80 million has been allocated to more than 500 projects.
- Health Infrastructure worked closely with the Ministry of Health and Treasury to develop and implement a new business case process that streamlined funding approvals for capital projects. The 'Investment Decision' approach greatly reduced the number of documents and design work required for approval by the Ministry.
- NSW Health and Health Infrastructure colleagues worked side by side to explore non-capital solutions, including developing and market testing partnerships to deliver assets and services.
- A cultural transformation program aimed at improving engagement for all of Health Infrastructure's people was implemented. A new People and Performance directorate was established to drive an ongoing focus on engagement and a positive workplace culture.

HEALTHSHARE NSW

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

Year in review

HealthShare NSW continued its work to drive efficiencies across the organisation, ensuring a customer focused approach to service delivery, while providing responsive shared corporate and financial services and excellent food, linen and patient support services.

In May we launched our *Strategic Plan 2017-2020*. The Plan had three focus areas - our people, our customers and our services - and provided defined and measurable goals. It underpinned our key strategic direction, to be a valued and trusted partner delivering competitive services to NSW Health.

We made significant inroads in reducing waste with the launch of the My Food Choice program. The Program offered patients more food choices and allowed them to order just before meal time to better match their meal selection with what they felt like at the time. This led to a significant reduction in food waste.

Non-Emergency Patient Transport was renamed Patient Transport Service to better describe the service for clients and further distinguish Patient Transport Services from NSW Ambulance's emergency fleet. The service played a key role in increasing the availability of emergency ambulances for life-saving and critical incidents.

Building a safer working environment continued to be a key focus. We made greater use of technological solutions to improve safety. Linen Services started use of ErgoAnalyst, an injury risk management tool that assessed the risk associated with manual tasks and identified ways to improve safety. Linen Services also launched a world first for safety with the introduction of an automated tailgate barrier system on linen trucks. The new design removed the need for drivers to manually lift and close barriers every time they made a delivery or collection. The tailgate barrier also prevented trolleys and loads falling off the side of the truck, significantly reducing the possibility of a workplace injury.

At a local level, a number of resources including practical guides for managers and supervisors were launched to improve safety across the organisation. We continued work on the Giving Through Safety workplace program, encouraging a stronger staff safety culture by linking safety targets with charity fundraising.

Throughout the financial year HealthShare NSW worked to drive efficiencies and achieved procurement savings exceeding the target of \$64 million.

Daniel Hunter, Chief Executive

Mr Hunter joined HealthShare NSW in June 2015. Over the course of his career, he has held leadership positions in both the public and private sector, with broad 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.

Patient Transport Service completed 217,876 transports, an increase of 13.29%



Key achievements 2016-17

- My Food Choice, a new way of preparing and serving meals, offered patients a menu of up to 18 hot meals for lunch and dinner as well as freshly made sandwiches and salads. There were also improvements made in food packaging to allow greater ease of opening. The two initiatives resulted in a reduction in food waste and landfill of up to 70 per cent across trial sites.
- Four private providers were enlisted via a tender process to help during peak load periods for Patient Transport Service, ensuring responsive service for clients at all times.
- EnableNSW successfully transitioned to the National Disability Insurance Scheme. While the disability support sector was in the midst of major change, EnableNSW focused on continuity of care and programs both for people transitioning to the Scheme and those remaining.

- HealthShare NSW continued to build capacity across its workforce with the launch of the *Aboriginal Employment Plan 2017-2020*. The Plan sets out strategies and actions to increase Aboriginal employment, develop Aboriginal staff, and enhance knowledge and understanding of Aboriginal culture across the organisation.
- HealthShare NSW successfully implemented the Make Ready Model with NSW Ambulance to clean and restock ambulances. The Model ensured paramedics spent far less time on non-clinical duties and could focus on providing the best pre-hospital clinical care.
- The lost-time injury frequency rate was down by 29 per cent on the previous year. This was the result of a number of workplace safety programs including greater use of mechanical solutions to reduce hazardous manual tasks.
- HealthShare NSW managed the transition of soft facilities management services at Royal North Shore Hospital to HealthShare NSW from a public-private partnership provider in two months with no interruption to services for 600 staff.

NSW HEALTH PATHOLOGY

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Website: www.pathology.health.nsw.gov.au
Business hours: 9am-5pm, Monday to Friday

Year in review

NSW Health Pathology provided expert pathology and forensic services for the state's health and justice systems.

As the largest public pathology provider in Australia, we performed more than 61 million tests during the year, operated more than 60 laboratories and managed more than 200 pathology collection services in our public hospitals and community health facilities.

Our 4000-strong workforce includes pathologists – medically trained clinicians who worked in public hospitals and modern laboratories – who were supported by scientists, technicians and support staff. Together they helped clinical teams make the best possible treatment decisions for patients.

Our Forensic and Analytical Science Service provided independent, objective analysis to the state's criminal and coronial justice systems. It also provided environmental health testing for public health units in NSW and delivered services to the Roads and Maritime Service and other organisations.

In 2016-17 we changed our internal structure to help build stronger relationships with customers and improve services. We changed to operate as one statewide pathology service, with local pathology teams looking after the needs of local customers and building stronger clinical relationships. Moves to break down silos and focus on customers ensured we were competitive.

Our commitment to creating better health and justice systems was never stronger.

We were also developing ways to share expertise so customers and patients could access what they needed, regardless of geography. Better ways to structure and deliver our services were also being developed.

The ultimate aim was to ensure our health and justice systems had the services they needed to support our communities.

Tracey McCosker, Chief Executive

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

Point of Care Testing used in 150 open-heart surgeries to conserve blood



Key achievements 2016-17

- The world's largest managed Point of Care Testing program expanded with 550 devices in 180 NSW hospitals. Trialled in cardiac surgery patients, it showed signs of improving patient outcomes, conserving blood supplies and delivering savings to the health system.
- NSW Health Pathology became first pathology provider in Australia to add results to HealtheNet, enabling patients to share results with health care professionals. Data was passed to My Health Record, making NSW the first state or territory to add pathology results to the national system.
- Construction began on the \$91.5 million NSW Forensic Pathology and Coroner's Court, Lidcombe..
- The new *Research and Innovation Framework* built knowledge and capacity and kept staff at the forefront of new tests, technologies and discoveries. A new advisory committee was convened to more actively promote our research.
- NSW Health Pathology and The Children's Hospital at Westmead worked to improve access to perinatal post-mortems and support for families who experienced baby loss or stillbirth. A new service model to provide non-coronial perinatal post-mortems at three dedicated sites was under development.
- Staff were recognised as being among the most respected in their fields. Forensic scientist Sharon Neville was nominated for a Pride of Australia Award, Dr Matthew O'Sullivan was awarded \$500,000 to research health care-associated infection prevention and Dr Jodie Ward was named an Australian STEM Superstar.

- The Transfusion Clinical Stream worked with NSW Health Pathology blood banks to reduce red cell expiry. With each unit of blood worth about \$370, efforts to reduce expiry helped ensure blood products were available when patients needed them most.
- Forensic expertise was enhanced as part of a partnership in a unique body donation facility for the study of human decomposition. DNA expertise was also used to help the Australian Army identify unknown soldiers more than 100 years after they went missing.
- More than 50 information and communications technology projects were underway to boost collaboration, enhance connectivity and deliver faster, better results for clinicians and patients. Key projects included a mobile app for pathology results and digital reporting for anatomical pathology.

eHEALTH NSW

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PO Box 1770
Chatswood NSW 2067
Telephone: 9880 3200
Facsimile 3880 3298 or 9880 3299
Website: www.ehealth.nsw.gov.au
Business hours: 8:30am-5pm, Monday to Friday

Year in review

eHealth NSW worked this year to create a world class, patient-centred and digitally enabled health care system in accordance with the *eHealth Strategy for NSW Health: 2016-2026*.

We were transforming the inpatient environment by working with local health districts to implement the Electronic Medical Record (eMR). eMR2, which extended the foundation eMR, was live at 147 NSW hospitals by end 2016-17.

Implementation of the eMR Community Health and Outpatient Care (CHOC) component, delivering access to a patient's clinical information to 333 community health and outpatient care clinical services across NSW, was completed in December 2016.

The eMR's Electronic Medication Management (eMeds) component was live at 13 NSW public hospitals by the end 2016-17, with plans to roll out to a further 178 facilities.

Deployment of the Electronic Record for Intensive Care (eRIC) started in 2016-17, providing an integrated statewide application to improve patient safety and support clinicians using evidence-based best clinical practice for critically ill patients. Intensive care units at Coffs Harbour Health Campus, Port Macquarie Base Hospital and St George Hospital were using eRIC.

Our Rural eHealth Program delivered information and communications technology infrastructure, and clinical and corporate eHealth solutions to 17,000 staff caring for 1.3 million people in 150 rural and remote facilities.

A key enabler was the completion of the Health Wide Area Network, which underpinned the use of eHealth solutions such as the eMR, telehealth, video-conferencing, in-home monitoring and remote consulting.

We also continued to engage with clinicians on fit-for-purpose solutions. About 1500 NSW Health clinicians participated in clinical engagement forums in 2016-17, contributing to the development and enhancement of clinical technology for patient care.

Thousands of patients and visitors were given access to free Wi-Fi, including at the children's hospitals at Westmead and Randwick, John Hunter Children's Hospital in Newcastle, Port Macquarie Base Hospital and The Bright Alliance.

Investment in business systems continued during the year and included expanding the functionality of StaffLink, a statewide platform for standardised financial, procurement and supply chain management, and a successful pilot for the NSW Health Supplier Portal. The percentage of NSW Health staff rostered using the HealthRoster system increased to 50 per cent from 25 per cent.

We monitored and strengthened NSW Health's information systems defences and implemented measures to ensure cyber-security readiness.

Zoran Bolevich, Chief Executive

Dr Bolevich's career in health spans more than 25 years. He is responsible for planning, implementing and supporting the digital transformation of NSW Health, the largest digital health program in Australia. Dr Bolevich is achieving this by driving the implementation of the eHealth Strategy for NSW Health: 2016-2026. Dr Bolevich holds a medical degree, a Master's of Business Administration and is a Fellow of the Royal Australasian College of Medical Administrators.

More than 46,000 clinicians used the Electronic Medical Record every day

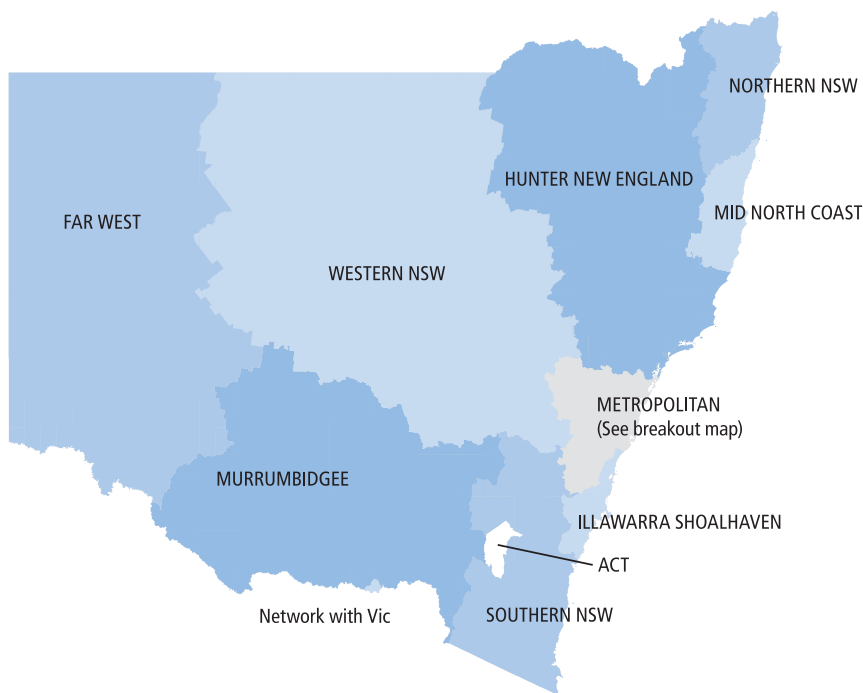


Key achievements 2016-17

- Clinicians had secure digital access to pathology test results for the first time via the HealtheNet Clinical Portal. NSW was also the first state or territory to add pathology results to My Health Record.
- Since commencement of the HealtheNet program in 2012, the number of hospital discharge summaries available to NSW Health clinicians via the HealtheNet Clinical Portal rose to 5.36 million by 30 June 2017. NSW Health had sent more than 590,800 discharge summaries to My Health Record, more than 1.73 million to GPs using secure messaging, and more than 22,000 My Health Record documents had been viewed by NSW Health clinicians.
- By end June 2017, more than 70 per cent of information communications technology systems had been migrated to the Government Data Centres, facilitating the closure of three of NSW Health's older facilities.
- The Rural eHealth Program's collaboration model resulted in a surge in clinicians using the eMR from 7700 to more than 25,000, while the number of times the eMR was accessed quadrupled to almost 4 million.
- Clinical engagement forums gave more than 1500 NSW Health clinicians the opportunity to contribute to the development and enhancement of the clinical technology for patients.

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 the Justice Health and Forensic Health Network.

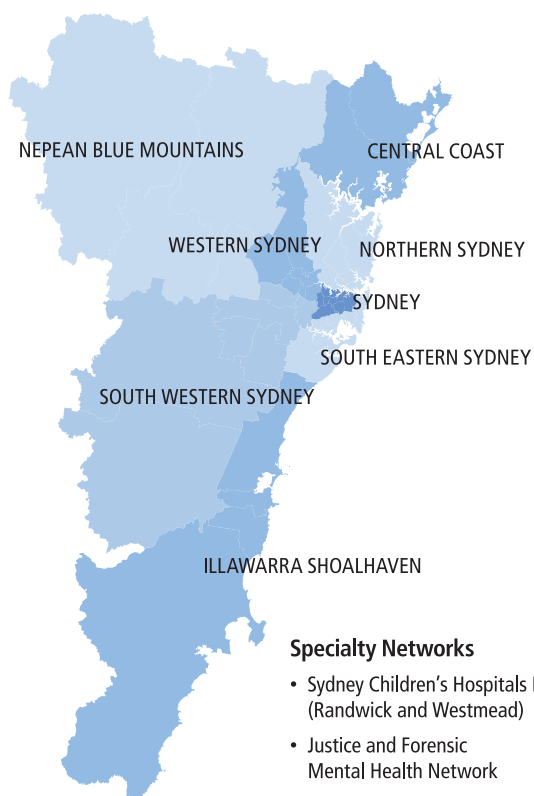
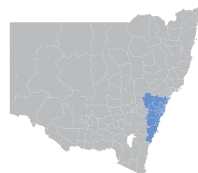


Rural and regional NSW local health districts

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

Metropolitan NSW local health districts

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



Specialty Networks

- Sydney Children's Hospitals Network (Randwick and Westmead)
- Justice and Forensic Mental Health Network

CENTRAL COAST LOCAL HEALTH DISTRICT



Holden Street
PO Box 361
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Telephone: 4320 2111
Facsimile: 4320 2477
Website: www.cclhd.health.nsw.gov.au
Business hours: 8.30am-5pm, Monday to Friday

Year in review

Our District was in the midst of exciting growth and change, undergoing a major transformation in order to meet the needs of our growing communities.

Work continued on the \$348 million redevelopment of Gosford Hospital, which will deliver a next-generation health facility to the people of the Central Coast. Significant progress was made with the 11-storey clinical services tower, which reached its highest point in construction during May 2017. Once completed in mid-2018, the new facility will create more job opportunities for doctors, nurses and allied health staff.

Site preparation for the construction of an 804-space multi-storey car park and new Central Coast Medical School and Research Institute started at Gosford Hospital. The facility will play a pivotal role in our 2017-2021 Research Plan, launched in June 2017. The Plan shows how our Caring for the Coast strategy will be achieved and will focus on key priorities around leadership, infrastructure, resources, training and collaboration.

Planning also continued for the redevelopment of Wyong Hospital into a state-of-the-art health care facility to meet growing demand in the region.

In March 2017 the Nunyara Aboriginal Health unit opened its extensions, providing a dedicated and culturally appropriate space for Aboriginal people to access a range of services. A new addiction medicine clinic was opened within the unit to improve access to medical care for the Aboriginal community.

The NAIDOC Community Day provided an opportunity to offer health screening to the Aboriginal community. Fifty-five per cent of those screened were referred to their general practitioner for follow up, including 90 people at high risk of developing diabetes.

Our work to increase awareness of preventative health measures included securing a translational research grant to build on the achievements of a successful pilot program that encouraged year 7 students to choose water as an alternative to sugary drinks after their school immunisation.

All key performance indicators for the Health Children's Initiative and referrals to the Get Health Service by District health professionals were exceeded.

Our staff led the way in protecting patients and colleagues from the spread of influenza with approximately 55 per cent vaccinated as part of the annual Exercise Respect campaign.

I would like to recognise the valuable contribution made by our staff, volunteers and community representatives. Thank you for everything.

Andrew Montague, Chief Executive

Dr Montague has extensive clinical and senior management experience within the health sector in Queensland and NSW. He studied medicine at the University of NSW and has a Master's in Health Administration from the UNSW. He is a Fellow of the Royal Australian College of General Practitioners and the Royal Australasian College of Medical Administrators. Dr Montague's previous role was as executive director operations for Northern Sydney Local Health District, where he also acted as the chief executive for an extended period. He worked clinically for 10 years, in hospital and as a general practitioner, and since 2005 has held senior leadership roles in the health sector.

New Erina BreastScreen increased screening capability by 20 per cent



Key achievement 2016-17

- The District launched its *2017-2021 Research Plan*, which aims to change the way health care is delivered on the Central Coast and guide the region as it becomes a global leader in integrated medical research.
- The new Community Health Access and Intake started in July 2016, providing a central point of access for referral to the District's adult community health services.
- In June 2017 the NSW Minister for Health, the Hon. Brad Hazzard MP, opened a \$957,000 BreastScreen NSW facility in Erina, boosting the region's screening capacity by 20 per cent and providing more convenient access for local women. The new centre featured additional equipment worth \$450,000, including a digital mammography unit.
- The District continued to improve Transfer of Care performance with 87 per cent of people transferred to its care within 30 minutes of arrival at emergency departments.

- Ward-based patient records went from paper to digital with the rollout of the electronic Medical Record Clinical Documentation Module (eMR2) across Gosford, Wyong and Woy Woy hospitals, and Long Jetty Health Care Centre. System use increased three-fold after the system went live.
- The District partnered with the Department of Premier and Cabinet, and other NSW and local government agencies, to develop a *Central Coast Childhood Obesity and Healthy Eating Active Living Action Plan*, which promoted positive lifestyle changes to reduce childhood obesity rates.

Demographic summary

Central Coast Local Health District is located north of metropolitan Sydney and provides health care services across a geographic area of about 1680 square kilometres.

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

About 327,736* residents live within the District. People of Aboriginal origin make up 12,485 (3.8 per cent) of the population, compared with 2.9 per cent for all NSW. The majority (60 per cent) of the Aboriginal population reside in the Wyong area. About 21 per cent of the District population were born overseas, 6.1 per cent report speaking a language other than English at home and about 0.8 per cent of the District population report poor proficiency in English.

In 2016-17, a comparatively large number of older people (70 years and older) live on the Central Coast (14.8 per cent of the total population, compared with the NSW average of 10.9 per cent). The Central Coast population aged 70 years and older represent about six per cent of the NSW population aged 70 years and older.

Over the next decade the District's population is expected to increase by about 14 per cent, or more than 40,000 people, to about 374,000 people. The population aged 70 years and older is projected to grow by about 35 per cent and will represent about 17.7 per cent of the population.

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, particularly within the Wyong area due to rapid population growth, lower levels of socio-economic status and higher levels of risky behaviour such as smoking, alcohol consumption, poor diet and obesity.

Central Coast residents have higher rates of death from all causes, in particular cancers and respiratory disease, than people in the rest of NSW.

*Source: 2016 Census.

Local government areas covered

Central Coast

Public hospitals

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

Community health centres

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

Child and family health services

Aboriginal Maternal and Infant Health Services, Building Strong Foundations, Family Care Cottage Gosford Gateway Centre and Wyong Kanwal Health Service, Quit for New Life (funding ceased 30 June 2017), Child and Family Health Gateway Centre, Statewide Eyesight Preschooler Screening, Statewide Infant Screening – Hearing, Sustaining NSW Families Wyong Central, Universal Health Home Visiting, Pregnancy and Early Parenting Education – Maternity Services, Developmental Team – Child Health Assessment, Family Assessment Consultation Education Therapy Service, Early Childhood Nursing Service, Well Baby Clinic, immunisation clinics, allied health clinics – occupational therapy, speech pathology, physiotherapy, social work. Also provided at community health centres and Kariong Neighbourhood Centre

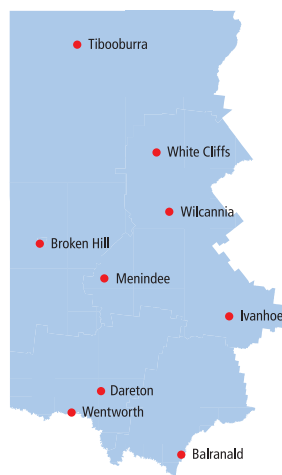
Oral health clinics

Gosford Hospital, Woy Woy Hospital, Wyong Hospital

Other services

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

FAR WEST LOCAL HEALTH DISTRICT



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Year in review

In its sixth year, our District made significant progress on important initiatives including an extensive redevelopment of Broken Hill Hospital, improvements

in palliative and end of life care, and expansion of data and medical record resources. High performance was consistently recorded against emergency department and elective surgery targets, while there was a reduction in the Did Not Wait rate at Broken Hill Hospital emergency department. The rate of employment for Aboriginal people in our District was the highest in the State, easily surpassing the NSW Health target, with a strategy to push the Aboriginal employment rate above 10 per cent by 2019.

A local integrated care strategy, the Staying Healthy program, was implemented across Broken Hill targeting 20 to 55 year-olds at risk of lifestyle related chronic disease. This included funding positions in general practices to recruit patients to the Staying Healthy program and creating partnerships with non-health partners to engage difficult to reach people.

Efforts to develop a positive workplace culture and improve the workplace through the 'Yamirri Nharatji' program included better staff engagement and interaction with patients and their families. A key patient safety initiative was the introduction of hourly patient rounding in some wards and inpatient facilities to reduce falls and hospital acquired pressure injuries.

The coming year will include capital refurbishments moving from the planning phase to construction in our community and primary health care services and at Broken Hill Hospital.

Stuart Riley, Chief Executive

Mr Riley has worked in the health system for more than 20 years in roles including clinical, research, planning, evaluation management and consulting. He first worked in Broken Hill in 1996 on a secondment to the then Far West Ward Aboriginal Health Service (now Maari Ma). Later that year he was appointed general manager of Broken Hill Hospital and oversaw the redevelopment of the facility and organisational and operational changes. Between 2001 and 2011, Mr Riley undertook a wide range of health-related consulting projects nationally. He started in the role of Chief Executive for the District in January 2011.

**Emergency Treatment
Performance result was 89.3%
– surpassing State target of 81%**



Key achievements for 2016-2017

- The design development stage of the \$30 million redevelopment of the Broken Hill Health Service was completed. Construction was scheduled to start in the third quarter of 2017.
- Participants in the inaugural School Based Traineeship Program all completed their traineeships in December of 2016. There were nine trainees in their final year and 10 in their first year of the program. Demand has grown significantly, with more than 25 applications for 2017.

- The District continued to develop and support a positive workforce culture. The NSW Public Sector Employee Survey – People Matter found employees had a sense of personal attachment to their workplace and were keen to give their best.
- The District established a Health Intelligence Unit as a one-stop shop for regional health data and related information. The service supported decision making and facilitated a collaborative approach to health and social care planning.
- The implementation of the District's *Palliative and End of Life Care* Framework was continued across all care settings. The NSW Palliative Care Conference was held in the District in October 2016, helping to raise awareness of palliative care in rural and remote areas. Broken Hill hosted one of the rural and regional Ministerial Roundtables on Palliative Care in May 2017, helping to inform the Minister on palliative care successes and challenges.
- The Community Health and Outpatient Care Project extended the versatility of electronic medical records to community health services, replacing disparate legacy systems with an integrated medical record and replacing paper-based records.
- Broken Hill Health Service continued to achieve excellent patient flow in its emergency department. All Emergency Treatment Performance targets were achieved, with an 89.3 per cent result as at 30 June 2017. All elective surgery targets were achieved, with no patients waiting longer for surgery than recommended.
- The emergency department Did Not Wait rate remained at just more than three per cent for Aboriginal people in 2016-17, after the implementation of a clinical redesign project in the 2015-16.
- An Aboriginal Workforce Strategy and accompanying Implementation Plan were developed to guide the District until 2019 while increasing the representation of Aboriginal people in the workforce. The District achieved an Aboriginal employment rate of 6.3 per cent (full-time equivalent), surpassing the NSW Health target of 1.8 per cent.
- The District endorsed an updated Strategic Plan 2016-2021, outlining its vision and core values including putting patients at the centre of decision making.

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 about 195,000 square kilometres.

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

About 30,740 (2016 estimated residential population, ERP) residents live within the District. People of Aboriginal origin make up 3799 or 12.4 per cent (2016 ERP) of the population, compared with 208,476* for NSW. The representation of culturally and linguistically diverse communities is very small, with 91.1 per cent of residents coming from an English-speaking background.

In 2016-17, demand for health services changed in line with the ageing population and 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 of some populations within the District.

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

The proportion of the population aged 65 years and over is projected to increase from 18 per cent in 2016 to 29 per cent by 2036. With the elderly generally requiring a greater proportion of health care services than younger people, it is expected this growth will increase the demand for services.

Far Western NSW experiences the highest rates of potentially preventable hospitalisations and hospitalisations in NSW attributable to: coronary heart disease, chronic obstructive pulmonary disease, diabetes, intentional self-harm, high blood pressure and high cholesterol. This will require a greater emphasis on primary health care and support for self-management. Clinical services will need to contribute to the integrated management of individual consumers' health care, rather than the episodic response to issues that arise due to poor health.

*Source: Australian Bureau of Statistics 2011

Local government areas

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

Public hospitals

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

Community health centres

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

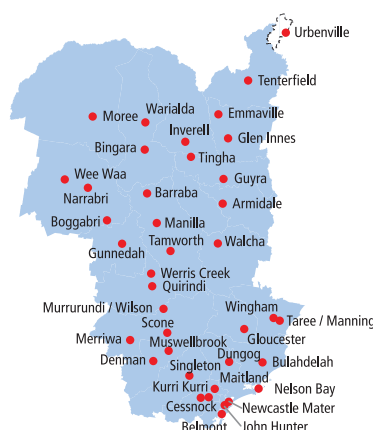
Child and family health services

Broken Hill Child and Family Centre

Oral health clinics

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

HUNTER NEW ENGLAND LOCAL HEALTH DISTRICT



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Year in review

Our commitment to providing excellent care for every patient, every time remained our primary focus during the year.

We provided health services for more than 920,000 people in an area roughly the size of England. And we were focused on ensuring our patients received safe, quality health care – not only while in hospital or clinic but after going home.

In 2016-17, more than 75,000 patients received a follow-up phone call a day after being discharged. Follow-up phone calls enhance patient safety and help to reduce adverse events and unplanned admissions. They also provide an opportunity for patient and family feedback.

Collaboration and partnership with our communities, and with other government and non-government organisations including primary health care, was a hallmark of our organisation.

The District was a key member of the NSW Regional Health Partners, which was accredited by the National Health and Medical Research Council as Australia's first Centre for Innovation in Regional Health. This will better enable us and our partner organisations to continue our work in translational research to improve services and results for patients.

We were also working with community and agency partners to address domestic and family violence in rural communities. We were working with the White Ribbon Organisation and the Inverell community towards accreditation as a White Ribbon Community. Projects included challenging assumptions about violence, stereotypes and gender inequality through social and traditional media and community events, and identifying and working with local 'heroes' to promote respectful relationships.

We continued our collaboration with the Hunter New England Central Coast Primary Health Network on a range of initiatives including the successful pilot of a 'Smart E-referral' system, creating the capacity to send e-referrals in about 30 general practices in Newcastle and Lake Macquarie. The project will improve specialist care in our community.

I am proud to lead an organisation of more than 16,000 clinicians and support staff who strive every day to provide the best possible care for their patients and communities, and I thank them for their continued efforts and commitment.

Michael DiRenzo, Chief Executive

Mr DiRenzo holds tertiary qualifications in commerce and economics. He held senior positions in manufacturing organisations before entering the health field. Mr DiRenzo has extensive experience in senior management roles within health support services, and was senior operational leader of the District's major referral hospitals before becoming Chief Executive in January 2011.

Kidshhealth videos on YouTube and Facebook reached 1.3 million views



Key achievements 2016-17

- The \$14 million, eight-bed Paediatric Intensive Care Unit at John Hunter Children's Hospital was opened, and Stage 1 of an expanded Neonatal Intensive Care Unit was completed. The two units provide care for children and families across northern NSW.
- A \$7.5 million Lake Macquarie Community Mental Health centre was opened to provide services for about 1400 clients annually.
- The YES Team, an integrated multidisciplinary Youth Engagement Service giving young people access to advocates and health professionals (including mental health professionals), was established. The team assists those at risk of disengaging with services, to help them navigate the health system more effectively.
- An electronic prescribing and medications system was rolled out after a successful pilot. The new system improved patient safety through a more accessible, accurate and complete patient medication management system.
- Radiation oncology services at the North West Cancer Centre were expanded including an outreach consultative service to Armidale.
- The Physical Activity 4 Everyone pilot program won NSW Premier's and NSW Health awards for tackling childhood obesity. The trial involved 1100 high school students and was the first school-based program of its type, internationally, to increase physical activity and reduce weight gain in disadvantaged adolescents.

- Specialist endocrinologists and diabetes educators conducted case conferences within general practitioners' surgeries for patients with type 2 diabetes. The conferences aimed to deliver improved outcomes and build the knowledge and capacity of general practitioners and practice nurses. More than 1000 patients were involved with improvements shown in glucose control, blood pressure control, weight loss and cardiovascular risks.
- Nine clinical research fellowships were offered to support clinical academics in their research projects linked to the District's strategic priorities.
- More than 2100 solar panels were installed at six rural Hunter New England Local Health District facilities to improve energy efficiency and reduce carbon footprint.
- Major medical imaging equipment - including CT scanners, vascular and cardiac angiography equipment, ultrasound machines and digital x-ray units - was upgraded to support the change to a fully digital imaging service.

Demographic summary

Hunter New England Local Health District is located north of Sydney and reaches 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 an area of 131,785 square kilometres, which is 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, the second largest city in NSW, located 150 kilometres north of Sydney.

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

About 920,370[^] residents live within the District. About 52,990[^] people of Aboriginal origin make up 5.9 per cent of the population, compared with 208,476* for all NSW. About 169,800 residents were born overseas, which equates to 20 per cent of the population. More than 68,000 (about 7.8 per cent) of residents 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. There is a particular increase in the number of people aged 85 years and over. At the same time, some communities are experiencing a growth in families and young people, particularly in the Hunter Valley, Newcastle, Port Stephens and Armidale areas. There is also a general movement of the population away from inland areas to the coast. While the overall population of some communities, such as Moree, is decreasing, the Aboriginal population is growing. 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.

[^]Source: ABS 2016 estimates Healthstats, NSW Ministry of Health. *Source: Australian Bureau of Statistics 2011.

Local government areas

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

Public hospitals

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

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

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

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

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

Public nursing homes

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

Community health centres

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

Child and family health services

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

Oral health clinics

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

Third schedule facilities

Calvary Mater Newcastle

Other services

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

Lakeview Detoxification Service at Belmont Hospital

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

ILLAWARRA SHOALHAVEN LOCAL HEALTH DISTRICT



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Year in review

Our local health district continued to grow its clinical infrastructure over the past 12 months with the finalisation of capital developments to enhance the delivery of care, particularly in the Shoalhaven region.

The projects included the installation of a second linear accelerator (worth \$5 million) at the Shoalhaven Cancer Care Centre, enabling more patients to receive treatment closer to home and supporting growing local demand for services.

The Shoalhaven Hospital campus underwent significant refurbishment work including a \$1.8 million expansion of the emergency department incorporating reconfigured triage, ambulance bay and treatment spaces. The changes, and a new rapid assessment zone, were designed to improve patient flow and reduce waiting times. The hospital also constructed a \$1.5 million operating suite for endoscopy services.

The \$4.6 million Renal and Palliative Care Unit was opened at Milton Ulladulla Hospital, enabling a higher level of care for those with chronic renal conditions. The expansion included a dedicated renal centre with seven treatment spaces and a purpose-built palliative care space with family rooms and respite areas.

The Kiama community welcomed the opening of the \$3.6 million Integrated Primary and Community Health Centre, providing improved access to outpatient services including dental, aged care and other specialist clinics.

Over the past 12 months we focussed heavily on quality and safety, implementing significant service reviews and establishing a Clinical Governance Council, responsible for championing and monitoring continual clinical quality improvement.

More patients moved through our emergency departments and operating theatres. We strived to further develop innovative ways to connect with our communities to improve health outcomes. This included the development of a phone app and integrated magazine designed to help patients prepare for surgery by providing essential and easy-to-understand information. These resources also worked to reduce surgery cancellations by better educating patients about the surgery process.

I'm incredibly proud of the way our staff have worked over the past year, with a focus on excellence in the way we deliver health services. Across the District, our staff continue to show commitment to providing the highest quality and safest care possible, and ensuring that our patients, their families and carers and our wider community are at the centre of everything we do.

Overall, 2016-17 was a particularly busy period and we continued to pursue improvement and quality enhancement in the delivery of care and services to our local community. I look forward to building on this in the year ahead.

Margot Mains, Chief Executive

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

More than 300 at-risk clients received new anti-viral medication for hepatitis C



Key achievements 2016-17

- The new state-of-the-art second linear accelerator at the Shoalhaven Cancer Care Centre began operations in March 2017. This followed an election

commitment of \$5 million and a community fundraising effort of \$750,000 and will support the growing demand for cancer treatment in the Shoalhaven.

- The \$1.8 million Shoalhaven Hospital Emergency Department reconfiguration and expansion was opened in May 2017, with changes to the waiting, triage and ambulance areas to reduce waiting times.
- A dedicated \$1.5 million endoscopy suite was opened at Shoalhaven Hospital in late 2016.
- A general medicine ward at Shoalhaven Hospital was refurbished to create a \$1.35 million aged care unit, which began accepting patients in June 2017.
- The My Surgery Journey integrated magazine and smartphone app was developed to provide information to surgical patients and their families. This project included 12 months of collaboration between staff and patients to design a solution ensuring people were ready for surgery, a reduction in cancellations and a subsequent reduction in elective surgery waiting lists.
- Through leadership on infectious diseases within the Anti-Microbial Stewardship program, antibiotic use was reduced by 30 per cent since 2011 with no increase in infectious disease-related length of stay or mortality. During 2016-17, 600 interventions (antibiotic guidance during daily rounds) were made by the Antimicrobial Stewardship team to guide prescribers about optimal antibiotic use.
- The District's *Workforce Safety and Wellbeing Strategic Plan* delivered significant improvements in workforce health and safety performance, as evidenced by a 22.6 per cent reduction in workers compensation claims in 2016-17.
- The District developed a *Viral Hepatitis Action Plan* to respond collaboratively to the incidence of hepatitis B and C in the community. More than 300 at-risk clients received new direct acting anti-viral medication for hepatitis C.

Demographic summary

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

Traditional custodians of the land covered by the District are the Tharawal and Yuin nations and the people of the traditional language groups within these nations include the Wadi Wadi, Tharawal, Wandandian, Walbanga and Yuin.

About 393,204 residents live within the District, according to the 2016 Census. People of Aboriginal origin make up 3.5 per cent of the population, compared with 2.9 per cent across NSW.

Culturally and linguistically diverse communities are well represented in Illawarra-Shoalhaven. In 2016, an estimated 18.1 per cent (71,060) of the Illawarra-Shoalhaven population was born overseas, and 11.8 per cent (46,337) spoke a language other than English at home.

Some groups have greater and/or distinct health care needs when compared with the rest of the population, based on factors including:

- **Rurality:** About 99,650 people live in the Shoalhaven local government area, representing 25 per cent of the District population.
- **Age:** Based on the premise that older people and children utilise health services more than others:
 - The Illawarra-Shoalhaven has a higher proportion of people aged 75 years and older (9.1 per cent) when compared with the NSW average (7.1 per cent).
 - Children aged younger than five years make up 5.7 per cent of the population, lower than the NSW average of 6.6 per cent.
 - The fastest growing age group between 2016 and 2026 will be people aged 85 years and over, with a projected 25 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 (SEIFA).

Source: Australian Bureau of Statistics 2016

Local government areas

Kiama, Shellharbour, Shoalhaven, Wollongong

Public hospitals

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

Community health centres

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

Child and family health services

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

Child and family services: Child and Family Service Port Kembla (Allied Health Services),

Child and Family Service Kids Cottage (Warilla), Child Protection Counselling Service, Out of Home Care, Illawarra Shoalhaven Diagnostic and Assessment Service, Northern Family Care Centre (Woonona), Shoalhaven Family Care Centre, Southern Family Care Centre (Berkeley), Illawarra Prior to School Immunisation

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

Oral health clinics

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

Other services

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

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

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

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

MID NORTH COAST LOCAL HEALTH DISTRICT



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Chief Executive office telephone: 6588 2946
Facsimile: 6588 2947
Website: www.mnclhd.health.nsw.gov.au
Business hours: 8.30am-5pm, Monday to Friday

Year in review

The largest capital investment ever made in health services on the Mid North Coast was given to enable the completion of the Clinical Services Building at Kempsey District Hospital. It also enabled the planning work underway for the redevelopment of Macksville and Coffs Harbour hospitals.

Our District demonstrated its capacity to deliver services within budget while continuing to invest in service growth and upgrade facilities.

Opportunities for health care delivery emerged in the past year, including advances in the integrated care approach, expansion of home-based treatment services and collaboration with community services to maximise the efficiency of services based at hospitals.

Closer collaboration between the clinical networks assisted in ensuring hospitals and services were appropriately connected and agile to meet rapidly changing population needs.

We also continued to promote a range of initiatives aimed at supporting learning and development for our staff, as well as encouraging diversity in senior roles. The WIFI: Women in Future Innovation (Women's Leadership Program) completed its second year with clinical and non-clinical staff attending. It has now expanded to other government departments and local health districts.

We recruited through the Australasian College of Health Service Management program, with interns starting work at each of the clinical networks.

We also recognised the excellent work of more than 450 volunteers who provided support and co-ordinate fundraising to hospitals and community health centres.

Stewart Dowrick, Chief Executive

Mr Dowrick began his career in health care administration at the 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 held numerous executive positions with each health service and was appointed Chief Executive of Mid North Coast Local Health District at the beginning of 2011. He has a particular interest in health service partnership and service partners 'working together'. Mr Dowrick has tertiary qualifications from the University of NSW, University of Newcastle and the Australian Institute of Company Directors.

Became the first local health district to be accredited as a White Ribbon Workplace



Key achievements 2016-17

- Released the *Strategic Directions 2017-2021*, providing details of the seven priority areas for the organisation.

- A range of regional integrated collaboration projects was implemented, focusing on Aboriginal health, inter-hospital transport, Nambucca Valley Integrated Care, family and children services and mental health.
- The District became the first local health district in Australia to achieve accreditation under the White Ribbon program, recognising workplaces acting to stop violence against women.
- The District worked in partnership with the University of NSW Rural Medical School in 2017 to enable first-year medical degree students start in a regional area.
- Secondment opportunities were provided for staff at the Garvan Institute of Medical Research, Black Dog Institute and Neuroscience Research Australia.
- After being the first local health district to achieve District-wide accreditation in 2014 under the *National Safety and Quality Framework*, the District undertook the renewal process in 2017.
- Port Macquarie Base Hospital became the first facility in NSW to roll out the electronic Records in Intensive Care (eRIC) program. This was also deployed at Coffs Harbour Base Hospital.
- The District started a program to strengthen mental health services and to support staff, patients and carers in the delivery of patient centre care.
- The District developed a research presence, joining Hunter New England Local Health District and Central Coast Local Health District as part of the first Centre of Innovation in Rural Health, under the auspices of the National Health and Medical Research Council.

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 about 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 origin make up five per cent of the population. People born overseas comprised 13 per cent of the total population in 2011. 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 Afghan, Sudanese, Burmese, Congolese, Togolese, Sierra Leone, Ethiopian, Eritrean and Somali. Smaller numbers of Asian migrants also reside in Laurieton, Wauchope and Port Macquarie.

In 2016-17, the child and youth population (0-24 years) made up about 29 per cent of the population, while those over 65 years accounted for 28 per cent.

Over the next decade, the District's population is expected to increase by 13 per cent. The largest increases are 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 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, Nambucca, Port Macquarie, South West Rocks, Wauchope, Woolgoolga

Child and family health services

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

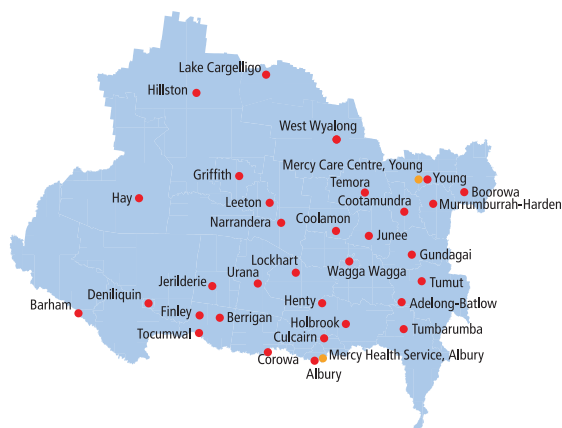
Oral health clinics

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

Other services

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

MURRUMBIDGEE LOCAL HEALTH DISTRICT



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Year in review

Our District continued its focus on improving the patient experience by implementing new models of care and innovative technology. Accelerated infrastructure improvements to key hospitals, a significant increase in the number of patient admissions and extensive consultation to hear from more people in local communities about what they wanted from our health services were among major achievements.

The last phase of the \$452 million Wagga Wagga Health Service redevelopment was fast-tracked, and \$35 million was dedicated to the modernisation and expansion of Griffith Base Hospital.

More than 76,000 people were treated in hospitals and multipurpose services. This was an increase of more than 5000 patient admissions (7.2 per cent). In addition, we provided 750,000 non-admitted occasions of service for people in the community or through patient services.

The new Patient Flow Unit staffed by experienced critical care nurses coordinated transfers between facilities, while the Critical Care Advisory Service escalated care for deteriorating patients and provided medical advice to all smaller hospitals in the District.

There was a strong focus on health promotion and public health and we provided comprehensive services in these areas. We became the first District in NSW to remove sugary drinks from sale at all facilities to help reduce obesity levels and set a good example to communities. This supported the excellent work of hundreds of early childhood educators and primary school teachers in our District who promoted water as the number one drink of choice for children.

Community engagement remained a focus. Local health advisory committees actively engaged in health promotion and community education activities across our District.

Two forums helped members of the advisory committees develop skills to actively advocate for their communities and educate local people about how to access local services. Almost 1100 people provided valuable feedback to a community survey about improving communication with our consumers.

Efforts continued to promote our District as a great place to live and work, to ensure a skilled and sustainable workforce. We initiated *Our People, Our Future*, a strategy to improve the culture at all facilities across the region. The *Our People, Our Future, Coach*, a new role, was created to support and embed the strategy. The coach helped leaders ensure improvement and focus on health care and safety for patients, clients, residents, consumers and their families.

In addition to the staff and medical officers who work tirelessly caring for our patients, there are a number of people I would like to thank for their support during the year. Key among these are the Local Health Advisory Committees, Multipurpose Service Committees, hospital auxiliaries and hospital volunteers who play such a crucial role in local health care. They are an important connection between communities and the health service in helping us provide services and identify and plan for local needs. In addition, they act as advocates for services and support local hospitals and community-based services through fundraising.

Jill Ludford, Chief Executive

Ms Ludford started her career as a nurse and a midwife, and has held senior roles within NSW Health since 1992. Passionate about rural health, she 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. Ms Ludford holds qualifications in management, nursing, midwifery, child and family health and women's health and is an Adjunct Lecturer with Charles Sturt University.

99.9% of urgent elective surgery patients received treatment on time



Key achievements 2016-17

- In December 2016, a consumer led model of care for renal dialysis patients in Deniliquin was opened. This was a temporary four-chair renal dialysis unit.
- The Murrumbidgee Community Care Intake Service was launched in Griffith, Leeton and Narrandera to better meet patient and family needs by tailoring and streamlining access to community health services in local areas.
- A permanent Patient Flow and Transport Unit was established. This unit was staffed by clinicians and coordinated transfers between facilities. This included a Critical Care Advisory Service, for clinical advice and escalation of care for deteriorating patients.

- The District partnered with the Sydney Children's Hospitals Network (SCHN) to improve the lives of children with complex and chronic conditions under an integrated care model, KIDS GPS Project. SCHN and health care partners in Western Sydney, South Eastern Sydney and Murrumbidgee worked together to streamline access across primary and community health care to support families with seamless, effective and efficient holistic care.
- The rollout of the Electronic Medical Record (eMR) program, including CHOC (Community Health eMR) was successfully implemented.
- Rehabilitation services were expanded for people in Tumut, Temora and Narrandera. The multi-disciplinary clinical team, based at Wagga Wagga Rural Referral Hospital (more than 100 kilometres from Tumut, Temora and Narrandera) worked with district hospital managers, nursing staff, general practitioners and allied health assistants to deliver rehabilitation services closer to patients' homes and families.
- Local health advisory committees welcomed new members after a recruitment campaign. These committees worked with facility managers to identify local service needs, ways to improve access to services, and to assist in planning and development. New members were provided with an extensive orientation program incorporating community risk assessments, priority settings and planning with the local community.
- Tocumwal Multipurpose Service was opened. Holbrook Hospital building was completed. Planning for the multipurpose service Program 5 continued with Barham, Murrumburrah Harden and Tumbarumba. Work started at Culcairn Multipurpose Service with a sod-turning event in March 2017.
- The District opened eight acute Specialist Mental Health Services for Older Persons beds in Yathong Lodge at Wagga Wagga Rural Referral Hospital. For the first time, residents of the District catchment had access to acute inpatient psychogeriatric services.

Demographic summary

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

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

About 241,611# residents live within District. People of Aboriginal origin make up 4.8 per cent (11,473)^ of the population, compared with 208,476* for all NSW. Most people were born in Australia, or were born in English speaking countries. Six per cent of people (14,652) spoke a language other than English, with one per cent stating difficulty with speaking English (2516). 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 District has grown by about 1000 people a year from 2011 to 2015, a 1.7 per cent increase over the five years[#]. The largest population increase has been in Wagga Wagga with an extra 1647 people since 2011, followed by Griffith with an extra 591. The population is projected to grow by just over one per cent from the 2011 estimated resident population to 2021, to reach about 244,870 people, then increase by 0.5 per cent to 246,220 by 2026. A decline is projected from 2026 to 2031[^].

While the overall District population is not projected to change significantly, growth is indicated in the older population. People aged 75 years and older made up 8 per cent of the total population in 2011 (around 18,000 people). This is projected to increase to 12 per cent of the total population in 2026 (around 29,000 people), an increase of more than 10,000 older people. The aged population in NSW was seven per cent in 2011, increasing to nine per cent in 2026[>]. The proportion of the population who are working is decreasing, thus lowering socio-economic status.

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

Sources: * 2011 Census. ^ 2016 Census. # ABS Estimated Resident Populations 30 June 2015. > NSW Department of Planning Projections 2016. - NSW Health Survey. Note: Albury LGA is not included in this data.

Local government areas

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

Public hospitals

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

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

Public nursing homes

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

Community health centres

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

Child and family health services

Barham, Boorowa, Coleambally, Cootamundra, Corowa, Culcairn, Darlington Point, Deniliquin, Finley, Griffith, Harden-Murrumburrah, Hay, Henty, Hillston, Holbrook, Jerilderie, Junee, Lake Cargelligo, Leeton, Lockhart, Moama, Moulamein, Narrandera, Temora, The Rock, Tooleybuc, Tumbarumba, Tumut, Urana, Wagga Wagga, West Wyalong and Young. A home visit and outreach service is also provided.

Oral health clinics

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

Third schedule facilities

Mercy Health Service, Albury and Mercy Care Centre, Young

Other services

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

NEPEAN BLUE MOUNTAINS LOCAL HEALTH DISTRICT



Nepean Hospital, Derby Street
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Year in review

A major redevelopment for Nepean Hospital, an obesity clinic for families, new support for people needing urgent mental health care and a project to educate people about when to use emergency departments were significant achievements for the year.

Our District maintained its primary focus of delivering innovative, high quality health care to the community.

Importantly, \$550 million was committed for Stage 1 of the Nepean Redevelopment. The redevelopment will deliver contemporary, integrated clinical and community-based health services and will help strengthen Nepean Hospital's position as a leading tertiary, research and referral hospital in NSW.

Our dedicated staff also led many innovative projects, including the opening of a family obesity clinic, the opening of the Triage and Assessment Centre for patients in urgent need of mental health care, and the launch of the Not All Roads Lead to Emergency campaign. These projects helped tackle emerging health concerns and improve the lives of our patients and their families.

We were also proud to support a range of world-class research programs including a patent for a life-saving High Risk Influenza Screening Test. This new test was developed to help doctors identify individuals at risk of rapid deterioration or who needed urgent medical treatment.

The year produced a strengthening of positive relationships with our patients and clients, the community and affiliated organisations. An important achievement was the development of the *Penrith Health and Wellbeing Regional Plan* with Penrith City Council and the NBM Primary Health Network, to deliver and strengthen an integrated approach to improving the health of the people of Penrith.

Get Involved, an online community engagement tool, was established to allow community members to provide feedback on health projects.

Kay Hyman, Chief Executive

Mrs Hyman has led the District for more than five years and has more than 20 years of health management experience in New Zealand. She has extensive experience in strategic leadership, change management and service development. Mrs Hyman works in partnership with the community, clinicians and the District board towards her vision to provide extraordinary patient experience and a culture of high performance.

\$550 million committed for Stage 1 of the Nepean Redevelopment



Key achievements for 2016-17

- Opened NSW's first Triage and Assessment Centre (TAC) for patients in urgent need of mental health care. Patients can go directly to the TAC, without attending the emergency department, when they do not require urgent medical care for physical injuries or other serious physical health conditions. The TAC is helping to reduce demand on Nepean Hospital's emergency department.
- Received a commitment of \$550 million for the Nepean Redevelopment to provide more services, beds and staff to serve the growing Nepean population. This was in addition to a new \$26 million car park.
- Began a satellite chemotherapy service at Hawkesbury District Health Service to support cancer services across the Hawkesbury region.
- Nepean Hospital became the first NSW public hospital to perform robotic surgery to remove tongue cancer, leaving patients with no visible scars and able to return home within days. For selected patients, the new procedure will replace radical, disfiguring surgery that often leaves patients with problems eating, drinking, swallowing and talking.
- The District won the NSW Health Secretary Award at the 2016 NSW Health Awards for its Home Haemodialysis App.
- Launched the Not All Roads Lead to Emergency initiative to help people navigate health service options and know when to go to the emergency department and when there was a better option.
- Expanded outreach services by establishing a Nurse Practitioner Blue Mountains who linked with general practitioners and residential aged care facilities. This reduced the number of emergency department presentations for chronic obstructive pulmonary disease (COPD) patients and reduced the length of stay for admitted COPD patients.

Demographic summary

Nepean Blue Mountains Local Health District is located in Sydney's greater west and consists of urban and semi-rural areas. The District provides health care services across a geographic area of about 9179 square kilometres.

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

About 381,704 residents live within the District. People of Aboriginal origin make up 2.9 per cent of the population, which is consistent with the percentage of Aboriginal people across NSW. The representation of culturally and linguistically diverse communities is about 23 per cent of District population, compared with 31.4 per cent of the NSW population. The most frequently reported countries of birth are the United Kingdom, New Zealand, Germany, Netherlands, Philippines, India, Malta and United States of America.

In 2016-17, births and new arrivals contributed to population growth in the District with about 5000 births to residents recorded. Life expectancy at birth ranges from 76.7 to 78.9 years for males and 81.8 to 83.3 years for females. Within the district, one-in-five adult residents is obese, one-in-three is overweight and a large proportion do not get adequate physical activity or consume the recommended amount of fruit and vegetables each day. There are significant areas of disadvantage including urban Aboriginal populations.

A 24 per cent population growth across the District is expected between 2016 and 2036**, with a 117 per cent increase in the number of people 70 years and over and an 18 per cent increase in the number of people 14 years and under. This will lead to an increased demand for clinical services.

The main health issues facing the District are the increasing number of older people (who foreshadow new and unique challenges in health care planning, service delivery and access to specialised care) and the rates of overweight and obesity across people of all ages.

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

*Source: Australian Bureau of Statistics 2011. **Source: Department of Planning and Environment - NSW and Local Government Area Population Projections: 2016

Local government areas covered

Penrith, Blue Mountains, Lithgow, Hawkesbury

Public hospitals

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

Public nursing homes

Portland Tabulam Health Centre

Community health centres

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

Child and family health services

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

Oral health clinics

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

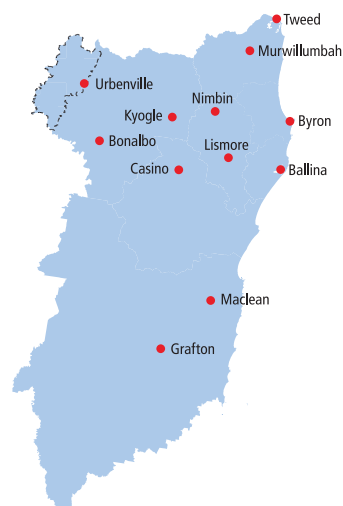
Third schedule facilities

Tresillian Centre

Other services

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

NORTHERN NSW LOCAL HEALTH DISTRICT



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Year in review

Infrastructure projects led the major achievements throughout our District this year.

Lismore Base Hospital opened several new units as part of Stage 3A and Stage 3B construction for the hospital's redevelopment. Work commenced on the redevelopment of Tallowood Lismore Adult Mental Health Unit as part of a redesign of mental health units across the District. Construction began on a specialised Older Persons Mental Health Unit in Lismore, and the new Tuckeroo Sub-Acute Mental Health Unit opened at Byron Central Hospital in early 2017. Also, Stage 1 redevelopment at Ballina District Hospital was completed, bringing medical imaging upgrades and providing onsite CT and ultrasound services. Coraki Campbell HealthOne was completed and started operation in May 2017, providing patients with a range of community based health services and clinics.

The executive and board extended a heartfelt thank you to our staff and visiting medical officers who provided excellent care to the many thousands of patients in our hospitals and health facilities.

The development of the QLIK online dashboard reporting system for staffing profiles and financial performance was a significant development in the field of information and communication technology. This dashboard, in conjunction with the implementation of the Coding Improvement Project, led to improvements in data quality, financial planning and expenditure allocation.

All facilities were also linked to the Health Wide Area Network, providing greater bandwidth and reliability for our clinicians and staff to access clinical and corporate applications.

The focus on working with our clinicians to more effectively manage our patient flow supported the outstanding activity and financial outcomes achieved during the year.

Key initiatives for the Integrated Care program included goals related to end of life care: progressing clinician training about conducting end of life discussions with patients, their families and carers; piloting and implementing the Clinical Excellence Commission End of Life Tool Kit; and developing a multidisciplinary team approach to end of life care.

The program involving admission/discharge alerts being sent to a patient's general practitioner was extended to include an additional 700 Winter Bed Strategy patients.

The Safe Transfer of Care initiative facilitated improvements in timely and high-quality clinical communications between hospitals and local general practitioners. We also implemented a monitoring system for Electronic Discharge Referrals Summaries, improving the timeliness of discharge summaries received by general practitioners.

The most pleasing achievement was once again the reporting from patients, who continually ranked the quality of care and quality of staff as superior in Bureau of Health Information surveys. No greater compliment can be received and we strive to maintain the standard our communities deserve and expect.

Wayne Jones, Chief Executive

Mr Jones started in health more than 30 years ago, undertaking his generalist nursing training. During the following 10 years, he obtained multiple post-graduate nursing qualifications in areas including Intensive Care and Cardiology. Mr Jones then progressed into a variety of nursing management roles. Before his appointment as Chief Executive in May 2016, Mr Jones held a variety of roles in the North Coast including Lismore Base Hospital executive officer, manager of planning, director of clinical streams and most recently chief of staff.

The new Lismore Base Hospital Women's Care Unit opened



Key achievements 2016-17

- The Midwifery Group Practice program started at The Tweed Hospital in March 2017 to provide continuity of care to mothers. This allows pregnant women to be treated by a single midwife for pregnant women during ante-natal visits, through labour to post-natal care. This contemporary practice achieved the intent of the 'towards normal birthing' policy directive.
- The End of Life Care Project applied the *Last Days of Life Toolkit* framework, provided by the Clinical Excellence Commission, across facilities within the Richmond Clarence Health Service Group. This was combined with education including evening information sessions on various facets of end of life care, and education workshops throughout the District to provide clinicians with skills for end of life conversations. The education aimed to embed improved end of life care, and multidisciplinary team meetings were held regularly to discuss real case studies, identify issues and work towards achievable improvements in end of life care.
- The Welcoming Women – Making Maternity Services Culturally Inclusive project assisted Women's Care Units in the District become culturally safe and inclusive places for Aboriginal women and their families. Artwork by local Aboriginal artists was placed in the units, and patients were provided with specialised resources, service directories and baby items designed to make their hospital stay more welcoming.
- Development of online dashboard (QLIK) reporting for staffing profiles and financial performance information enabled more transparent monitoring of expenditure and revenue performance to targets. This assisted financial planning and helped the District remain within the expenditure allocation while providing a 6.5 per cent increase in National Weighted Activity Units.
- The Coding Improvement Project identified opportunities for improvements in data quality and timeliness including development of a clinical coding balanced scorecard. The coding improvement project resulted in the recognition of additional National Weighted Activity Units and improvement in data quality.
- Health Promotion and Oral Health staff collaborated to pilot the Sweet Smiles project, which ensured children and parents who visited public dental health clinics received a brief intervention aimed at reducing the consumption of sugary drinks. In addition, all children had their weight status checked, and overweight children aged 7-13 years were referred to an appropriate treatment program. Sweet Smiles was intended to complement other strategies aimed at reducing childhood obesity, and after its success, was being rolled out across the state.
- In May 2017 a new Women's Care Unit began operation on the first floor opened as part of the \$180 million Stage 3B redevelopment of Lismore Base Hospital. The unit included a secure birthing unit containing five birth suits each with birthing bath, an inpatient ward with predominantly single rooms, and an expanded secure Special Care Nursery.
- A new emergency department and renal unit were opened as part of the \$80.25 million Stage 3A redevelopment of Lismore Base Hospital in late 2016. This included a new and expanded emergency medical unit and expanded medical imaging capacity.
- Patients reported in NSW Bureau of Health Information patient surveys that the District's health services provided consistently superior care. In particular, the District frequently achieved significantly higher results in the 'Patient Experiences of Maternity Care in NSW Public Hospitals' report and the 'Adult Admitted Patient Survey'.

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, Gumbaynggirr and Yaegl nations.

About 288,241 residents lived in the District in 2011. People of Aboriginal origin make up 13,660 or 4.7 per cent of the population, compared with 208,476* (2.1 per cent of the population) for all NSW.

In 2016, the proportion of people aged 65 years and over continued to increase. In 2011 they comprised 19.4 per cent of the District population. By 2026 this figure is expected to increase to 27 per cent. Within the older population, the cohort of people aged 85 years and older 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 12.8 per cent to 325,010. The main health issues facing the District are demand for cardiovascular, cancer, respiratory, renal, bone and joint health, as well as mental health and drug and alcohol services.

*Source: Australian Bureau of Statistics 2011

Local government areas

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

Public hospitals

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

Community health centres

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

Child and family health services

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

Oral health clinics

Ballina, Byron Bay, Casino, Coraki, Goonellabah, Grafton, Nimbin, Pottsville, Tweed Heads, Yamba

Other services

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

NORTHERN SYDNEY LOCAL HEALTH DISTRICT



Reserve Road
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Year in review

A great deal was achieved over the past 12 months to ensure our community had access to high quality and safe health care.

A large investment was made in the health care services provided to the people of the Northern Beaches. There was significant progress on the construction of the new nine-storey Northern Beaches Hospital. This, combined with the \$100 million invested in three new community centres at Mona Vale Hospital, Seaforth and Brookvale, was the single largest investment in health care on the Northern Beaches for decades.

Hornsby Ku-ring-gai Hospital was also set for a \$200 million investment to deliver Stage 2 of the hospital's redevelopment, which began with the \$121 million Stage 1.

Planning was essential to continue meeting the health needs of our growing and aging population. The *Northern Sydney Local Health District Strategic Plan 2017-2022* was developed after months of consultation with more than 700 stakeholder groups, clinical leaders, members of the community, staff and consumer representatives. The plan outlines how we will meet the challenges ahead by embracing discovery and learning, building partnerships and engaging with our community to deliver excellent health and wellbeing. It will be the central focus as we develop and update our clinical services, community engagement, asset management and research plans.

Our priority continued to be the delivery of high-quality health care. The District's board and executive ensure our consumers – our patients – received the best possible care at the right time as we achieved our vision of being 'Leaders in healthcare, partners in wellbeing'.

I would like to recognise the significant contribution made by our many staff, volunteers and consumer and community representatives. Thank you for everything that has been achieved.

Vicki Taylor, Chief Executive

Professor Taylor became Chief Executive in 2011 and has more than 30 years' experience in health care. Her career began in nursing and led to senior executive experience in public and private health sectors, including as 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.

281 research grants were made, valued at \$36.4m



Key achievements 2016-17

- Construction of both the Northern Beaches Hospital at Frenchs Forest and the Brookvale Community Health Service reached their highest points and celebrated with topping out ceremonies.
- Royal North Shore, Mona Vale and Hornsby hospitals began offering a Paediatric Hospital in the Home service to give clinically appropriate children and families access to hospital care in their homes to improve recovery times.
- The Big Red Kidney Bus began touring NSW to deliver dialysis treatment to patients in popular holiday spots.
- The schematic design for Stage 2 of Hornsby Ku-ring-gai Hospital redevelopment was unveiled and \$200 million was allocated to the project.
- Ryde Hospital underwent a \$9 million refurbishment of two wards during which the old high dependency/coronary care unit and general medical ward were expanded and upgraded.
- The District joined five other health organisations and renewed its commitment to the Sydney Metropolitan Aboriginal Health Partnership Agreement, the primary mechanism for providing advice and expertise on Aboriginal health at a regional level.
- The Electronic Medical Record (eMR) program was successfully rolled out across all hospitals within the District, supported by successful staff training to achieve improved access and upgrades to electronic medical records.

- The GRACE (Geriatric Rapid Acute Care Evaluation) team at Hornsby Ku-ring-gai Health Service won the NSW Health award for innovation for its work with NSW Ambulance to reduce avoidable ambulance presentations in the hospital's emergency department.
- The District showed its commitment to improving staff satisfaction and retention by establishing a talent development centre. This centre provides development opportunities, coaching and a tailored development plan to equip identified staff to become leaders.

Demographic summary

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

Traditional custodians of the land covered by the district are the Guringai and Dharug Aboriginal nations.

According to the 2011 census 853,162 residents live in the District. People of Aboriginal origin make up 3360 of the population, compared with 208,476 for all NSW. The representation of culturally and linguistically diverse communities includes 22.1 per cent having been born in non-English speaking countries and one-in-five speaking a language other than English at home.

It is estimated the Northern Sydney population has now reached more than 921,476* residents. Between 2017 and 2027 the population is expected to grow by 11.3 per cent to more than 1 million, with high rates of growth of people aged 70 and older.

Northern Sydney Local Health District is characterised by low average disadvantage rates and high levels of private health insurance (about 70 per cent), but with higher disadvantage in some areas and relatively high rates of people living alone. Generally, health risk factor rates and standardised mortality rates are lower than the state average. However, Northern Sydney has a higher mortality rate for stroke than the NSW average.

* Source: By 2017 NSW Planning and Environment

Local government areas

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

Public Hospitals

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

Community health centres

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

Child and family health services

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

Oral health clinics

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

Third schedule facilities

Royal Rehabilitation, Greenwich and Neringah Hospitals

Other services

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

SOUTH EASTERN SYDNEY LOCAL HEALTH DISTRICT



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Year in review

It has been three years since South Eastern Sydney Local Health District started its Journey to Excellence strategy. Our Roadmap to Excellence 2014-17 has focused on building more efficient systems and further enhancing the capacity and capability of our people to provide safe, quality health care.

The focus of our people was to collaboratively make the transformation necessary to meet the growing and changing needs of our community. The next phase of our Journey to Excellence 2017-20 will transform the way we provide care so we improve the reliability of harm free, personalised care for every patient. This is at the core of our culture.

In 2016-17 there was an increase of 4.7 per cent in admissions, to 177,194. There were 217,670 emergency department presentations and 7941 babies were born.

We released our first Research Strategy, building on the history of research excellence across all facilities. The Strategy was guided by two major objectives: building research capacity, and fostering research and translation within the District.

The year marked a number of milestones, including 30 years of service for Kirketon Road Centre. The Kings Cross Centre aims to protect vulnerable people from HIV, hepatitis C and sexually transmissible infections. Another milestone was the tenth anniversary of The Royal Hospital for Women's Malabar Midwifery Link Service, which provides care for Aboriginal women during pregnancy, birth and beyond.

Significant progress was achieved with investment in new and improved services, including:

- An extensive capital works program including the \$277 million redevelopment at St George Hospital and the \$62.9 million redevelopment at Sutherland Hospital were continued.
- Opening of the \$114 million Bright Alliance Building, encompassing Prince of Wales Hospital's Nelune Comprehensive Cancer Centre, the University of NSW's Scientia Clinical Research facility and an expansion of the Sydney Children's Hospitals Network. The centre will provide care for cancer patients, adolescents and young adults with chronic illnesses.

We experienced a year of outstanding achievements and I thank staff and volunteers for their commitment and hard work. Together we built strong foundations and together we will continue on our journey towards an innovative and bright future.

Gerry Marr, Chief Executive

Mr Marr was appointed Chief Executive in February 2014. He has held senior executive roles within the National Health Service (NHS) Tayside, Scotland, including chief executive of the 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 and the NHS Scotland Department of Health. With qualifications in nursing and education, Mr Marr is a passionate advocate for safety and quality in health care delivery.

**\$720 million committed
for the Randwick Campus
Redevelopment**



Key achievements for 2016-17

- The NSW Government committed \$720 million to deliver a major upgrade of Prince of Wales Hospital and shared services. Upgraded facilities will ensure the Randwick Health and Education Precinct is a world leading centre, integrating health, research, education and teaching.
- Implementation continued of the Mental Health Patient Safety Program to reduce preventable harm. The program has delivered: a reduction in seclusions at Prince of Wales Mental Health; a reduction in sleep medications at Sutherland Mental Health Service, and; improved physical health assessment and interventions for mental health patients.
- The St George Hospital Enhanced Recovery After Surgery perioperative program minimised the stress response to a surgical procedure, accelerating recovery time for colorectal patients. This decreased the mean length of stays by 41.2 per cent (10 days to 5.8 days).
- The District joined the Sydney Partnership for Health, Education, Research and Enterprise (SPHERE), a union of 14 leaders in health, education and medical research in NSW.
- A District Child, Youth and Family Community Service was re-established, drawing together child and family community staff to provide better and more integrated population health and clinical services for this critical population group.
- Phase one of a new Fertility and Research Centre at The Royal Hospital for Women was opened. The centre will combine fertility treatment, such as IVF for approved public patients, with fertility-related research activity.
- The Pre-Hospital Assessment for Primary Angioplasty Program was implemented at Sutherland Hospital, ensuring ST-elevation myocardial infarction patients had access to time-critical care. The program delivered optimal treatment locally for patients, who no longer had to be diverted to other hospitals for care.
- The sight of patients was restored in an Australian-first procedure called osteo-odonto-keratoprosthesis at Sydney Hospital and Sydney Eye Hospital. Under the procedure a patient's tooth is removed and an optic lens is inserted into it. The tooth/lens combination is then transplanted into the cheek for a time before being transplanted to the patient's eyeball, where the lens focuses light to restore sight.
- The District continued to grow its capacity for innovation through The Inspiring Ideas Challenge, creating ideas and fostering a culture for staff to drive change. New and innovative service models and technologies were tested by staff to foster health care excellence.
- The innovative Nursewell app was launched, to support self-care and promote vitality and wellbeing of nurses and midwives. The app addresses key concerns such as better sleeping, improved back health, mindfulness, positive thinking and mindful eating.

Demographic summary

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

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

About 928,617 residents live within the District in 2017.* People of Aboriginal origin make up about 0.9 per cent of the population, or 8724 people in 2016,* compared with 2.9 per cent (216,176 people) of the NSW population.** Some parts of the District are very culturally diverse. About 52 per cent of Georges River and Bayside (former Rockdale and Botany) local government area residents were born overseas (compared with 34.5 per cent for NSW), with the largest group born in China. More than 50 per cent of these residents speak a language other than English at home, with Chinese languages being the most common non-English language. Conversely, residents of the Sutherland Shire are less ethnically diverse than the rest of NSW, with 77.7 per cent born in Australia and 83.1 per cent speaking only English at home.**

In 2016-17, the population is expected to grow by almost two per cent, with the greatest growth rate expected in older age groups. This growing and ageing population will result in increasing demand for health services, with older people proportionally higher users of health services. Much of this will relate to long-term conditions such as diabetes, hypertension, cancer, musculoskeletal impairment and dementia.

Over the next decade, the District's population is expected to increase to about 1,022,000 people*.

While residents of the District are among the healthiest in NSW, there are significant pockets of health inequities. The greatest inequities exist for potentially avoidable conditions such as coronary heart disease, chronic obstructive pulmonary disease, lung cancer and diabetes. Some local government areas within the District have higher age standardised death rates for these conditions than the NSW average.***

*Source: HealthStats NSW. ** Source: ABS Census 2016. ***Source: Public Health Information Development Unit. Social Health Atlas of Australia - Data by LGAs, Published May 2017.

Local government areas

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

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

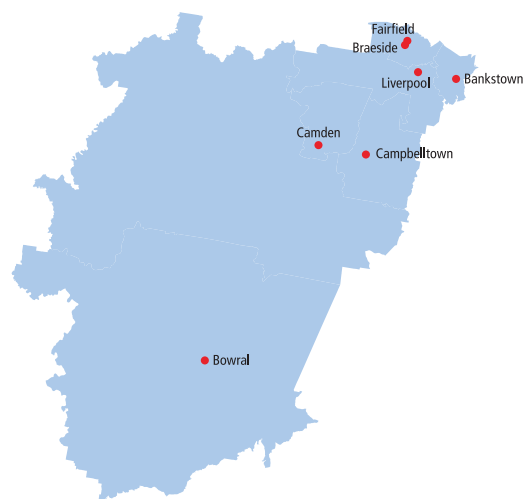
Third schedule facilities

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 (Alexandria, Darlinghurst, Surry Hills - Albion Street Centre), disability services (Kogarah), community aged care and rehabilitation (Southcare - Sutherland Hospital), sexual health, youth, drug and alcohol (Darlinghurst - Kirketon Road Clinic), drug and alcohol (Surry Hills - Langton Centre)

SOUTH WESTERN SYDNEY LOCAL HEALTH DISTRICT



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Year in review

Our main focus for 2016-17 was to build on our culture of safety and quality, while growing and evolving our services to meet the future health care needs of our community. I am proud of the work done as we grew research capability, established innovative models of care and continued to provide world-class health care in south western Sydney.

We launched Transforming your Experience, our five year plan to positively transform how patients, consumers, staff and communities experience our organisation and services. The strategy has two key components that will make it successful: ensuring patients are at the centre of everything we do, and better empowering staff to achieve their potential. These areas combined will drive compassionate, personalised and quality care for our patients, carers and communities.

In an Australian first and one of four worldwide, the Ingham Institute's MRI-Linac Research Bunker was opened at Liverpool Hospital. Researchers and patients in the south west could count themselves among a select group across the globe with access to this revolutionary technology, which combined a MRI scanner with a Linear Accelerator. The technology was the next generation in cancer treatment, improving the precision and accuracy of radiotherapy to make treatment more effective for patients.

This year we also saw the launch of Sydney Partnership for Health, Education, Research and Enterprise (SPHERE). The \$20 million partnership, which we were instrumental in establishing, explores new approaches to key health challenges. We are leading six of the 12 clinical academic streams working towards achieving better health for some of the most vulnerable people in NSW.

Construction of the \$21 million four-storey Western Sydney University Macarthur Clinical School was completed on the grounds of Campbelltown Hospital. The school is an advanced clinical training centre providing students and researchers with specialist teaching and spaces for simulated learning.

To ensure we had the capacity to treat our growing population, Campbelltown Hospital was planning for Stage 2 of its redevelopment. The NSW Government committed \$632 million in June 2017. Planning for the Bowral and District Hospital redevelopment was also well underway, with the NSW Government committing \$50 million to a government-led and implemented redevelopment.

Our staff, volunteers and consumer and community representatives provide a substantial contribution to our District. I would like to recognise and thank all of you for the significant contributions you have made.

Through our vision of 'leading care, healthier communities', people will continue to access high quality, safe and personalised health care services now and into the future.

Amanda Larkin, Chief Executive

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

94% of children were fully immunised at 5 years of age



Key achievements 2016-17

- South Western Sydney Local Health District remained at the forefront of advanced cardiac technology, with the unveiling of a cardiac catheterisation laboratory at Campbelltown Hospital. The two interventional suites were delivered as part of Stage One in Campbelltown Hospital's \$134 million redevelopment.
- In an Australian first, Liverpool Hospital launched the South West Institute for Robotics and Automation in Health, with the launch of Robot Simulation Training Mimic System and a Dual Console da Vinci Xi Clinical Robot, allowing doctors to train in Australia for robotic surgery.

- Lifesaving medical treatments, breakthrough technologies and revolutionary procedures were in the spotlight at the annual Health Beyond Research and Innovation Showcase, with international speakers, around 450 abstracts submitted and more than 1200 staff members attending.
- Campbelltown Hospital became one of the first public hospitals in NSW to offer patients scalp cooling treatment for cancer patients. The treatment involves patients wearing a tight-fitting cap before, during and after a chemotherapy treatment session. A small machine chills the cap and limits the chemotherapy getting to the hair follicles.
- The District launched the *2017-2020 Nursing and Midwifery Strategic Priorities* and *Transforming Your Experience*, which both build a responsive and compassionate workforce providing safe and high quality care across the District.
- The District launched its *2017-2021 Aboriginal Health Plan* and *2017-2020 Aboriginal Workforce Strategy*, outlining ways to address the disparities in health care and job opportunities that exist for Aboriginal people.
- Development of integrated care strategies including the Triple I Hub, Wollondilly Health Alliance, Oran Park Primary Care Centre and an active Memorandum of Understanding with the South Western Sydney Primary Health Network. This District also signed a statement of intent with Family and Community Services to improve health and social outcomes of vulnerable families.
- NSW Refugee Health Service launched a refugee clinic in Fairfield, to run an Australian first program catering specifically for the health of newly arrived refugee children.
- The District was leading the fight against diabetes with a \$4 million investment over the next four years for new services, more staff and specialised clinics that offer an endocrinologist, dietician and educator under the one roof. Specialised diabetes care will support almost 55,000 people with the disease across the District and keep them out of hospital and healthy.

Demographic summary

South Western Sydney Local Health District is located in metropolitan Sydney extending to metropolitan fringe area of 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 966,450 (NSW Department Planning and Environment) residents live within the District. People of Aboriginal origin make up 1.7 per cent (16,533*) of the population (3.8 per cent in Campbelltown), compared with 2.9 per cent (216,176*) for all of NSW. In the District, 40 per cent of the population was born overseas and 54 per cent speak a language other than English at home. The District is home to 56 per cent of NSW refugees.

Over the decade 2016-2026, the District's population is expected to increase to more than 1.17 million people. The number of people aged 70 years and older will increase by 53 per cent by 2026. Rapid population growth is expected in the South West Priority Growth Area resulting in the Camden and Liverpool local government area populations increasing by 83 per cent and 28 per cent, respectively, by 2026.

Growth will also occur broadly across the District through urban infill. There could also be 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 the 20 most disadvantaged suburbs in Sydney contributing to social determinants of health.

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

Local government areas

Camden, Campbelltown, Fairfield, Liverpool, Wollondilly, Wingecarribee. Bankstown LGA is now part of the amalgamated Canterbury-Bankstown LGA.

Public hospitals

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

Community health centres

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

Child and family health services

Bargo, Bonnyrigg Heights, Bowral, Bringelly, Cabramatta, Camden, Campbelltown, Carramar, Chester Hill, Claymore, Edensor Park, Fairfield, Fairfield Heights, Georges Hall, Greenacre, Greenway Park, Hilltop, Hinchinbrook, Holsworthy, Hoxton Park, Ingleburn, Liverpool, Macquarie Fields, Macarthur Square, Miller, Mittagong, Moorebank, Moss Vale, Mount Pritchard, Narellan, Padstow, Panania, Penrose, Prairiewood, Robertson, Robert Townsend, Rosemeadow, The Oaks, Thirlmere, Wattle Grove, Warragamba, Yagoona

Oral health clinics

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

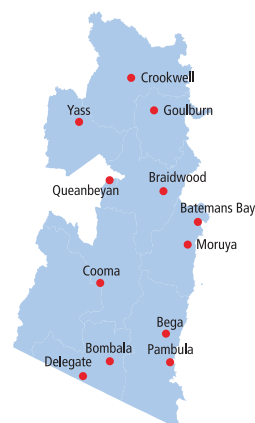
Third schedule facilities

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

Other services

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

SOUTHERN NSW LOCAL HEALTH DISTRICT



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Year in review

Our District underwent considerable change in the past 12 months. An organisational restructure to form 'clusters' linked smaller health facilities with modern models of care at larger hospitals. This move ensured communities had greater access to specialist services based in major population centres.

We also changed the District's structure to have four clusters: the Eurobodalla (Batemans Bay and Moruya health services); Northern (Goulburn, Yass, Braidwood, Bourke Street and Crookwell health services); Monaro (Queanbeyan, Cooma, Bombala and Delegate health services), and; South Coast (Bega, Pambula), along with Ambulatory and Integrated Care.

In 2017, the Secretary, NSW Health, initiated a review of the operation and management of the South East Regional Hospital at Bega, which was opened in March 2016. The review examined issues arising from the commissioning of the hospital, its culture, clinical governance and leadership. The review provided management with 10 recommendations, which were being implemented to ensure outstanding patient care.

Our leadership team was committed to establishing a new and consistent culture across the organisation, embracing core values of Collaboration, Openness, Respect and Empowerment. The leadership of senior clinical staff was a core element of implementing the culture.

Janet Compton, Chief Executive

Ms Compton began her career as a physiotherapist in country NSW. After working in the Northern Territory, she 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 sub-acute health sectors, including as Eastern Health's executive director of acute health, and chief executive officer of Northern Health. Ms Compton holds a Master's in Public Policy, postgraduate diplomas in administration and physiotherapy and a Bachelor of Science degree.

The \$2.5m Jindabyne HealthOne building opened



Key achievements 2016-17

- The Chief Executive undertook a major restructure of the District's clinical operations to streamline accountability and set clear performance expectations. The restructure updated models of care by creating clusters: Eurobodalla, Northern, South Coast, Monaro, Ambulatory and Integrated Care.
- Full implementation of the learning management system My Health Learning, Simulated Learning Environments continued across the District with the use of the Sister Alison Bush Mobile Simulation Centre. Staff also further developed their understanding of how to deliver health services to Aboriginal people, with 80 per cent having completed Respecting the Difference face to face training, an initiative set by Aboriginal Workforce and NSW Health.
- The Premium Staff Usage review began, in line with a recruitment business improvement initiative. This move enabled the workforce to provide a positive experience for the community and patients. The District was also implementing a new recruitment and on-boarding system (ROB) and a new rostering system (HealthRoster). These systems streamline recruitment, staff inductions and rostering.
- The District continued to develop and empower its clinical leadership, providing Financial Management Education Program training for clinical managers with budget or financial management responsibilities. Selected clinical staff were also enrolled in the CEC Foundational Clinical Leadership Program.
- The District continued to deliver the People Management Skills Program (PMSP) to build staff engagement and strengthen alignment to culture. The PMSP develops people management capabilities for managers and facilitates the creation of positive working environments. The course is aimed at clinical and operational health managers at all organisational levels.
- A temporary role was developed for a Diversity and Development Manager. The District also received funding to support the development and temporary secondment of an Aboriginal Manager, allowing for leadership development. This provided a further opportunity to pursue its strategic workforce priorities, particularly in the area of diversity and inclusion.
- The implementation of Electronic Medical Record (eMR) systems to manage health records electronically was finalised, ultimately assisting with patient safety and care. Community Health eMR/CHOC was completed across 90 per cent of sites in the District.
- The District found a number of innovative information and communications technology solutions to support clinical services. All electronic patient journey boards were live and operational, with more telehealth being implemented and eMaternity and iPharmacy applications being implemented or upgraded.
- There were 53 graduate registered nurses who started within the District during the year, with a further 10 to start in the remainder of 2017. An additional three midstart nurses increased support for nurses specialising in midwifery, while another three people joined the District as Aboriginal cadet nurses.

Demographic summary

Southern NSW Local Health District covers 44,500 square kilometres extending from the NSW South Coast and Southern Tablelands across the Great Dividing Range and the Snowy Mountains. It almost surrounds the Australian Capital Territory.

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

The population of about 200,176 (2016 census) comprises 2.68 per cent of the NSW population. In 2016 an estimated 7060 Aboriginal people lived in the District, representing 3.5 per cent of the District population compared with an average of 5.5 per cent across NSW (excluding Sydney). The Eurobodalla is home to 30 per cent of Aboriginal people in the District.

The main health issue facing the District is an ageing population, with those over 60 comprising 25 per cent of the population. The median age ranges from 38 years in Queanbeyan-Palerang to 54 years in Eurobodalla, compared with 43 years in the remainder of regional NSW. Eurobodalla has one of the highest proportions of older residents in NSW (30.6 per cent).

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

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

Local government areas

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

Public hospitals

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

Community health centres

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

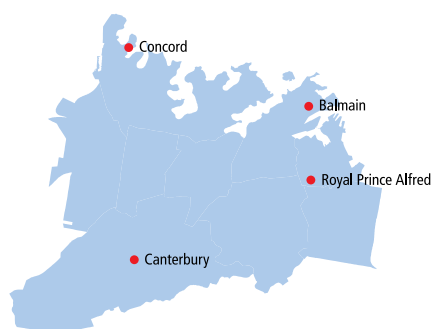
Child and family health services

Karabar

Oral health clinics

Cooma, Goulburn, Moruya, Pambula, Queanbeyan, Yass

SYDNEY LOCAL HEALTH DISTRICT



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Year in review

Through collaboration and innovation, we continued to push the boundaries of what has been possible in health care.

In 2016-17, Sydney Local Health District opened the Southern Hemisphere's only training centre for robotic surgery.

The new RPA Surgical and Robotic Training Institute is an Australian-first partnership combining research and local training for surgeons.

With a focus on pioneering techniques to perform complex procedures for our patients, the first Robotic Summit was held this year as part of the Sydney Innovation and Research Symposium. The Symposium, held over three days, attracted more than 2000 people committed to providing excellent health services to our community.

This year we also launched the Big Idea, offering pre-seed funding to help bring ideas to revolutionise health care closer to commercialisation. The Pitch innovation series continues to gain momentum with staff pursuing resources and funding for their ideas for patients.

The implementation of our *Information Communication Technology Strategy* led to exciting developments including eMR2 electronic clinical documentation being active at Canterbury, RPA and Concord hospitals, with Balmain Hospital preparing for 'go live'. eMR2 allows nursing, medical and allied health staff simultaneous access to real-time patient records from anywhere in the hospital, allowing clinicians to record patient vital signs and progress notes from mobile work stations.

Across our District, 160,235 people attended emergency departments, 40,402 operations were performed in our hospitals, there were 169,264 admissions and discharges across our hospitals and 6923 babies were born at RPA and Canterbury hospitals. Concord and Canterbury hospitals and Tresillian all achieved accreditation against the national standards.

As we continued to plan for the future health care needs of our community we celebrated the announcement of \$341 million for the redevelopment of Concord Hospital. The redevelopment will centre on the nation's first comprehensive centre for returned service men and women and expanded clinical services.

We were also focused on supporting the healthy growth and development of children. A new initiative, Healthy Families Healthy Children, was implemented to care for children and their families antenatally and throughout childhood. This included a sustained home visiting program, establishment of the Child Health Information Link, and interactive websites to help parents.

I am very proud to be part of such a wonderful team who come together each day to make a real difference to the lives of our patients, their families and loved ones. Our local health district is also supported by members of our community and partner organisations who make a significant contribution. Together we continue to pursue our vision of excellence in health and health care for all.

Teresa Anderson, Chief Executive

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

She is an internationally recognised speech pathologist, with a PhD in Linguistics. Dr Anderson is an active member of nine health related boards and the first four Health Partners Governing Council, one of the first four Australian Advanced Health Research and Translation Centres designated by the National Health and Medical Research Council.

Key achievements 2016-17

- Concord Hospital to be home to the nation's first comprehensive centre for returned servicemen and women as part of a \$341 million redevelopment announced by the NSW Government.
- RPA named the location for the state's second peritonectomy service.
- A milestone for organ donation rates at RPA, which became consistent with world's best practice. Transplant records were set at RPA in 2016: there were 113 liver and 117 kidney transplants.
- Officially launched the Living Well Living Longer program aimed at improving the health and wellbeing of people living with a mental illness.
- Hosted the inaugural EquityFest event and launched the District's Equity Framework.
- Sydney Local Health District led the way with the People Matter Employee Survey, showing an employee engagement rate of 69 per cent, higher than the health and public sector average.

Demographic summary

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

Traditional custodians of the land covered by the District are the Gadigal, Wangal and Bediagal people of the Eora nation.

About 640,000 residents live within the District and people of Aboriginal origin make up 0.9 per cent (4875)* of the population (compared with 208,476* for all NSW). About 43 per cent of residents speak a language other than English at home, almost twice the NSW average.

In 2016-17, the District had a greater proportion of adults aged between 20 to 44 years than the state. The District remains characterised by socio-economic diversity with pockets of advantage and disadvantage and homelessness. In 2011, almost two thirds of the District's labour force was employed full time with an unemployment rate of 5.9 per cent, which ranged from 8.2 per cent in Canterbury local government area to four per cent in Leichhardt local government area.

Over the next decade, the District's population is expected to increase to 766,530, and exceed 830,000 by 2031. These population projections do not take into account the major urban growth projects at The Bays (Rozelle), Eveleigh and along Parramatta Road, which will bring further population growth and demand for services. The community is ageing, with a 65 per cent increase in the population aged older than 70 years by 2031.

The main health issues for the community include mental health related illness, with people in Canterbury local government area more likely to report psychological distress (16.6 per cent) than the NSW rate (11.5 per cent). Notification rates for a number of communicable diseases, STIs and hepatitis C are higher than the rest of the state. Increased life expectancy and an ageing population are accompanied by increasing chronic illness, including higher than average incidence for head and neck, liver, lung, ovarian, stomach and thyroid cancers, non-Hodgkins lymphoma and an increase in diabetes prevalence, which doubled between 2002 and 2015.

Local government areas

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

Public hospitals

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

Community health centres

Marrickville, Croydon, Redfern, Canterbury, Camperdown

Child and family health services

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

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

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

Redfern Aboriginal Medical Service: Community Paediatric Medical Clinic

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

Oral health clinics

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

Third schedule facilities

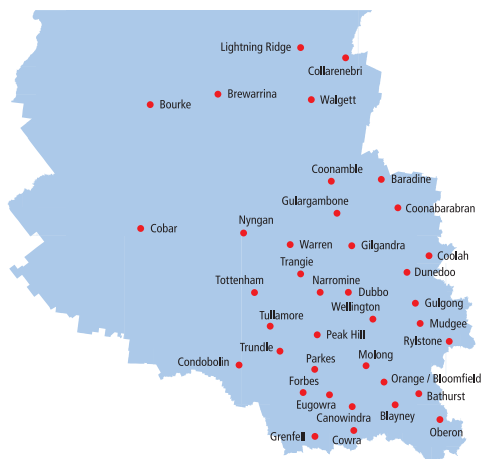
Tresillian Family Care Centres

Other services

Aboriginal health; aged, chronic care and rehabilitation services; allied health; BreastScreen services at RPA, Croydon, Campsie and mobile van; Centre for Education and Workforce Development; Chris O'Brien Lifehouse at RPA; Concord Cancer Centre; community

nursing services; drug health; Health Care Interpreter Team; Heterosexual HIV Service; mental health services; nursing and midwifery services; oral health; planning; population health; sexual health outreach clinics; Sydney Local Health District Research; Sydney Research (16 founding members including SLHD, The University of Sydney and affiliated Medical Research Institutes); Sydney South West Pathology Services (NSW Pathology); Yaralla Estate; youth health outreach clinics

WESTERN NSW LOCAL HEALTH DISTRICT



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Year in review

The year marked a point of maturity for Western NSW Local Health District.

With a stable financial position, and executive and board leadership, our District released its four-year *Strategic Plan* in October 2016. The plan galvanised our commitment to 'healthier rural people - thriving communities', targeting improvements in health and wellbeing, meaningful gains in Aboriginal health, world class rural health care, and providing one health service across many places. Coupled with our *Clinical Services Framework*, the *Strategic Plan* paved the way for an array of clinical services plans built around the needs of patients.

Our *Integrated Care Strategy*, operated in collaboration with the Western Primary Health Network and Bila Muuji Aboriginal Health Service, continued to evolve, with the second progress report released in November 2016. We also had a five-year strategy for integrated care which took a whole-of-region approach to work better across all sectors and with all partners. There were more than 1400 people enrolled, 22 per cent of whom are Aboriginal, in the nine demonstrator sites in the District.

Throughout the year we built on our aspiration to be a leading health district for research, innovation and clinical trials. A three-year *Research Strategy* was approved and more than 120 patients were

enrolled in a range of clinical trials. We also held our first symposium, showcasing quality and innovation projects.

A series of pivotal projects to better work with Aboriginal people on achieving health gains made substantial progress. We completed consultation to develop our first *Reconciliation Action Plan*, the Aboriginal Health and Wellbeing Directorate was established, and the Aboriginal Signage Strategy was officially launched in March 2017. We also started a partnership with the Ngangkari Health Service, bringing recognised traditional healers from the central Australian Anangu communities to a number of sites, creating an extraordinary opportunity for cultural exchange and for engagement with the District's services and facilities. These undertakings all spoke to our fundamental commitment to making meaningful gains in Aboriginal health.

Continuing our program of renewal at health facilities, work on the Dubbo Hospital redevelopment Stages 3 and 4 started, along with construction on Stage 5 of the multipurpose service projects at Coolah, Molong, Rylstone and Cobar.

I would like to recognise the significant contribution made by our many staff, consumer and community representatives and volunteers. Thank you for everything that has been achieved.

Scott McLachlan, Chief Executive

Mr McLachlan leads a team driven by its commitment to improve the health of rural people, and to deliver compassionate, high quality and connected health services. Aboriginal people make up over 11 per cent of the District's population. Mr McLachlan has a particular commitment to development services and places that welcome and respect the whole community, especially Aboriginal people. His extensive leadership experience across the public and private health sectors over two decades has shaped his commitment to improving standards of patient care, maintaining authentic community engagement, collaboration with clinicians, and leading innovation.

10 traditional healing clinics, with Ngangkari Health Service, involved more than 140 Aboriginal people



Key achievements 2016-17

- An outreach maternity service was established in the District's northern sector, providing culturally appropriate and closer to home services to save families travelling to Dubbo unnecessarily.
- LikeMind was established in Orange, bringing together the Mental Health Acute Continuing Care team and service partners including health, housing and education support, providing a 'wrap-around' collection of services for people living with mental health issues.

- The District developed a three-year strategic framework to develop into an organisation with a vibrant and strong research culture, and identify short- to medium-term medical research priorities.
- In March 2017 the District launched its Aboriginal Signage Strategy. The strategy formalised a highly collaborative approach to incorporate Aboriginal language signage and include local Aboriginal artwork throughout health facilities. Starting in pilot sites, the strategy will eventually see all health services using the collaborative process, and install signage and art, as a means of building trust and community engagement with its health services.
- There were achievements in mental health reform, with the Pathways to Community Living initiative finding homes in the community for a number of long stay patients at Bloomfield Hospital (Orange).
- As part of 'Living Quality and Safety' the District, in partnership with the Cognitive Institute, implemented the Speaking Up for Safety program, which develops a strong and reliable safety culture by ensuring all staff can speak up about patient safety concerns. By the end of the financial year 1575 staff had undertaken the program.
- A record number of submissions were received for the Health and Innovation Awards program. Seventy projects were nominated ranging from outreach maternity care to new information technology systems. Finalists were showcased at a symposium attended by over 100 delegates.
- The electronic medical record solutions of Cerner FirstNet and PowerChart were implemented across all inpatient settings, enabling greater access to patients' medical records.
- Strengthening of medical engagement was achieved by the development of clinical streams to ensure clinical engagement in service planning and inter-hospital collaboration, and the establishment of a District Clinical Council.
- The Leadership Development Network was established to provide an information, engagement and professional development network for front line service managers.

Demographic summary

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

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

About 277,000 residents live within District. People of Aboriginal origin make up 30,800 (approximately 11.1 per cent) of the population, compared with 208,476* for all NSW. The representation of culturally and linguistically diverse communities is low across the District, with the exception of the community of Lightning Ridge.

A 5.5 per cent increase in the population is predicted by 2031. This is lower than the expected growth rate for

the state as a whole. The proportion of older and younger people is expected to create pressure on services such as aged care, palliative care and services for children within the first 2000 days of life. The District has higher percentages of people aged over 65 and under 15 than the state's comparable groups. The District has the highest fertility rate of all NSW local health districts.

*Source: Australian Bureau of Statistics 2011.

Local government areas

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

Public hospitals

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

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

Community health centres

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

Child and family health services

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

Oral health clinics

Bathurst Community Dental Clinic, Dubbo Community Dental Clinic, Mudgee Community Dental Clinic, Orange Community Dental Clinic, Parkes Dental Clinic, Coonabarabran Child Dental Clinic*, Gilgandra Dental Clinic*, Gulgong Dental Clinic*, Oberon Child Outreach*, Rylstone Child Dental Clinic*, Trundle Child Dental Clinic*, Mobile Oral Health Centre*, Forbes Child Dental

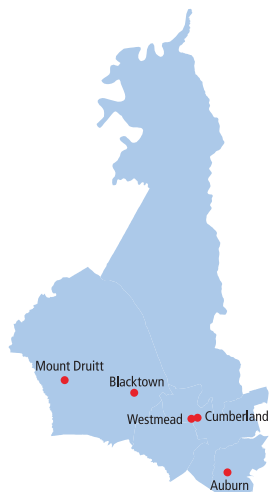
Clinic, Cowra Child Dental Clinic, Condobolin Child Dental Clinic, Blayney Child Dental Clinic*, Cobar Child Dental Clinic*, Coonamble Child Outreach*, Grenfell Child Dental Clinic*, Nyngan Child Dental Clinic*, Peak Hill Dental Clinic*, Tottenham Child Dental Clinic*, Wellington Dental Clinic*

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

Third schedule facilities

St Vincent's Outreach Service, Lourdes Hospital and Service

WESTERN SYDNEY LOCAL HEALTH DISTRICT



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Year in review

Our year was characterised by significant steps in major capital works at key sites, the introduction of revolutionary workspaces that maximised flexibility and efficiency, and large strides in e-health including the implementation of electronic patient records and medications data to maximise patient safety. We also offered extensive education and training programs to thousands of staff including initiatives to develop a research culture and specific research programs.

The Blacktown and Mount Druitt Hospital Expansion Project Stage 2 continued at Blacktown Hospital with construction starting on a car park expansion and a new acute service building for emergency, operating theatres, intensive care, birthing, maternity, women's health, newborn care and paediatrics. At Mount Druitt Hospital, construction started on facilities for drug health, community dialysis, a MRI service and theatre expansion to create a centre of surgery excellence. As part of the theatre expansion, the new Pre-Admission Clinic opened in June 2017. The Westmead Redevelopment moved to detailed design for the new central acute services building, to include operating theatres, emergency departments for adults and

children, inpatient beds and clinical support services. The redevelopment also includes a major refurbishment program at Westmead Hospital where more than 30 per cent of clinical spaces will be refurbished. There will be \$72 million spent on 1400 additional parking spaces for cars and other parking improvements.

Blacktown Hospital Stage 1 was recognised for more awards, including three at the International Academy for Design and Health (awards for Interior Design Project, the Use of Art in Public and Private Spaces, and the Best International Healthcare Project under 40,000 square metres). The partnership approach at the Westmead precinct was recognised by the Greater Sydney Commission at its inaugural awards night, winning the Great Integrated Planning Project award.

We expanded on our innovative approach to engagement and design with the introduction of the first purpose-built workspace in a NSW hospital to accommodate mixed clinical and non-clinical executive and support teams in temporary and flexible office settings. The space, in the B2Hub at Blacktown Hospital, provided better facilities, used space more efficiently, reduced maintenance costs and provided more flexibility to adjust to a growing workforce. Development of a similar space at Westmead began.

Our e-health plan was being rolled out, with wireless upgrades undertaken at Westmead, Blacktown, Mount Druitt and Auburn hospitals, the introduction of electronic medical records across the district and the implementation of electronic medication management program at Blacktown Hospital. Planning began for other facilities.

We also continued our strong program of educating and training the health workforce, including supporting the education of more than 5000 nursing and midwifery, allied health, medical and dental students by 35 education partners. Medical training programs for more than 300 prevocational trainees were provided, as well as more than 800 postgraduate trainee positions in specialist medical training programs. More than 7000 staff received training through simulation to improve quality and safety.

The delivery of quality health care to our communities is a wonderful achievement by our staff, our partner organisations, and our volunteers, and I commend them all.

Danny O'Connor, Chief Executive

Mr O'Connor was appointed Chief Executive in January 2011. He believes the primary purpose of health care is to improve people's lives. Central to success is a strong partnership with consumers in continually improving the services provided. Likewise, a strong partnership is required between science and practice to ensure the continuous evolution of best practice in clinical care and population health programs. Mr O'Connor serves on the boards of the Western Sydney Local Health District (ex-officio), Westmead Millennium Institute, NSW HealthShare, Westmead Medical Research Foundation, and WentWest Primary Health Network.

3200 babies were born at Blacktown Hospital, making it the baby hotspot of NSW



Key achievements 2016-17

- Implementation of the eMR2 electronic medical record program changed the way health professionals used information by enabling access to clinical documentation at any time, from anywhere. This project delivered the core electronic medical record across all sites in the District. Similarly, implementation of the Community Health and Outpatient Care program created an integrated Cerner electronic medical record incorporating community health activities in drug health, community health and mental health services within the District. Improvements in prescribing, dispensing and administration of medicines were achieved through the implementation of the Electronic Medication Management program in Blacktown. Planning began for other facilities.
- The Mental Health Service progressed well against mental health reform key initiatives. Highlights included the expansion of the specialist perinatal mental health service, including the Statewide Outreach Perinatal Service for Mental Health service based at Westmead Hospital. A Whole Family Team was established, bringing an integrated service to families with parental mental health and drug and alcohol issues, and substantiated Risk of Significant Harm (ROSH) reports for the children. The NSW pilot, delivered in partnership with FACS, demonstrated a 58 per cent reduction in repeat ROSH reports for children in families that completed treatment.
- Westmead Hospital launched the Rethink Your Drink trial, the first of its kind for a tertiary level Sydney hospital, aimed at reducing the consumption of sugary drinks among staff, patients and visitors. The initiative served the District's priority of encouraging weight loss, better heart health and reducing the chance of developing type 2 diabetes and some types of cancer.
- The District continued to meet Elective Surgery Activity Performance measures for 'percentage of patients treated on time' for all Urgency categories. At the end of June 2017 there were 4425 elective surgery patients on the waiting lists at Auburn and Westmead hospitals, 11 of whom had exceeded their recommended waiting time. At Blacktown and Mount Druitt hospitals, there were 1960 elective surgery patients on the list, none of whom were overdue. Work was continuing to maximise theatre access for patients throughout the network.
- Two state-of-the-art MRI machines were installed at Westmead Hospital and operational from 29 May 2017, doubling the hospital's scanning capacity and improving and accelerating patient care.
- Blacktown Hospital was the first hospital in the District to implement the Electronic Medication Management (eMeds) program to reduce prescribing errors and improve patient safety.
- Every week, 100 people benefitted from the Patient Connect Volunteer Program at Blacktown Hospital, which connected trained volunteers with new inpatients to provide education, information and support. It was developed in direct response to feedback from patients. The program was delivered on nine wards and will expand to all areas of the hospital.
- Forty unique carer zones were commissioned in single rooms across the new Blacktown Hospital as part of the recent expansion. The carer zones were created in response to consumer feedback and provide dedicated facilities for a patient's carers or a relative to stay overnight. The results of this initiative were extremely positive with staff, patients and carers reporting improved patient and carer experience and improved opportunities for staff-carer communication. The project was recognised with two major NSW Health awards, an international Ko Awatea APAC Forum Award and was showcased at the British Medical Journal conference in London in April 2017.
- Research capability in clinical staff and a culture of research were developed through initiatives including the launch of the *Allied Health Research Strategic Plan in May 2017*, the appointment of a clinical trials manager to support the growth of clinical trials across the District, the introduction of research clinics, the staging of programs about joining and leading research projects, and a forum at Blacktown Hospital to foster the concept of a research community at Blacktown. Growth in translational research was pursued through the establishment of a research grants scheme for researchers at all levels across all disciplines and facilities.
- The My Experience Matters survey, including 1458 collated results to the end of June 2017, indicated that 'noise at night' within hospitals was an ongoing frustration for patients. A hospital wide initiative to reduce noise was implemented at Auburn and Westmead hospitals.

Demographic summary

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

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

In accordance with Aboriginal custom and protocol, the District pays respect to the elders and descendants both past and present who are custodians of the land within its boundaries.

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

Approximately 13,400 people identified as being Aboriginal, with the majority (9530) living in the Blacktown LGA.

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

Local government areas

Auburn, Blacktown, Holroyd, Parramatta, Hills Shire

Public hospitals

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

Community health centres

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

Child and family health services

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

Oral health clinics

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

Other services

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