

NSW Health organisations



NSW Ministry of Health

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Business hours: 9.00am-5.00pm, Monday to Friday
Secretary: Dr Mary Foley

Key achievements for 2014-15

The NSW Ministry of Health continued working towards achieving the goals set out in the State priorities and the NSW State Health Plan including:

- > Contributed to obesity prevention and treatment through the Healthy Children Initiative with Live Life Well @ School reaching 84 per cent of all primary schools in NSW; Munch and Move reaching over 90 per cent of all centre-based early childhood services; and Go4Fun® reaching over 6000 children and their families.
- > Launched the Make Healthy Normal campaign to increase awareness of overweight and obesity rates and motivate people to reassess their lifestyle choices and help reduce the burden of chronic disease.
- > Continued to implement the Get Healthy at Work program with over 1000 businesses registered and a potential reach of 165,000 workers.
- > Rolled out the Population Health Information Management System to influence the health of over 450,000 young children in NSW.
- > Rolled out the Antenatal Pertussis Vaccination Program to pregnant women in their third trimester, to protect babies from whooping cough before they are old enough to be fully vaccinated.
- > Smoke-free commercial outdoor dining laws were passed by Parliament in late 2012 and came into effect on 6 July 2015. There are high levels of compliance with the new legislation with 98 per cent compliance during the first three months following the introduction of the laws.
- > Continued to support the Quit for New Life program to deliver smoking cessation care to mothers of Aboriginal babies during their pregnancy.
- > Delivered a range of drug-related harm reduction strategies and services including the Your Room website, the Alcohol and Drug Information Service, Family Drug Support, the Save a Mate overdose prevention and awareness project, and targeted prevention delivered by Community Drug Action Teams.
- > Supported the NSW Government's commitment to a \$115 million over three years reform package for mental health care service delivery. People with a mental illness will be better supported to live in the community and experience a better quality of life.
- > Continued to work with the Department of Family and Community Services to implement the National Disability Insurance Scheme.
- > Further developed the purchasing and performance framework for health services using Activity Based Funding and roll out of the Activity Based Management portal to health districts and networks.
- > Achieved the State National Elective Surgery Targets.
- > Worked in partnership with the Office of Social Impact Investment to develop a request for proposals focused on managing chronic health conditions, and managing mental health hospitalisations to be launched in late 2015 or early 2016.
- > Ensured preparedness across the NSW health system for the response to the West African Ebola outbreak.
- > Implemented the *Oral Health 2020: Strategic Framework for Oral Health Services*, which includes people with disability among its priority audiences.
- > Provided funding to 17 local health districts and specialty health networks to implement their own discrete integrated care projects through the Planning and Innovation Fund.
- > Supported three 'demonstrator sites' in the early stages of implementation of their integrated care approaches, in partnership with primary and other health and social agencies.
- > Continued to implement the *Advance Planning for QualityCare at End of Life Action Plan 2013-18* by releasing resuscitation plan forms and a related policy to support health professionals identify patients for whom a plan maybe appropriate.
- > Released the [End of Life Decisions, the Law and Clinical Practice: Information for NSW health practitioners](#) website.
- > Provided funding through the Non-Government Organisation Grants Program to over 300 organisations.
- > The NSW Government has committed up to \$9 million to clinical trials to further explore the use of cannabis and/or cannabis products in providing relief for patients suffering from a range of debilitating or terminal illnesses. An expert panel chaired by the NSW Chief Health Officer will continue to advise the NSW Government throughout the trial period.
- > Launched a four year (2014/15 – 2017/18), \$24 million investment to establish the Sydney Genomics Collaborative.
- > Held the second NSW Nursing and Midwifery Excellence Awards in September 2014
- > Convened the 2014 NSW Health Innovation Symposium that featured leading-edge health initiatives that harnessed new ideas, new technologies and new approaches to the delivery of patient care.
- > Held the 16th Annual NSW Health Awards showcasing the excellent work done by teams, individuals, volunteers and groups throughout the NSW public health system.
- > Launched the [Stepping Up](#) website to promote Aboriginal employment opportunities and support tools.
- > Launched the [Map My Health Career](#) website for medical students and junior medical officers to help them plan and make decisions about their medical career.
- > Delivered the first Medical Device Commercialisation Training Program for early to mid-career researchers.
- > Convened the Minister for Health's local health district and specialty health network Fourth Annual Board Member's Conference in June 2015.

Dr Mary Foley, Secretary

Statutory health organisations

Agency for Clinical Innovation

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Business Hours: 8.30am-5.00pm, Monday to Friday
Chief Executive: Dr Nigel Lyons

Year in review

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

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

Over the past year, the Agency has developed new models of care to address unwarranted clinical variation and worked collaboratively to evaluate the impact of its initiatives across NSW. Its teams have strengthened partnerships with primary health, and identified and tested innovative new ways to care for people with pre-existing or long term illness and who are at high risk of hospitalisation.

Health care innovations, developed locally and with demonstrated benefits for patients, have been provided with specialist support and training to accelerate the take up across NSW. The Agency has also provided a platform on its website for health care staff to share local innovations systemwide.

The Agency has led new research on the drivers for local change and improvement and is using what it has learned to refine its approach to health care innovation.

In contribution to the *NSW Integrated Care Strategy*, the Agency has increased understanding of patient-reported measures and guided development of systems to improve individual patient care and inform local improvement.

Expanding its remit to include mental health and drug and alcohol services, the Agency has added new networks to foster clinical engagement and drive improvements to patient care.

The Agency is working to transform innovation in health care delivery and to build new partnerships to promote better health care across NSW. Areas of focus for the future include identifying outcome measures that matter to patients and encouraging collection and reporting on these measures.

Dr Nigel Lyons, Chief Executive

7 standards of care for hip fractures introduced in 37 hospitals in NSW



Key achievements for 2014-15

- > The Agency for Clinical Innovation Minimum Standards for the Management of Hip Fracture in the Older Person has been implemented in 37 hospitals across NSW, identifying the key components of best-practice surgery and management to improve outcomes for patients with hip fractures in NSW.
- > The *Tracheostomy Clinical Practice Guideline* was developed to support clinicians to improve the experience of care provided to patients needing a tracheostomy, and to reduce adverse events. The Agency has worked with local health districts and specialty health networks to support implementation and local improvement efforts. Locations where patients are cared for by a multidisciplinary team are up 53 per cent, clinician education programs are up 35 per cent and enhanced infection prevention measures are up 50 per cent.
- > The Agency has developed High Risk Foot Standards to promote a multidisciplinary approach to the management of people at high risk of foot disease. As at June 2015, phase one of the High Risk Foot Service self-assessments was completed with 18 sites in eight local health districts and St Vincent's Health Network participating.
- > The Stroke Clinical Audit Process is being implemented across 30 facilities in NSW to identify gaps in services that contribute to unwarranted clinical variation and improve functional outcomes for ischaemic and haemorrhagic stroke patients.
- > In March 2015, over 220 health care professionals and consumers participated in the Rural Innovations Changing Healthcare Forum, a virtual conference requiring no travel. Hosted by the Agency, the Forum showcased innovative rural working models of care and demonstrated new ways to collaborate and improve health care across NSW.
- > Launched in October 2014, the *Innovation Exchange* website provides a collaborative place to promote local innovation and improvement projects from health care organisations across NSW and beyond. More than 140 initiatives are currently showcased.
- > The Agency is evaluating the pain management model of care implemented as a result of the *NSW Pain Management Plan*. Evaluation will draw on data from the electronic Persistent Pain Outcomes Collaboration (ePPOC) managed by the University of Wollongong. The ePPOC collects data from participating services at multiple points in each patient's journey and will help build an evidence base to inform the delivery of chronic pain interventions across NSW. ePPOC data collection has now been established in 21 sites in NSW.
- > The Musculoskeletal Primary Health Initiative supports delivery of two of the Agency's models of care (Osteoarthritis Chronic Care Program and Osteoporotic Refracture Prevention Program), in primary health settings that have shown positive results when assessed to determine if the models of care can be effectively delivered through general practices.

- > The Agency, in partnership with NSW Ambulance and local health districts, has successfully implemented the *State Cardiac Reperfusion Strategy* across NSW to give patients with suspected heart attacks, who may benefit from early reperfusion, definitive care in the shortest possible time.
- > The Knockout Health Challenge invited NSW Aboriginal communities to lose weight and combat obesity through a team weight loss challenge. There was an average weight loss of 2.3kg for the 406 participants who provided final data for the George Rose Challenge 2014, the first of several challenges conducted in 2014.

Bureau of Health Information

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Website: www.bhi.nsw.gov.au

Business Hours: 9.00 am-5.00pm, Monday to Friday

Chief Executive: Dr Jean-Frederic Levesque

Year in review

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

During the year, staff from the Bureau published a new strategic plan for 2015-2019 which outlines further expansion of the breadth and depth of topics it will report on to continue the strong tradition of robust and carefully presented performance information.

The Bureau published 12 reports during the year and developed a new series for reporting summarised results from the NSW Patient Survey Program. The Bureau also expanded the amount of data available on its online data portal, Healthcare Observer, and included new features that allow users to compare data about the NSW health care system.

The Bureau continued to manage the NSW Patient Survey Program on behalf of the NSW Ministry of Health to support the integration of patient feedback into health system improvements. Surveys were sent to people in NSW who had recently been admitted to a public hospital, presented to an emergency department or visited an outpatient clinic. Children and young patients were also sent surveys so the Bureau could report on their experience of care. Three new surveys on maternity care, cancer outpatient clinics, and for patients in small and rural hospital's were also developed and sent to thousands of patients in NSW.

During the year, the Bureau contributed to the wider health reporting sector by accepting invitations to speak at prestigious international and national events. Many guests also joined us to discuss performance reporting in the wider context and how we can support health improvement in NSW.

Dr Jean-Frederic Levesque

Increased data available on online portal, Healthcare Observer, to include patient experience in emergency departments



Key achievements for 2014-15

- > Created a new Snapshot Report series to summarise key results from the NSW Patient Survey Program.
- > Published two volumes of *Patient Perspectives* reports providing in-depth analyses of results from NSW patient surveys. The reports focused on exploring aspects of integration for emergency department patients and for adult patients admitted to hospital.
- > Managed the NSW Patient Survey which asks different groups of people in NSW about their health care experiences. In 2014-15, the Bureau conducted surveys of adult admitted patients, children and young patients, outpatients and emergency department patients. The Bureau also developed and commenced new surveys of maternity care patients, adult admitted patients in small and rural hospitals, and patients attending cancer outpatient clinics.
- > Increased the data available on the Bureau of Health Information online data portal, Healthcare Observer, to include patients' experience of care in emergency departments. New features were added to enable users to make comparisons between local health districts and peer groups.
- > Developed a new measure that focussed on unplanned returns to acute care in NSW public hospitals for seven common clinical conditions and procedures.
- > An *Insights Series* report examined the rate of return to acute care in NSW, including individual profiles for 78 public hospitals.
- > Worked collaboratively with the Cancer Institute NSW to publish a new report from the *Insights Series* looking at emergency department use by people with cancer.
- > Revised the structure of *Hospital Quarterly* reports to increase readability and provided new value-added analyses. Published four reports in this series including making detailed information by hospital, local health district and peer group available on the Bureau's online data portal, Healthcare Observer.
- > Introduced a new style of presentation across all Bureau information products to improve the readability of reports and to make information more accessible on the Bureau of Health Information website.
- > Hosted a new Challenging Ideas seminar featuring Justice Peter Garling, author of the Final Report of the Special Commission of Inquiry into Acute Care Services in NSW Public Hospitals, and Dr Nick Goodwin, CEO of International Foundation for Integrated Care (United Kingdom).
- > Built on the Bureau's reputation as a contributor to health performance reporting as a sector by hosting international guests from the Organisation for Economic Co-operation and Development and National Health system throughout the year. This contribution extends to the Bureau being invited to support the revision of Canada's support organisations for health reporting and to visiting with other state agencies in Australia to discuss health performance reporting.

Cancer Institute NSW

Level 9, 8 Central Avenue
Australian Technology Park, Eveleigh
PO Box 41
Alexandria NSW 1435

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Website: www.cancerinstitute.org.au
Business Hours: 8.30am-5:00pm, Monday to Friday
Chief Executive: Professor David Currow

Year in review

Cancer remains the single biggest cause of premature death in our community, which makes cancer control an important priority for NSW. The Cancer Institute NSW was established in 2003 to lessen the impact of cancer on individuals and the NSW health system. Driven by the objectives of the *NSW Cancer Plan 2011-15*, the Institute continually works to:

- reduce the incidence of cancer
- increase the survival rate of people with cancer
- improve the quality of life for people living with cancer
- provide a source of expertise on cancer control for the government, health service providers, medical researchers and the community.

The Cancer Institute NSW continues to support, facilitate and collaborate with all involved in the cancer control sector to turn new breakthroughs into meaningful knowledge that can inform effective health system change. Continuing the Institute's Reporting on Better Cancer Outcomes Program, for example, has allowed us to bring key data together to inform and benchmark quality cancer system performance, reduce variation in care across NSW and improve cancer outcomes at a local level. The Institute has also developed Australia's first statewide Clinical Cancer Registry to deliver data on the quality of cancer care in NSW.

There has been ground breaking work in the area of optimising surgical effort, with identification of hospitals that perform six or more pancreatectomies and six or more oesophagectomies annually (the minimum volume threshold for NSW hospitals). This will encourage patients to be treated in higher-volume hospitals by the most experienced and specialised teams of health professionals, and ultimately improve outcomes for patients with these cancers.

During 2014, the Institute demonstrated significant achievements against the *NSW Skin Cancer Prevention Strategy*, to decrease the impacts of skin cancers.

Smoking rates also continue to decline, and breast, cervical and bowel screening rates have increased, particularly in Aboriginal and culturally and linguistically diverse communities.

Professor David Currow, Chief Cancer Officer and CEO

Key achievements for 2014-15

- > Procured a fleet of 13 new BreastScreen NSW mobile vans to improve client experience, provide state-of-the-art technology and to support marketing and recruitment efforts.
- > Implemented an engagement strategy targeting women from Arabic and Chinese-speaking communities and Aboriginal women aimed at increasing awareness of breast and cervical cancer and increasing screening participation rates.
- > Commenced the Primary Care Engagement Strategy and implementation plan for BreastScreen NSW, NSW Bowel Screening and NSW Cervical Screening programs to engage with primary health care professionals regarding the importance of their role in promoting cancer screening to their patients.
- > Implemented 12 anti-smoking campaigns between July 2014 and June 2015, including a focus on culturally and linguistically diverse communities and Aboriginal people. These resulted in smoking rates continuing to decline, a 30 per cent increase in visits to iCanQuit.com.au and an increase in the number of calls from Aboriginal people to the NSW Quitline.
- > Seven Translational Cancer Research Centres are now operational in NSW supported by the Institute. These centres have brought together over 780 members across over 70 institutions.
- > A 'portfolio' of clinical trials has been developed to identify high quality, well-designed, industry-independent clinical trials. In 2015, 294 interventional trials were open to recruitment including 100 public interest trials.
- > The Cancer Institute NSW led surgical services optimisation for surgery with curative intent for pancreatic and oesophageal cancers and publicly reported the annual average of NSW hospitals performing six or more of these procedures (as the identified minimum threshold for best outcomes).
- > The fifth annual cycle of the Reporting for Better Cancer Outcomes Program in 2014-15 included 27 system performance indicators that were provided to local health districts and Medicare Locals in NSW through a published report and a cycle of meetings with chief executives.
- > Through extensive consultation in 2014-15, the Cancer Institute NSW established two integrated care indicators for inclusion in the 2015-16 local health district performance agreement deliverables.
- > The first year of Patient Reported Outcome Measures pilot has been successfully completed in two local health districts.

**13 new BreastScreen NSW
mobile units delivered to improve
access for women**



Clinical Excellence Commission

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Business Hours: 8.30am-5.00pm, Monday to Friday
Chief Executive: Dr Nigel Lyons (Acting)

Year in review

The Clinical Excellence Commission as one of the six pillars in the NSW health system is responsible for leading and facilitating quality and safety improvements in health care, in collaboration with clinicians, managers and consumers.

Significant developments for the Commission during 2014-15 included celebrating its tenth anniversary in August, supporting a system-wide response to Ebola in November, relocating to Haymarket in December, participating in Capacity Assessment Project site visits with the NSW Ministry of Health during March and April and farewelling founding CEO, Professor Cliff Hughes, in April 2015.

Amid this changing environment, the Commission continued to meet its primary responsibility of identifying and responding to quality and safety risks and improvement opportunities through data analysis and reporting, and supporting clinical improvement initiatives. In addition to providing updated reports through the clinical incident management portal and eChartbook, the Commission released six policy-related documents and seven reports designed to improve clinical practice. It also responded to new priority areas, including Venous Thromboembolism, diagnostic error, integration of human factors training into patient safety activities and Catheter-Associated Urinary Tract Infection.

Clinical Excellence Commission electronic data reporting and support systems developed and strengthened during this time included a system-wide Quality Reporting System to support reporting against the National Safety and Quality Health Service Standards, and a web-based Death Review Reporting System. The Commission also played an active role in the development and roll out of electronic Between the Flags observation charts and Clinical Review and Rapid Response forms, and development of a sepsis alert in the electronic Medical Record.

The Commission commenced development of a new three-year strategic plan, to ensure the organisation continues to add value to the NSW health system, while building on its solid foundations. This process involved consultation with a diverse range of stakeholders and is expected to be finalised in August.

Dr Nigel Lyons, Acting Chief Executive

91 hospitals assessed against National Safety and Quality Health Service Standards, with all successfully accredited



Key achievements for 2014-15

- > In collaboration with eHealth NSW, electronic Between the Flags observation charts and electronic Clinical Review and Rapid Response forms were developed and embedded in the electronic Medical Record Phase 2. These have helped improve documentation processes, and provide feedback to clinicians on the use of the local Rapid Response Systems and will help drive improvement.
- > In collaboration with eHealth NSW, an electronic Sepsis Alert was successfully piloted before system-wide roll out in March to support sepsis risk screening. This was complemented by a sepsis HETI Online Inpatient eLearning module, which over 6800 staff have now completed.
- > Responding to the potential infection risks of Viral Haemorrhagic Fever (Ebola) to NSW Health staff, the Commission, in collaboration with the NSW Ministry of Health, produced and distributed education resources around the safe use of personal protective equipment.
- > A five-by-five Antimicrobial Audit was piloted in 15 sites between May 2014 and April 2015. Following positive evaluation, the package was launched system-wide by the Commission on 4 September 2015.
- > The TOP 5 Program for hospitalised patients with dementia was evaluated in 21 sites and shown to be effective in improving patient safety, personalised care and staff satisfaction. The report and journal article highlighting outcomes of the program were released in April 2015.
- > The inaugural Patient Experience Symposium was held in April 2015, co-hosted by the Clinical Excellence Commission, Agency for Clinical Innovation, Bureau of Health Information, Cancer Institute NSW, NSW Kids and Families and the NSW Ministry of Health. Over 400 clinicians, consumers and managers participated in sessions highlighting new initiatives and developments occurring in Australia and internationally.
- > During 2014-15, there were 156 participants who successfully completed the Clinical Excellence Commission Clinical Leadership Program, each undertaking a clinical improvement project. Almost 2000 clinicians will have completed the Program by the end of 2015.
- > Existing Commission databases were updated and new databases developed for death review (84 per cent of NSW Health facilities currently using), National Safety and Quality Healthcare Standards for accreditation reporting and Blood Watch. Over 23,000 cases have now been reported in the Sepsis database.
- > Six policy-related documents were finalised and released including barcode scanning in hospital pharmacies, patient identification bands, open disclosure, clinical procedure safety, prevention of Venous Thromboembolism and principles for managing disturbed and/or aggressive behaviour.
- > In collaboration with the NSW Ministry of Health, the Clinical Excellence Commission developed and reviewed quality and safety measures.

Health Education and Training Institute

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Gladesville NSW 1675

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Website: www.heti.nsw.gov.au
Business hours: 8:30am-5:00pm, Monday to Friday
Chief Executive: Adjunct Professor Annette Solman

Year in review

In 2014-15, the Health Education and Training Institute continued to work in partnership with local health districts, speciality health networks, other statutory health organisations and the NSW Ministry of Health to ensure workforce capabilities in delivering excellence in patient-centred care.

The NSW Health learning management system, HETI Online, recorded 1,533,617 course completions across the state in 2014-15. HETI Online has made a significant impact in ensuring that standardised high quality training is available anytime, anywhere to all NSW Health staff. During the year, the Institute responded to local health district and speciality health network identified training priorities by producing 82 training modules that covered a range of clinical and non-clinical topics.

The Institute's NSW Health Leadership Program won an award for 'significant contribution to innovation in Australia' at the 6th Annual Lawrence Hargrave Awards. This program is now being implemented in 13 hospitals across NSW.

During the year, close work was undertaken with the NSW Institute of Psychiatry to support the work required to transition to the Health Education and Training Institute.

In November 2014, the Institute hosted the Australian and New Zealand Medical Education and Training Forum. The event attracted over 480 participants from across Australia and New Zealand and featured 171 guest speakers and presenters.

The Health Education and Training Institute supported quality clinical supervision across NSW Health with the launch of the Clinical Supervision Training Space and master classes. Rural health staff were supported through programs such as the Sister Alison Bush Mobile Simulation Centre, the Rural Generalist Training Program and the annual Rural Health and Research Congress.

In 2014-15, the Institute oversaw the allocation of a record 980 medical intern training positions which represents an increase of 21 places compared to 2014.

The NSW Health Registered Training Organisation, which is a partnership between the Health Education and Training Institute and the local health districts and speciality health networks, commenced strategic planning to explore new opportunities and delivery models to promote its services across NSW Health.

Professor Annette Solman, Chief Executive

251 learning resources
now available on
HETI Online



Key achievements for 2014-15

- > Produced 82 training modules in 2014-15, in response to partners' identified needs. The modules cover a range of clinical and non-clinical topics, including Pain Assessment, Teamwork, Advanced Life Support Theory and Business Planning for Wards and Departments.
- > Supported the promotion of mandatory training across NSW Health through the Mandatory Training Reform Program. Now accessible on HETI Online, mandatory training continues to promote the delivery of safe and high quality patient care.
- > The People Management Skills Program continued to support NSW Health managers and employees develop their people management capabilities and improve workplace culture. During the 2014-15 financial year, over 1400 employees accessed people management training via this program.
- > The Institute's financial management programs deliver training to improve financial management skills across NSW Health. During 2014-15, this training was delivered to 695 NSW Health staff.
- > Continued to support quality clinical supervision across NSW Health with the launch of the Clinical Supervision Training Space. This space has attracted 6964 visitors and 20,722 page views. The Clinical Supervision Training Series and master classes also delivered face-to-face training to 878 health professionals in 2014-15.
- > The Rural Generalist (Medical) Training Program continued to support rural general practice training in NSW. In 2014-15, the Program expanded from 15 to 30 supported training places for advanced training skills in obstetrics and anaesthetics for rural hospitals.
- > The Institute is also developing the Rural Generalist Nurse Program to meet the needs of rural local health districts. This program will be launched in late 2015.
- > The Sister Alison Bush Mobile Simulation Centre continued to provide a partnership rotation with five rural local health districts, NSW Ambulance and the Justice Health and Forensic Mental Health Network to deliver tailored and appropriate simulation education close to the workplace in rural and remote NSW in 2014-15.
- > Conducted the 2014 Medical Portfolio Programs Review that addressed four key areas: equipping doctors for patient centred-care; producing the right kind of specialists; providing the right learning environment; and equipping and supporting the faculty. Implementation of the Review's recommendations is now underway with an initial focus on equipping doctors for patient centred-care.

NSW Kids and Families*

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Website: www.kidsfamilies.health.nsw.gov.au
Business hours: 8.30am-5.00pm, Monday to Friday
Chief Executive: Joanna Holt

Year in review

NSW Kids and Families provides leadership to the NSW Health system and partners with its stakeholders to champion the health interests of mothers and babies, children, young people, and families, whether they are at home, in the community or in hospital.

NSW Kids and Families also works to reduce the health impact of sexual, domestic and family violence, child abuse and neglect.

Over the last 12 months, NSW Kids and Families has delivered against key priorities in its operational plan, including developing a new website and a 10-year strategic health plan for children, young people and families. In December 2014, NSW Kids and Families released *Healthy, Safe and Well: A Strategic Health Plan for Children, Young People and Families 2014–24*. This is the first time NSW Health has had a system-wide approach to the health and wellbeing of children and young people from birth to maturity.

A NSW Kids and Families Council with senior representation from across local health districts, pillars and the NSW Ministry of Health was established in October 2014. The Council will guide the implementation of the strategic health plan across NSW Health. By 30 June 2015, approximately half of NSW local health districts and pillars had developed a local implementation plan for *Healthy, Safe and Well*.

The NSW Kids and Families website was launched on 31 July 2014 and has enabled the agency to disseminate policies and guidelines, resources and reports.

Two key frameworks to address service capability of NSW Health in the areas of maternal and neonatal services and paediatric health care services were progressed in the second half of 2014-15. By 30 June 2015, consultation with local health districts was well underway for both frameworks, which were identified as key deliverables in *Healthy, Safe and Well*.

During 2014-15, NSW Kids and Families coordinated the evaluation of the nine *Keep Them Safe* programs for NSW Health, and will release these on the NSW Kids and Families and the *Keep Them Safe* websites in late 2015. One of these programs, Sustaining NSW Families, has had great success in helping women identified as being at risk of postnatal depression or other vulnerabilities following the birth of a baby. In March 2015, the NSW Government committed \$22.8 million to expand the program to three new sites in Canterbury, Auburn/Parramatta and Campbelltown areas.

Joanna Holt, Chief Executive

71 per cent of children under 24 months enrolled in the In Sustaining NSW Families Program are developing within normal limits



Key achievements for 2014-15

- > NSW Kids and Families led the National Child and Youth Strategic Framework for Health project. This included online consultations in July 2014 and was followed by face-to-face Australian Health Minister Advisory Council consultations in October 2014 through its Community Care and Population Health Principal Committee.
- > NSW Kids and Families set new targets for locally provided metropolitan paediatric surgery and supported the Children's Healthcare Network undertake nine locally initiated projects to improve health outcomes for children.
- > NSW Kids and Families completed seven of the nine evaluations and participated in the government review of the *Keep Them Safe* action plan and commenced implementation of the recommendations within the evaluation reports.
- > Under the NSW Government's Domestic and Family Violence Reforms, the referral pathways for *It Stops Here: Standing Together to End Domestic and Family Violence* initiative established the service at Orange and Waverley in September 2014. Funding was provided for a statewide roll out of local rural and urban integrated models of care.
- > Released the *Youth Health Competency Framework* to build capacity of the health workforce to respond to young peoples' health needs.
- > Conducted Tech Savvy and 'Appy workshops and webinars to support health workers increase technology use with young people.
- > Work was commissioned on the NSW Kids and Families data warehouse to support data analytics for improved service performance by NSW Health, including analysing data needs in relation to all child and family health services.
- > Released new policies, guidelines, reports and apps as well as consumer resources to support clinical care across the state for paediatric health care, maternal and newborn and child protection and violence prevention.
- > NSW Kids and Families led multi-agency action to establish the Bourke Maranguka Community Hub, an inter-agency initiative launched on 29 May 2015.
- > Since the release of the *Surgery for Children in Metropolitan Sydney: Strategic Framework* in June 2014, by NSW Kids and Families, metropolitan local health districts have responded to new funding by increasing surgical operations performed for children residing in their district.

**From 1 November 2015, the statutory corporation NSW Kids and Families was dissolved, with functions transferred to a new Office of Kids and Families within the Ministry of Health. The new Office will bring together other portfolio areas arising from the transfer of Women NSW to the Ministry of Health, as well as supporting the whole of government approach to vulnerable populations and social problems.*

Specialty health networks

Justice Health & Forensic Mental Health Network

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PO Box 150 Matraville NSW 2036

Telephone: 9700-3000

Facsimile: 9700-3744

Website: www.justicehealth.nsw.gov.au

Business Hours: 8.00am-5.00pm, Monday to Friday

Chief Executive: Julie Babineau

Year in review

In 2014-15, the Justice Health & Forensic Mental Health Network encountered unprecedented growth in the adult custodial population of more than 11 per cent. This has wider implications for health service delivery in relation to the proportion of Aboriginal and aged and frail patients in custody, as well as the increasingly complex and chronic health needs of this vulnerable cohort.

During the year, the Network worked closely with Corrective Services NSW to plan for one of the most significant policy changes in recent NSW custodial history; the move to a completely smoke-free environment, which came into effect on 10 August 2015.

These challenges have provided opportunities to develop new innovative models of care to enhance patient outcomes and collaboration via internal and external partnerships. In particular, the Network undertook its inaugural Innovation Challenge in 2014-15, which aimed to identify and support local innovation projects. In further development of the Forensic Hospital's therapeutic programs, the hospital commenced its first on-site TAFE course, Certificate II Horticulture, in 2015.

The Network has also made significant progress in establishing its Integrated Care Service that aims to monitor and coordinate seamless care for patients with chronic illness from admission reception, through their time in custody and post release into community care. Establishment of the Service was supported by the NSW Ministry of Health Integrated Care Innovation Fund.

Progressing halfway into the term of its *Strategic Plan 2013-17*, the Network made significant advancements in 2014-15 that also contribute to the *NSW State Health Plan*. In particular, the Network implemented its *Research Strategy 2014-17* to drive continual improvements in the health status of the vulnerable patient population, and marked the one year anniversary of the Justice Health electronic Health System. This is the first phase of the Network's electronic medical record project to support clinical best practice and seamless care for patients.

The Network also commenced data collection for the Network Patient Health Survey. This will underpin some of the most comprehensive and prevalent research in prisoner health data nationally and internationally. The survey will also include data on young people in custody and forensic patients.

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

Julie Babineau, Chief Executive

Key achievements for 2014-15

- > Continued performance against the NSW Government target to increase the number of people with mental illness diverted from custody into appropriate care in the community. In 2014-15, the Network diverted 2605 adults and adolescents with mental illness, representing an almost 8 per cent increase from last financial year.
- > In 2014-15, there were 1537 adult and adolescent patients who accessed the Aboriginal Chronic Care Program, representing a 20 per cent increase from last financial year. This program provides systematic screening, health education, health promotion and early intervention strategies for this vulnerable population.
- > The Network's Community Integration Team maintained continuity of care for young people with mental health and/or drug and alcohol concerns leaving custody. There were 560 young people managed by the team in 2014-15, over 52 per cent of whom were Aboriginal, representing a 23 per cent increase compared to last year.
- > The Network contributed to the National Close the Gap challenge through targeted chronic disease screenings, health promotion, and culturally appropriate health care to Aboriginal and Torres Strait Islander patients. The 2014-15 campaign involved screening 992 patients at 32 custodial sites across NSW. This represents a significant increase from the 330 patients screened last financial year.
- > Long Bay Hospital achieved 96 per cent hand hygiene compliance in 2014-15, representing a notable increase from 89 per cent observed last financial year.
- > The Network partnered with Corrective Services NSW in planning for the establishment of the Smoke-free Prisons policy that came into effect in August 2015. This included revising the Network's *Clinical Guidelines for Nicotine Dependence and Smoking Cessation* and working in collaboration with Cancer Institute NSW to develop staff and patient resources to support implementation of this policy. Approximately 76 per cent of the adult custodial population in NSW are current smokers.
- > The Network partnered with the University of New South Wales in the SToP-C Research Project. This project is evaluating the impact of a rapid scale-up of Direct Acting Antiviral treatment for the Hepatitis C virus on the incidence and prevalence of Hepatitis C infection in the prison setting. The project aims to develop a translational framework for the establishment of treatment as prevention programs across the prison sector in NSW and nationally.

2605 adults and adolescents with mental illness diverted from custody into community based treatment, an 8 per cent increase



Key achievements for 2014-15

- > The Network continued to engage and collaborate with the Aboriginal Community Controlled Health Sector to improve the availability, accessibility and quality of holistic, comprehensive, culturally safe and appropriate health care. In 2014-15, the Network established a formal partnership through a Memorandum of Understanding with Marri Ma Medical Aboriginal Corporation to support release planning for Aboriginal patients from the Broken Hill Correctional Centre.
- > The Network worked closely with the Activity Based Funding Taskforce and the Mental Health and Drug and Alcohol Office to ensure its collection activity was robust and accurate and to support its participation in the Independent Hospital Pricing Authority sponsored Mental Health Costing Study. This study is designed to develop a contemporary activity based purchasing and funding model for NSW mental health services.
- > The Network undertook its biennial Staff Pulse Survey in 2014-15, which included key *YourSay* engagement questions to enable meaningful comparisons between the Network and the wider health system. Headline results include a 75 per cent response rate, a 7 per cent increase in staff engagement, and 61 per cent of staff who think the Network is 'truly great'. In the *YourSay* component of the Staff Pulse Survey, the Network achieved an engagement index of 74, an increase from 68 in the 2013 survey.

The Sydney Children's Hospitals Network

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Chief Executive: Dr Michael Brydon, Acting Chief Executive

Year in review

The Sydney Children's Hospitals Network has experienced a year of growth and success measured across our four pillars: clinical care, advocacy, research and education.

The key achievements highlighted represent work undertaken to improve the health and wellbeing of children and families through Sydney's two children's hospitals and associated entities.

The Network has achieved significant progress with capital works and planning for future needs at each site. The Bright Alliance Building at Randwick will open in early 2017 adjacent to Sydney Children's Hospital and will provide three stories of much needed space for Sydney Children's Hospital services and research.

Funding was announced for a clinical trials centre as part of the Kids Research Institute within The Children's Hospital at Westmead. Planning is well advanced with construction expected to start later this financial year.

The development of the Westmead Hospital and Westmead precinct is well advanced with our Network Board involved in planning focused on shared resources, research, education and transport options.

Our research programs continue to go from strength to strength with a number of recent collaborations allowing for sustained growth. Researchers within the Network have shared in over \$2 million of Genomics Collaborative Grants and are working with the University of Sydney, the Kolling Institute of Medical Research and the Garvan Institute of Medical Research to explore better treatments for a range of health conditions.

We continued to expand our quality and improvement agenda, with almost 300 quality improvement activities undertaken within the year including a significant portion based on consumer feedback.

Special mention of the Network board members, executive and staff for consistently upholding the values of the organisation and working cohesively towards the Network's goal – Children First and Foremost. Thanks also to our community supporters and donors who work in partnership to deliver quality care and provide support services for families now and into the future.

Dr Michael Brydon, Acting Chief Executive

697 Hospital in the Home separations against a target of 350



Key achievements for 2014-15

- > Adapted the Hospital in the Home model of care to provide home-based care for a two-year-old boy awaiting a heart transplant, avoiding a 129-day inpatient journey, most likely in the Paediatric Intensive Care Unit.
- > Pioneered a new, less-invasive surgery technique for children with pure oesophageal atresia, known as the Foker Technique.
- > Launched the Paediatric Palliative Care Program to consolidate resources for families and promote community-based care options.
- > Introduced Kids Guided Personalised Services to provide personalised, coordinated and integrated guidance for children and their families through the current maze of health services. This is a model of care where every child with a complex and rare condition has a 'circle of coordination' created specifically for their needs.
- > Performed a record number of liver transplants in one month, as well as reached the milestone of 300 liver transplants. Surgeons also successfully performed a liver transplant on Australia's youngest liver transplant recipient, an eight week old baby.
- > Established the KiDS Sydney Group. This is a Research Advisory Group made up of children and young people aged 12 to 17 years. It is hoped that by encouraging researchers at the Kids Research Institute to work with young people, research study design and conduct can be improved.

- > In a world first, doctors and researchers commenced the CoRD Study to delay or prevent the onset of juvenile diabetes by infusing patients with their own umbilical cord blood. The cord blood is expected to 'reboot' the immune system to prevent diabetes which occurs when the body attacks and kills its own insulin producing cells.
- > Opened the Kids Simulation Australia Centre at Sydney Children's Hospital, Randwick. Together with the simulation training facilities at Westmead, this new Centre will ensure that The Sydney Children's Hospitals Network continues to be at the forefront of paediatric simulation training.
- > Established the Centre for Children's Bone and Musculoskeletal Health, including a 3D Orthopaedics Laboratory for engineering and prototyping bone implants for children using 3D printing technology. This innovative treatment approach will lead to improved functional outcomes, reduce the number of surgical revisions and minimise hospital and recovery times for children with orthopaedic conditions.
- > The Network completed the first cohort of the Health Leadership Program, a hospital-based program designed to build individual, team and system-wide leadership capacity and to foster transformational change. A second cohort has commenced.

St Vincent's Health Network

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Business Hours: 9.00am-5.00pm, Monday to Friday
Chief Executive: Associate Professor Anthony Schembri

Year in review

During 2014-15 we celebrated the 175th anniversary since the Sisters of Charity arrived in Australia and this coincided with significant achievements across the St Vincent's Campus.

The legacy of the Sisters of Charity continues to be reflected in the quality of care delivered to all patients on the St Vincent's Campus. St Vincent's continues to receive acknowledgement from patients, demonstrating that the quality of our patient care remains excellent.

In an affirmation of our commitment to patient-centred care, St Vincent's Hospital was named in the top 10 of the national 2013 HCF Patient Survey. Each year HCF surveys the hospital experiences of more than 11,000 of its members from across Australia. St Vincent's Hospital was the only public hospital listed in the top ten for patient experience.

In addition to celebrating the 175 year milestone of the Sister's arrival, the past 12 months also saw some major campus milestones reached. This included the 30 year anniversary of our Heart Lung Transplant Unit, Rankin Court Alcohol and Drug Service, as well as the St Vincent's HIV/AIDS Unit. These are all statewide services that have transformed the Australian health care landscape and all made possible through our research and teaching endeavours and partnerships.

It was April 1984 when Victor Chang launched the St Vincent's National Heart Transplant Program and performed life-saving surgery on Fiona Coote.

Now in its 30th year, the St Vincent's Transplant Team announced, internationally, that the first distant procurement of hearts donated after circulatory death has been carried out. These hearts were subsequently resuscitated and then successfully transplanted into patients with end-stage heart failure.

Transplant units until now have relied solely on donor hearts from brain-dead patients whose hearts are still beating. The use of donated after circulatory death hearts, where the heart is no longer beating, represents a paradigm shift in organ donation and will potentially herald a major increase in the pool of available hearts for transplantation.

Also in 1984, St Vincent's opened the country's first dedicated HIV ward and again, this milestone coincided with some important research in which St Vincent's researchers found a new direction in HIV research and new hope for HIV positive people with leukaemia and lymphoma.

Two HIV positive St Vincent's patients appear to have cleared the virus, registering undetectable levels after bone marrow transplants. These are the first such cases reported internationally.

This research continues the extraordinary story that in 30 years, has seen St Vincent's transform from a hospital responding to a newly discovered and deadly epidemic, to a health service at the forefront of the international pursuit of effectively treating HIV.

St Vincent's has long found itself at the epicentre of the community's problems with alcohol abuse and illicit drug use over the decades. Since the opening of Rankin Court in 1984, by the then Deputy Premier Ron Mullock, the St Vincent's Alcohol and Drug Service has played an important part in minimising the harms to our community stemming from various drug problems.

Rankin Court was Australia's first coordinated methadone clinic and its establishment soon gave rise to important harm minimisation models including the needle exchange program which started in 1986 in the midst of Sydney's HIV crisis, as well as the championing of the safe injecting room soon afterwards. Today, the unit is playing an important role in responding to the surge in methamphetamine use in the community.

This year we celebrated the 50th anniversary of the St Vincent's Pain Service and the establishment of the first multidisciplinary pain service in Australia that influenced other hospitals to do the same and fast-track the development of palliative care as a speciality.

While the endeavours highlighted here are diverse, they share a unique commonality in that they all contribute to the NSW Health State Plan and highlight that on a daily basis we are responding to community need in both an innovative and effective way.

Associate Professor Anthony Schembri, Chief Executive

Performed world's first circulatory death donor heart transplant



Key achievements for 2014-15

- > Professor Sandy Middleton, St Vincents Hospital and the Quality of Acute Stroke Care Implementation Project was a finalist in the NSW Health Awards in October 2014 and received the 2014 NSW Premier's Public Sector Award for Improving Performance and Accountability.
- > St Vincent's established a new statewide partnership with the National Rugby League (NRL) to tackle Indigenous smoking. The partnership was launched on the Gold Coast at the NRL All Stars Match in February 2015, with a promotional video shown on the large screen during the game to an audience of over 23,000 people.
- > The Network continued to improve its financial performance in 2014-15 with a breakeven financial result for the year. Savings and efficiencies were achieved in areas such as payroll, fleet savings, higher private patient revenue and procurement savings. Stronger financial governance across budget setting, delegations and approvals, along with revenue and efficiency improvement through Project Thrive has provided the ability to deliver a positive result.
- > St Vincent's is the only public hospital in Australia to have ranked in the top 10 for patient recommendation for care with a ranking of 9.2 out of 10 in the HCF patient survey of hospital experiences.
- > St Joseph's Hospital Auburn underwent the Australian Council of Healthcare Standards periodic review on 18 June 2014. Three Australian Council of Healthcare Standards surveyors held 24 meetings with over 40 staff over two days. The review found that all five previous recommendations were closed and there were no high priority recommendations identified. All core actions were satisfactorily met.
- > In 2014, St Vincent's acknowledged 50 years of the St Vincent's Pain Service, Australia's first pain management service. Special guests at the function included The Hon Jillian Skinner MP and former Prime Minister, The Hon Bob Hawke.
- > During the year, St Vincent's recognised the opening of Australia's first HIV/AIDS ward at St Vincent's Hospital Sydney. While the first patient with AIDS was diagnosed at St Vincent's in October 1983, the first six official AIDS beds were commissioned in September 1984. The 30th anniversary of the opening of the ward represented a significant milestone in Australian medical history and the event provided an opportunity to reflect on the lives lost and celebrate the compassionate response of the clinicians and carers.
- > Professor Vicki Flood and Dr Evelyn Smith have developed an active and engaged Allied Health Research Unit through collaboration across the hospital and university facilities. They have worked collaboratively with the Allied Health Program and established a database of Allied Health research, developed an Allied Health Research Strategic Plan, re-convened the Allied Health Research Working Party, facilitated St Vincent's Clinic Multidisciplinary grant submissions, conducted Allied Health Research workshops and supported and mentored allied health staff to build research capacity.
- > The St Vincent's Health Network Sydney progressed implementation of an organisational restructure in 2014-15 to improve clinician engagement. This involved extensive consultation with all relevant stakeholders. The new structure creates four clinical streams and an integrated cancer stream working across all clinical services to better integrate the delivery of patient care. These clinical streams are surgery, medicine, heart lung and integrated care. The Integrated Care Clinical Stream has been constructed as a vertical and horizontal stream that is responsible for ensuring best practice across the patient continuum from primary through to hospital, ambulatory and back to primary.

Health Administration Corporation

NSW Ambulance

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Business Hours: 9.00am-5.00pm, Monday to Friday
Chief Executive: Commissioner Ray Creen

Year in review

The 2014-15 year was one of change and innovation with our new concept of operations, *Today is the Day we Make Tomorrow Different Strategic Plan 2015-17*, continuing to progress. This patient-centred, staff-focused approach to deliver the right care to the right patient in the right way at the right time centres on four domains of patient care: emergency, urgent and unscheduled, community support and health support. This approach was recognised with a NSW Health Award for Integrated Health Care in 2014.

Our name change to NSW Ambulance and newly designed logo reflected this shift within our organisation to become a modern and responsive mobile emergency health provider. We improved our organisational structure by better aligning and grouping like functions, improving communication and clarifying reporting lines to be better equipped to respond to future challenges. We renewed the NSW Ambulance Advisory Council and the new members have been appointed.

We reformed the aeromedical operations through the introduction of a doctor and paramedic crewing model for all primary retrievals and completed a new helicopter tender. We improved our referral pathways by forming partnerships with after-hours home doctor medical deputising services. This is a significant operational step that will see NSW Ambulance further improve delivery of the right care in and out of the hospital setting.

A phased roll out began of electric stretchers to our fleet and the purchase of new multi-purpose vehicles, to meet the needs of our patients and increase the safety of our paramedics. The transfer of all urban non-emergency patient transport bookings was fully implemented and work commenced on the first of five new 'super stations' approved for Sydney.

Under the banner of destination NONE – Not One; Not Ever, we developed and introduced new systems and many new strategies to improve workplace safety to protect our most valuable resource, our staff. Staff also identified eight signature behaviours to improve the way we work. These behaviours will underpin the NSW Health CORE values: collaboration, openness, respect and empowerment.

Commissioner Ray Creen, Chief Executive

33 out of 34 reforms in the NSW Ambulance Reform Plan completed



Key achievements for 2014-15

- > The *Today is the Day We Make Tomorrow Different Strategic Plan 2015-17* further integrates NSW Ambulance with the communities we serve and focuses on aligning NSW Ambulance with the *NSW State Health Plan*. The Strategic Plan documents our direction to make tomorrow different by using innovation to build a patient-centred, staff-focused mobile emergency health service; incorporating a model of integrated care redirecting low-acuity patients to appropriate alternative care; and using evidence to inform policy, practice, decision making and quality improvement.
- > Implementation of the *Reform Plan for NSW Ambulance* concluded, with 33 out of 34 reforms completed. One reform is now progressing in accordance with the wider reform program for non-emergency patient transport.
- > NSW Ambulance aligned its CORE values with those of NSW Health. Staff workshops were conducted that resulted in the identification and commitment to eight signature behaviours for cultural change. These important cultural and behavioural concepts have begun to be implemented and embedded into our programs, processes, policies and every day interactions, both internally and externally.
- > NSW Ambulance began managing the changes required to implement and realise the benefits of the new 'super stations' infrastructure it is planning for the future delivery of patient care. The Paramedic Response Network will transform NSW Ambulance Sydney operations: changes that are designed by paramedics for paramedics. It will include designing a make ready operational model to maximise patient-facing time for our paramedics and will implement dynamic deployment software to assist in the most appropriate allocation of NSW Ambulance resources. NSW Ambulance has established user groups, project teams and a governance structure to deliver this multi-location, multi-million dollar project.
- > The Turnaround Time project commenced in December 2014 as a partnership between NSW Ambulance and the NSW Health Whole of Health Program. The aim of the Program was to develop a better understanding of the patient flow process between ambulance and hospital care and identifying, designing and implementing system-wide solutions to reduce delays during turnaround time.
- > NSW Ambulance continues to evolve from its traditional focus on acute care and transport to one of an ever increasing mobile health care service providing out-of-hospital care. Clinically supported integrated care initiatives have been established based on a centrally coordinated and locally delivered philosophy, through local operational management teams and health relationship managers.
- > The Medical Deputising Service initiative builds on existing alternative referral pathways for patients with low-acuity conditions. NSW Ambulance entered into an agreement with two medical deputising services. The program for the greater Sydney metropolitan area commenced in February 2015. Early analysis is encouraging and utilisation will be built upon during 2015-16 to reduce case cycle times and increase ambulance capacity.

- > Two new contracts were awarded (Northern NSW and Southern NSW) for the provision of 24/7 Helicopter Retrieval Services on 16 December 2014. These contracts have an initial term of 10 years, with an option for a further period of up to five years, and will commence on a staged basis between January and June 2017.
- > There were 61 Operational Risk Profiles introduced into the aeromedical retrieval network to provide a benchmark for existing practices to be measured. The Operational Risk Profiles will provide staff with the assurance that our aeromedical retrieval system meets industry best practice standards and is a robust system that ensures changes to mission profiles, processes or equipment also meet the same standards.
- > The Frequent Users Management Program adopts a patient-centred approach linking frequent Triple Zero (000) callers with appropriate services. NSW Ambulance monitored 35 patients who were responsible for 395 users occurring in the first quarter. The Program delivered a reduction in frequent users in the second quarter by 49 per cent, resulting in the delivery of the right care for the patient and ability to avoid unnecessary costs.

Health Infrastructure

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Chief Executive: Sam Sangster

Year in review

In 2014-15, Health Infrastructure continued its strong track record in delivering quality health care for communities across NSW.

Health Infrastructure currently manages a \$4.5 billion portfolio of capital works projects, with expenditure in excess of \$900 million for projects in 2014-15. The Health Infrastructure portfolio of capital works is larger than any other state health infrastructure organisation. This is testament to our demonstrated capacity to plan and deliver world-class facilities.

In 2014-15, Health Infrastructure completed more than 12 projects throughout the state, including the Royal North Shore Clinical Services Building and Hornsby Redevelopment Stage 1, Hillston Multipurpose Service and the St George Emergency Department.

Health Infrastructure is not only about buildings, it is also about people.

As well as delivering modern health care facilities across NSW, Health Infrastructure has fostered a collaborative and high performing workplace, cultivated at all levels within the organisation. We are committed to investing in our staff through learning and development opportunities, including mentoring and leadership programs and supported by a strategic resource planning focus, to ensure we have the right people for the job.

We also place great significance in our commitment to engage across the health system, to ensure that our relationships with industry successfully bring our projects to fruition and meet the needs of the local communities.

We understand the importance of our inter-agency relationships and ensure engagement with our partners and government organisations is integrated into our planning and delivery process. We continue to work closely with the local health districts and key stakeholders to ensure the outcomes are not delivered in isolation, but rather through the collaborative interchange of expertise and skill.

The Health Infrastructure Board continues to provide excellent governance and guidance under the stewardship of our Chairman, Mr Bob Leece.

Sam Sangster, Chief Executive

More than 80 upgrades to hospitals, multipurpose services, ambulance stations and carparks are in planning or being delivered



Key achievements for 2014-15

- > Established a *Benefits Realisation Framework* for health capital investment to improve health outcomes, by assisting local health districts to identify areas of clinical variation that require change management and a plan to achieve positive outcomes.
- > Continued to work with clinicians, local health districts, NSW Health organisations and pillars to plan and implement new models of care and manage change through a mature and established *Change Management and Communications Framework*.
- > Continued to implement an approach to project governance that promotes engagement with key stakeholders, communities and consumers to achieve the best options and outcomes through integrated services and care delivery.
- > The Westmead hospitals, Westmead research facilities and Westmead-based university facilities are among the largest research, education and training providers in Australia. The Westmead precinct is uniquely placed as a global centre of excellence in research-integrated health care and clinical education and the strong precinct partnerships are critical to the future success of Westmead.
- > The Health Infrastructure portfolio includes building and upgrading more than 60 hospitals and health services over the next four years. Projects being delivered by Health Infrastructure form part of the NSW Government commitment and include Westmead Redevelopment, Dubbo Stages 3 and 4, Tweed Hospital, Manning Hospital, Wagga Wagga Hospital, Broken Hill and Macksville Hospital.
- > Continued to work with NSW Health to better strengthen the identification, prioritisation and scope stages of capital projects.

- > Built on the learnings from the Northern Beaches Hospital project to identify further opportunities to partner with operators and deliver infrastructure.
- > Worked with NSW Health organisations and local health districts to identify opportunities to explore non-capital solutions such as Byron Surgical services.

HealthShare NSW

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Business hours: 8.30am-5.00pm, Monday to Friday
Chief Executive: Daniel Hunter

Year in review

This was a year of change and development for HealthShare NSW with new leadership at the Chief Executive and Board level, the establishment of eHealth NSW as a separate entity and the integration of the Greater Metropolitan Booking Hub for Non-Emergency Patient Transport (NEPT) into the organisation.

HealthShare NSW worked to implement its new strategic plan, which Executives communicated in person at over 30 locations to 3200 staff, in mid-2014.

The organisation is focusing strongly on its people to help build a constructive, high performing culture by rolling out a leadership charter, conducting Learning Skills Inventory assessments for all senior managers, improving recruitment practices with capability testing and new performance development reporting processes.

Customers continue to be at the heart of HealthShare NSW. The organisation conducted its second enterprise-wide Customer Value Proposition Survey, measuring customer satisfaction, engagement and advocacy and gathering data to prioritise improvement actions based on customer need. 80 workshops were run across all business lines to share the customer feedback, generate ownership with staff and develop specific actions to improve customer experience.

HealthShare NSW works to deliver value for money to the health care community. The organisation delivered \$40 million in cost savings through strategic procurement initiatives. Further, Onelink was contracted in early 2015 to deliver warehousing and distribution services and HealthShare NSW is managing the transition, contract, purchasing and customer service aspects of this procurement function.

HealthShare NSW food services has driven significant improvements to support better patient nutritional outcomes including the introduction of new nutritionally compliant menus at 97 hospitals, establishment of a pre-packaged meal vendor panel, successful trial of a new service delivery model, upgrade to the Food Services Information Technology databases and improved accessibility of hospital food packaging which won the Minister's Award for Innovation at the 2014 NSW Health Awards.

Since the creation of the Greater Metropolitan Booking Hub for Non-Emergency Patient Transport in May 2014, the Hub is exceeding its primary key performance indicator with the proportion of work undertaken by emergency vehicles dropping by 69 per cent.

Daniel Hunter, Chief Executive

10.8 per cent decrease in work carried out by NSW Ambulance emergency fleet since June 2014



Key achievements for 2014-15

- > HealthShare NSW introduced improved, nutritionally-compliant menus at 97 hospitals. These menus will be introduced to the remaining Sydney hospitals during 2015.
- > HealthShare NSW worked closely with industry experts, major food companies and groups such as Arthritis Australia and Georgia Tech Research Institute to develop specifications to improve accessibility of hospital food packaging, which are now being used by more than two thirds of suppliers to NSW Health and other entities. This improvement project won the Minister's Award for Innovation at the 2014 NSW Health Awards.
- > The Greater Metropolitan Booking Hub for NEPT has coordinated transport for over 182,000 patients and made and received 248,000 telephone calls. The Hub is exceeding its primary key performance indicator, with the proportion of NEPT work undertaken by emergency vehicles dropping by 69 per cent from 15.7 per cent in June 2014 to 4.9 per cent in June 2015.
- > Linen service delivered 100 per cent of orders accurately and further improved business efficiency with energy efficient washers, dryers and lighting, safety-optimised trucks, customer dashboards to help hospitals manage their linen supplies more wisely and the roll out of innovative textile products for operating theatres.
- > Strategic procurement services delivered \$48 million savings against a target of \$36 million and created 690 contracts in the Information and Communications Technology category, with a combined value of \$273 million.
- > HealthShare NSW implemented a new approach to warehousing and distribution by contracting with Onelink to create a single, high technology-enabled warehouse in western Sydney. This commenced with the transition of existing warehouses to streamline delivery of medical supplies. HealthShare NSW will retain responsibility for inventory management, customer service and contract management.
- > The State Management Reporting Service provided improved reporting capability by delivering the new Service Capital Reporting and Service Workforce Reporting systems in early 2015.
- > HealthShare NSW achieved its target of 2.6 per cent Aboriginal employment through focused effort and its partnership with Yarn'n Aboriginal Employment Services.

- > HealthShare NSW created a dedicated Continuous Improvement Unit to identify, quantify and assist implementation of improvement opportunities across business lines to deliver greater value for customers.
- > In its role as expert advisor, EnableNSW conducted extensive education sessions for almost 300 allied health professionals, including rural and remote staff, to help clinicians make equipment selections that help older patients and people with disability leave hospital and live safely at home.

NSW Health Pathology

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Business Hours: 9:00am-5:00 pm, Monday to Friday
Chief Executive: Ms Tracey McCosker

Year in review

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

We bring together five clinical and scientific networks, operate more than 60 laboratories, manage 200 pathology collection services in our public hospitals and community health facilities, employ over 4000 staff, and conduct more than 61 million tests per year.

Pathology touches people at every stage of life. Even before a baby is born, antenatal screening helps to provide insights into its development and wellbeing.

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

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

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

Ms Tracey McCosker, Chief Executive

400 point of care pathology devices implemented at 175 hospitals since 2013



Key achievements for 2014-15

- > Reduced costs to the health system by:
 - holding or reducing public pathology prices from 2011-12 levels, implementing a rebate scheme to bill additional local health district activity at marginal costs
 - changing billing practices to Medicare and various health funds to speed processing;
 - reducing debts and workers compensation premiums.
- > Expanded access to time-critical pathology tests by deploying nearly 400 point of care devices to 175 regional and rural emergency departments. These hand-held devices provide onsite analysis for tests that emergency department teams rely on so clinicians can deliver the right care more quickly. This statewide program has been accredited by the National Association of Testing Authorities.
- > Developed a new procurement approach that includes collaborative tendering to reduce the cost of consumables, a statewide procurement committee, stronger engagement with vendors and training to help staff make better decisions and generate efficiencies going forward.
- > Opened a new pathology laboratory at Campbelltown Hospital; extended operating hours at Lismore, Tweed, Coffs Harbour, Kempsey and Grafton laboratories at the request of local clinicians; and opened or enhanced collection services in Charlestown, Singleton and several Sydney locations.
- > Invested in state-of-the-art microbiology equipment at Westmead and Liverpool, and introduced CT scanners to support post-mortem examinations at the Department of Forensic Medicine in Newcastle and Sydney. The CT technology can provide faster results for some cases, minimise distress for grieving families and allows NSW Health Pathology to meet obligations under the *Coroners Act 2009* to perform the least invasive examination possible.
- > Eliminated the backlog of illicit drug analysis in collaboration with NSW Police using new triaging processes, new hand-held drug identification devices in the field and implementing high throughput processing in the laboratory.
- > Worked with our clinical streams to: introduce a single adult and an age-related paediatric reference interval for commonly ordered chemical pathology tests; roll out a changeover of reporting units for commonly ordered therapeutic drugs to reduce the chance of misinterpretation of concentrations where results and corresponding therapeutic targets are in different units; and introduce structured reporting templates for anatomical pathology results related to cancer cases to enhance the thoroughness of reports to clinical teams.
- > Completed the *NSW Health Pathology Strategic Workforce Plan 2015 – 2017*. The Plan outlines initiatives that will help develop people, culture and capabilities in line with the strategic plan.
- > Advanced our statewide biobanking and genomics initiatives by appointing dedicated project managers to coordinate the expertise across our networks, progress key partnerships and develop strategic plans to drive future directions.

eHealth

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Business Hours: 8.30am-5.00pm, Monday to Friday
Chief Executive: Dr Zoran Bolevich (Acting)

Year in review

Following the release of *A Blueprint for eHealth in NSW*, eHealth NSW was established on 1 July 2014 as a dedicated organisation within NSW Health to guide statewide information and communications technology planning, strategy, program implementation and operations.

The eHealth Executive Council, chaired by the Secretary, NSW Health provides statewide strategic direction and oversight to eHealth NSW. Clinical, Corporate and Infrastructure Portfolio Governance Committees are in place and include representation from all stakeholders as active partners in the planning and delivery of eHealth initiatives.

The New Clinical Engagement Forum connects with NSW Health clinicians to ensure clinicians' needs and views are incorporated into eHealth decision making. The Chief Clinical Information Officer role has been established and recruited in order to provide clinical leadership in key aspects of eHealth strategy and service delivery.

The Rural eHealth Program is in place to improve the delivery of eHealth programs to the six rural and remote local health districts, who are working as a collective governance group that consider and implement solutions.

eHealth NSW continues to deliver a broad portfolio of clinical programs, including extending the Electronic Medical Record program across NSW; implementing an Electronic Medication Management system across 28 priority sites; building an integrated Clinical Information System to support intensive care and high dependency units; and developing solutions to integrate clinical and electronic records via the Community Health and Outpatient Care Program.

To enable the development of integrated care models the HealthNet system is now available to all local health districts. This system provides an integrated view of hospital clinical information and enables the sending of electronic discharge summaries to a patient's general practitioner. It also links with the national Personally Controlled Electronic Health Record to provide patients with the ability to access and view their personal health information.

eHealth corporate systems and infrastructure provide the foundations to run the statewide health system effectively and efficiently. This year's achievements include commencing the roll out of the new demand-based rostering system, HealthRoster; delivering the statewide Learning Management System, HETI Online; finalising Asset and Facilities Management (AFM) Online; and transitioning Corporate IT systems, including StaffLink, VMoney and AFM Online into the new whole-of-government data centres.

The Health Wide Area Network Program is progressively connecting all health agencies to a shared, highly secure and reliable wide area network across the state.

Building on the considerable achievements and progress made to date, a new eHealth strategy and roadmap for NSW Health's eHealth investments over the next ten-year horizon is currently being developed.

Dr Zoran Bolevich, A/Chief Executive

HealthNet is now connected
to all local health districts



Key achievements for 2014-15

- > The eHealth Executive Council has established governance committees for all portfolio areas comprising clinicians and other key stakeholders.
- > In consultation with clinicians, local health districts and pillars, the *NSW eHealth Strategic Plan 2015-2025* is being developed to provide a roadmap for eHealth investments over the next ten year horizon.
- > The new whole-of-government data centres at Silverwater and Unanderra are now in use, providing a more reliable, secure and robust environment for the hosting of key clinical and corporate IT applications such as StaffLink for NSW Health.
- > To combat the emerging health issue of antimicrobial resistance, electronic tools to monitor and promote the appropriate use of antimicrobials have been implemented in most large NSW hospitals. This facilitated an increase in the proactive identification of patients requiring specialist infectious disease team review, enabling a reduction in the inappropriate use of broad spectrum antimicrobials.
- > The statewide implementation of a rostering solution commenced in March 2015, with over 7000 people on board by June 2015. This solution will ensure the NSW Health workforce has the right people, in the right place, at the right time.
- > HealthNet, a key statewide enabler of integrated care in NSW, is now connected across the state, providing clinicians with access to integrated clinical information to give a holistic view of patients' care across hospital and community settings.
- > Statewide learning management system, HETI Online was delivered in partnership with the Health Education and Training Institute. All NSW Health staff now have access to a broad suite of courses and other educational material.
- > The Statewide Infrastructure Service initiative continued to progress with 60,000 users now on board using a statewide solution that supports improved mobility for staff between agencies, improves access to local and central systems and rapid user administration by removing duplicate systems across NSW Health.
- > The Statewide Service Desk continues to provide information communications technology support services across NSW Health. Each year, the Service receives over 500,000 calls and handles over 800,000 requests for support and information, with 60 per cent resolved at the first point of contact.

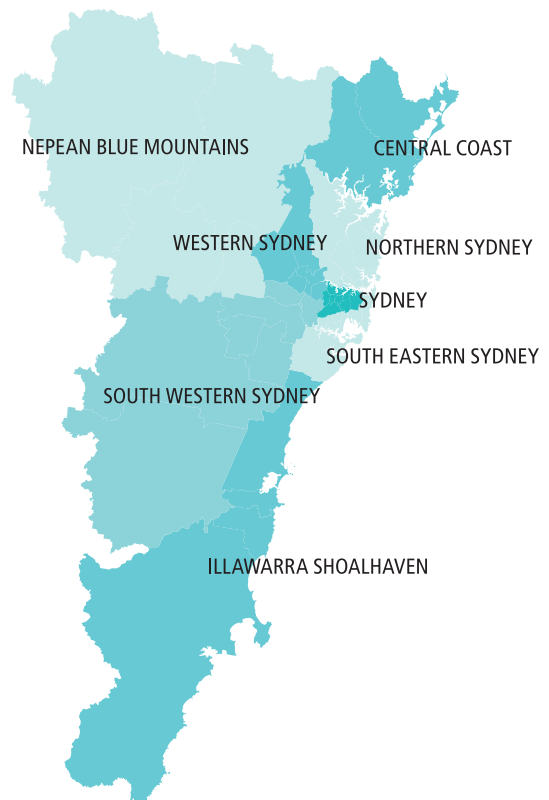
Local health districts



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

Metropolitan NSW local health districts

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



Rural and regional NSW local health districts

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



Central Coast Local Health District



Holden Street
PO Box 361
Gosford NSW 2250

Telephone: 4320-2111
Facsimile: 4320-2477
Website: www.cclhd.health.nsw.gov.au
Business Hours: 8.30am-5.00pm, Monday to Friday
Chief Executive: Matthew Hanrahan

Year in review

The past year was one of growth for the District, our patients, our staff and our services. Responding to the growing demand for health services, short stay units at Gosford and Wyong hospitals and an urgent care centre at Wyong Hospital were established to assist in providing more timely care to people attending our emergency departments.

At the Long Jetty Healthcare Centre, work commenced on the new \$3.5 million dialysis unit that will provide much needed additional capacity for renal services in the region.

Following the announcement of \$368 million for the redevelopment of Gosford Hospital, early work commenced including the relocation of over 300 staff to make way for the new building. Planning also continued for the major redevelopment of Wyong Hospital.

We continued to work with our partners to integrate care for our community. Our Comlink team worked with our complex and chronic clients and non-government service providers to deliver hospital avoidance care, reducing the need for admission or readmission to hospital.

To improve the support we provide to vulnerable young people, the District commenced a trial of the Patchwork electronic tool in partnership with the Department of Family and Community Services. With the young person's permission, this tool connects the multiple agencies interacting with them to improve coordination of care in the community.

Our clinicians continued to harness new technology and review models of care to deliver the best outcomes for patients. We partnered with our colleagues in NSW Ambulance and the Agency for Clinical Innovation on implementing the statewide *Cardiac Reperfusion Strategy*. In the first 12 months of operation, this led to 35 people receiving lifesaving cardiac therapy prior to arriving at hospital.

The implementation of stereotactic ablative body radiotherapy treatment is another example of innovation. This enables the elderly, frail or those unable to travel for long courses of daily radiotherapy to receive a shorter, intensive treatment course for lung cancer.

Caring for the Coast Strategy is continually reviewing what we do, how we can do it better and leveraging advances in technology. This year, Gosford Hospital celebrated 70 years of caring for the coast and we reflected on health care in those early days, how far we have come and the possibilities for the future of health care as we strive for a healthy and vibrant community.

Matthew Hanrahan, Chief Executive

Key achievements for 2014-15

- > Completed the new \$6.2 million Urgent Care Centre and Short Stay Unit at Wyong Hospital and the \$5.8 million Short Stay Unit at Gosford Hospital.
- > The partnership between the District, NSW Ambulance and the Agency for Clinical Innovation enabled Central Coast paramedics, in consultation with hospital specialists, to deliver pre-hospital thrombolysis to heart attack victims, to help preserve heart function and potentially save lives through the statewide *Cardiac Reperfusion Strategy*. In the first year, 35 people on the Central Coast received lifesaving cardiac therapy in the field following a heart attack.
- > Rolled out the Community Health Outpatient Care project to enhance the ability of community-based clinicians to update client/patient information in real-time to improve continuity of care through sharing information across care settings.
- > Robust managerial strategies targeting workplace safety continued to yield positive results with an 11 per cent reduction in workers compensation claims.
- > In collaboration with local general practitioners, the District developed a proof of concept pilot for the management of the vulnerable and aged in the community.
- > The District continued working with community partners to reduce smoking rates and the sale of alcohol to young adults. There was a 1.1 per cent reduction in adults who reported to be current smokers and a 44 per cent reduction in the percentage of outlets that sold alcohol to young people, without checking ID.
- > For the first time local public patients with lung cancer were able to receive reduced treatment times as part of a new treatment known as SABR lung. The stereotactic ablative body radiotherapy treatment enabled the elderly, frail or those unable to travel for long courses of daily radiotherapy to receive the intensive, high precision treatment closer to home.
- > Vaccinated over 60 per cent of staff against influenza as part of the District's annual 'Exercise Respect' campaign to protect themselves, their colleagues and our patients.

Demographic summary

Central Coast Local Health District is located directly north of Sydney and provides health care services across a geographic area of approximately 1853 square kilometres. Nearly 340,000 residents live within the District.

Aboriginal and Torres Strait Islander people make up nearly 3 per cent of the population (9020 people), compared to 2.9 per cent for all NSW.

Representation of culturally and linguistically diverse communities is low compared with NSW as a whole, with 5.3 per cent of residents born in non-English speaking countries and 0.4 per cent reporting poor proficiency in English (compared with 18.6 per cent and 3.4 per cent, respectively for NSW). Those born in predominantly non-English speaking countries are most frequently from the Philippines, Germany, China, Italy and India.

In 2014-15, Central Coast Local Health District represented 4.4 per cent of the NSW population but accounted for nearly 6 per cent of the state's residents aged 70 years and older. The proportion of children in the District is almost identical to NSW but the share of residents aged 20 to 44 years is lower, reflecting greater educational and employment opportunities outside of the District.

Over the next decade, the District's population is expected to grow by around 10 per cent, or more than 33,000 residents, to 370,000. The population aged 65 years and over is expected to grow by more than 30 per cent over this time and will contribute to two thirds of the overall increase in residents. Within the District, Wyong local government area is expected to grow at twice the rate of Gosford.

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 Wyong local government area which is growing rapidly and has lower levels of socioeconomic status and higher health care needs than the rest of the District. Two significant priorities will be the implementation of the District's *Integrated Care Strategy* and redevelopment of both Gosford and Wyong hospitals.

Local government areas

Gosford, Wyong Shire

Public hospitals

Gosford, Wyong, Woy Woy, Long Jetty Healthcare Centre

Community health centres

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

Child and family health services

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

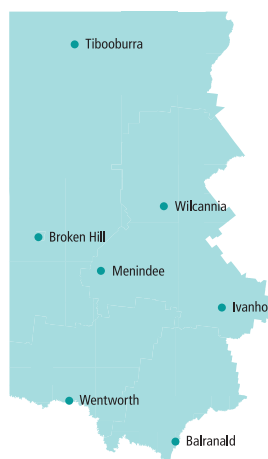
Oral health clinics

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

Other services

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

Far West Local Health District



Morgan Street
PO Box 457
Broken Hill NSW 2880

Telephone: (08) 8080-1469
Facsimile: (08) 8087-2997
Website: www.fwlhd.health.nsw.gov.au
Business hours: 8.30am-5.00pm, Monday to Friday
Chief Executive: Stuart Riley

Year in review

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

Key achievements include:

- accreditation as a home hospital for interns and the recruitment of two interns
- appointment of a full-time Director of Medical Services.
- commencement of the redevelopment of the Ivanhoe Health Service
- introduction of the School-Based Apprenticeship and Training program, with 10 new trainees recruited
- accreditation of facilities across the District
- consistent performance against the National Emergency Access Target
- better surgical services for patients demonstrated by exceeding the National Elective Surgery Targets

- further expansion of the Graduate Nurse Program to include placements in remote sites
- approval to proceed with an Integrated Care Program focused on 20-50 year olds with lifestyles likely to result in chronic illness
- release of the *Outback ER* series on ABC television
- further progress developing a positive culture across the District.

The year has provided a strong base for implementation of the Medical and Nursing Workforce strategies within the District with considerable progress made toward recruiting key specialist staff and establishing a comprehensive rural generalist training pathway.

Efforts undertaken to improve workplace culture and accountability through increased transparency and accountability highlighted behaviours that had previously been overlooked. These behaviours were rapidly addressed and have ceased within the District. The focus on workplace culture is expected to contribute to ongoing improvements in the performance of the District and the care received by consumers.

Advice that the 2015-16 Budget included capital funding for refurbishments at Broken Hill Hospital were warmly received by staff and the community, signalling a busy 2015-16 ahead.

Stuart Riley, Chief Executive

Key achievements for 2014-15

- > In 2014, the Far West Local Health District established 10 School-Based Apprenticeship and Traineeship positions for students within the District to begin preparation for careers in the health industry. An additional 10 positions were created in 2015.
- > Broken Hill Health Service employed two out of three home hospital interns, through the Rural Preferential Recruitment Program. The third position was allocated on rotation with Concord and Canterbury hospitals.
- > Construction started on the redevelopment of the new Ivanhoe Health Service which will be completed by mid-August 2015. This new facility will provide services within a HealthOne model to ensure the community has access to integrated health care services through a multidisciplinary team of health providers. The official opening is scheduled for early December 2015.
- > Community consultation for the redevelopment of services in the Wentworth local government area was undertaken in June and July 2014. A direction for future service development was then approved by the Far West Local Health District Board in August 2014. Early planning has commenced.
- > The filming of an eight part documentary series titled *Outback ER* in the Broken Hill Hospital Emergency Department was completed and the series premiered on ABC television on 12 February 2015.
- > Accreditation of the Broken Hill Health Service, Balranald, Wentworth and Wilcannia hospitals was renewed in December 2014.

- > Completed a refurbishment and update of staff accommodation at Ivanhoe and Tibooburra. This will provide the District with accommodation to help attract and recruit staff to rural and remote sites by supporting them with contemporary accommodation options.
- > The percentage of emergency department patients admitted, referred or discharged within four hours of presentation at June 2015 was 87.1 per cent above the National Emergency Access Target of 81 per cent.
- > The percentage of elective surgery patients admitted to hospital for surgery within the clinically appropriate timeframe at June 2015 was 99.5 per cent. above the National Elective Surgery Target of 98 per cent.
- > Broken Hill Health Service achieved better patient flow in its emergency department. Patients are being seen in a timely manner, meeting national targets.
- > The District progressed development of a positive cross-organisational culture change program including the introduction of the Studer and Advisory Board Leaders Development Program and a People Management Skills Program. Feedback received from staff regarding workplace culture, through regular staff surveys, shows the District is proactively addressing concerns raised.

Demographic summary

The northern part of Far West Local Health District links closest to South Australia, while the southern part has closer links with Victoria. The region consists mainly of 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 District provides health care services across a geographic area of approximately 194,949 square kilometres. About 31,127 residents live within the District.

Traditional custodians of the land covered by the District are the Barkandji, the Wilyakali, the Nyampa and the Muthi Muthi. Aboriginal and Torres Strait Islander people make up 10 per cent of the population, compared to 2.9 per cent for all NSW. Representation of culturally and linguistically diverse communities is very small in the District with 91.1 per cent of residents coming from an English speaking background.

In 2014-15, demand for health services changed in line with the ageing population, increased rates of chronic disease and changed models of care that focus on alternatives to hospital care. The increase in chronic disease is related to ageing and the relatively poor health status of some populations within the District.

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

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

The main health issues facing the District are the prevalence of chronic disease and high proportion of the population engaged in behaviours likely to contribute to these conditions. This will require a greater emphasis on the provision of primary health care and support for self-management. In addition, clinical services 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.

Local government areas

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

Public hospitals

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

Community health centres

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

Child and family health services

Broken Hill Child and Family Centre

Oral health clinics

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

Hunter New England Local Health District



Lookout Road
Locked Bag 1
New Lambton NSW 2305

Telephone: 4921-3000
Facsimile: 4921-4969
Website: www.hnehealth.nsw.gov.au
Business Hours: 8.30am-5pm, Monday to Friday
Chief Executive: Mr Michael DiRienzo

Year in review

This year we continued to strengthen our commitment to excellence for every patient, every time. This is our ultimate aim and is at the core of our culture.

Excellence is about putting patients at the centre of everything we do, ensuring we are doing the right thing consistently and with respect.

With that goal in mind, we have been focused on excellence across all areas of our organisation.

We are building new and improved facilities including:

- completion of the centrepiece of the Tamworth Health Service Redevelopment, the Acute Services Building, which is great news for the New England North West region
- the official opening of the new emergency department at Muswellbrook Hospital, partially funded by a generous donation from BHP Billiton Sustainable Communities
- beginning work to expand the John Hunter Children's Hospital Neonatal Intensive Care Unit and planning for a Paediatric Intensive Care Unit.

We are positioning ourselves for excellence in translational research with:

- the development of a new research plan to underpin our partnership with the Hunter Medical Research Institute and the University of Newcastle
- the appointment of a Director of Clinical Research and Translation and development of a new clinical research fellowship program.

We are supporting the development of excellent leaders and increasing workforce diversity.

Our *Close the Gap* strategy is helping improve health outcomes for Aboriginal and Torres Strait Islander people, who make up 4.4 per cent of our population.

We have done this while treating increasing numbers of people needing our care and within budget.

Achieving excellence is not possible without the hard work and dedication of our 15,912 staff and 1600 volunteers. I would like to take this opportunity to thank them all for their commitment to our patients.

I am incredibly proud of the service we provide our communities.

Michael DiRienzo, Chief Executive

Key achievements for 2014-15

- > Strengthened and reaffirmed the District's commitment to *Excellence: every patient, every time*, while treating 394,385 presentations to emergency departments, providing 2.89 million occasions of service to non-admitted patients and caring for 216,599 admitted patient separations.
- > Completed the *Hunter New England Local Health District Research Plan 2015-16*. Received an honourable mention for an application for National Health and Medical Research Council recognition as an Advanced Health Research and Translation Centre. This was the only regional bid shortlisted and interviewed.
- > Opened a new dedicated day program to treat adults with eating disorders.
- > Improved Aboriginal health outcomes through *Close the Gap* strategies, including boosting employment of Aboriginal and Torres Strait Islander people to 6.6 per cent of permanent staff.
- > Opened the new \$6.5 million Muswellbrook Hospital Emergency Department.

- > Completed building work on the new Acute Services Building at Tamworth Hospital and commenced planning for a major redevelopment of Armidale Hospital.
- > Another cohort of frontline and senior managers graduated from *Lead for Excellence*, a 12-18 month diploma program to develop our leaders and provide a nationally-recognised qualification.
- > Developed a *Framework for Partnering with Patients and the Community*, in conjunction with community and patient representatives, staff and Hunter New England Local Health District Board.

Demographic summary

Hunter New England Local Health District is located north of Sydney and spans from Morisset in the south, Tenterfield in the north and west to Boggabilla and Mungindi on the Queensland border. The District provides health care services across a geographic area of approximately 131,785 square kilometres or 16 per cent of the area of NSW. The catchment includes many small rural and remote communities as well as populous regional centres. The largest centre is Newcastle, which is the second largest city in NSW and is located 150 kilometres north of Sydney. The District spans almost 700 kilometres from north to south and approximately 500 kilometres from east to west. About 873,741 residents live within the District.

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. Aboriginal and Torres Strait Islander people make up 4.4 per cent (34,852 people) of the population, compared to 2.9 per cent for all NSW.

About 169,846 residents were born overseas, which equates to 20 per cent of the District's population. A total of 68,286 (7.8 per cent) residents in the District speak a language other than English.

All areas of the District are experiencing an ageing of the population, particularly those aged 85 years and over. At the same time, some parts of the District are seeing a growth in families and young people in their communities, particularly in the Hunter Valley, Newcastle and Lower Mid North Coast areas. There is also a general movement of the population away from inland areas to the coast. While some communities, such as Moree, may be decreasing in overall population, there is growth in the Aboriginal population.

By 2021, the District's population is expected to grow by nine per cent to 950,056 residents. The main health issues facing the District are cardiovascular disease, diabetes, cancer and respiratory disease.

Local government areas

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

Public hospitals

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

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

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

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

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

Public nursing homes

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

Community health centres

Armidale, Ashford, Barraba, Beresfield, Bingara, Boggabri, Bulahdelah, Bundarra, Cessnock, Denman, Dungog, Eastlakes (Windale), 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, Stroud, Tambar Springs, Tamworth, Taree, Tenterfield, Tingha, Toomelah, Toronto (Westlakes), Uralla, Walcha, Walhallow, Wallsend (West Newcastle), Warialda, Wee Waa, Werris Creek, Western Newcastle (Wallsend), Westlakes (Toronto)

Child and family health services

Anna Bay, Barraba, Belmont, Charlestown, Denman, Edgeworth, Greta, Gunnedah, Hamilton, Kotara, Lambton, Mallabula, Manilla, Maryland, Medowie, Merriwa Morisset, Murrurundi Muswellbrook Newcastle, Quirindi, Raymond Terrace, Scone Singleton, Stockton, Tamworth, Tomaree, Toronto, Wallsend, Walcha, Waratah, Windale, Wingham

Oral health clinics

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

Third schedule facilities

Calvary Mater Newcastle

Other services

Mental health facilities: Mater Mental Health Services (Waratah), James Fletcher (sub-acute), Morisset Hospital

Mental health services: Maitland, Tamworth, Manning, Armidale and John Hunter Hospitals

Aged care and rehabilitation, children young people and families, cancer, women's health and maternity, mental health and drug and alcohol, critical care and emergency services, chronic disease

Illawarra Shoalhaven Local Health District



Lawson House, Wollongong Hospital, Loftus Street
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South Coast Mail Centre NSW 2521

Telephone: 4222-5000

Facsimile: 4253-4878

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

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

Chief Executive: Margot Mains

Year in review

The 2014-15 reporting year marked the start of a new era for our District with the development of a new *Leadership and Governance Framework*, guided by the creation of six defined clinical divisions. This new service model will ultimately deliver improved care to meet the changing needs of our diverse community.

Strengthening leadership and governance will continue to be a significant priority for the District over the next few years as will the continued development of our services, which have been bolstered by the completion of major capital works during this reporting period.

Construction and fit-out of the \$106 million Illawarra Elective Surgical Services Centre at Wollongong Hospital is in the final stages, with key areas including the new Ambulatory Care Unit, Recovery Unit, Emergency Department expansion and Intensive Care Unit completed. The \$30.5 million upgrade to car park facilities at Wollongong Hospital opened, more than doubling parking capacity with an additional 750 car spaces.

Shellharbour Hospital opened a new \$6.7 million Ambulatory Care Centre and welcomed the announcement of \$251 million for a major redevelopment and expansion of the campus, in line with our *Health Care Services Plan*. At Milton Ulladulla Hospital, planning is well underway for the construction of a \$4.6 million purpose-built Renal Unit and Palliative Care expansion.

The District's information technology capability was significantly bolstered this year with the implementation of the Electronic Medical Record in the Drug and Alcohol Service and the roll out of wireless infrastructure at our hospital sites to support bedside entry of patient information.

Taking up the Chief Executive role in October, my first financial year has been about building on the strengths of the District and growing the organisation to provide safe and high quality services into the future.

Margot Mains, Chief Executive

Key achievements for 2014-15

- > Completed the new Ambulatory Care Centre at Shellharbour Hospital. The Centre provides much needed additional space to increase the capacity of a range of services to better meet the needs of the southern Illawarra population.
- > The \$30.5 million Wollongong Hospital car park project was completed and delivered well ahead of the planned finalisation date.
- > The Illawarra Elective Surgical Services building is in the final stages of completion and includes the implementation of revised models of care for surgery and intensive care to meet the service needs of the Illawarra and Shoalhaven.
- > Completed the new Wollongong Hospital Ambulatory Care Centre and includes implementation of a 'one stop' model of care for outpatient services (excluding Women and Children's Health) and technology in the form of an integrated queuing system to support patient flow.
- > Completed the refurbished Wollongong Hospital Emergency Department with the revised 'Better Faster Emergency Care' model of care in line with access targets. The patient-centred model has delivered more open, transparent and clinically appropriate spaces to deliver emergency care.
- > Strengthened the clinical leadership through the implementation of the new *Leadership and Governance Framework* that includes the appointment of Clinical Co-Directors to the six defined clinical divisions.
- > The Mental Health Service, Shellharbour and Kiama hospitals, and Integrated Community Services were accredited for three years against the National Safety and Quality Health Care Standards under the National Accreditation Scheme. All sites and services within the District now hold accreditation.
- > The accomplishments in health literacy of the District were recognised at state and national level, including by the Australian Commission on Safety and Quality in Health Care and the NSW Clinical Excellence Commission, and included the receipt of two NSW Health Innovation Awards.
- > Achieved ongoing improvements in workforce health and safety performance, including a 7.7 per cent reduction in claims, improved return to work outcomes and a 45 per cent reduction in open claims.
- > Rolled out wireless infrastructure at our facilities to support bedside entry of the electronic patient record.

Demographic summary

The Illawarra Shoalhaven Local Health District covers four local government areas, Wollongong, Kiama, Shellharbour and Shoalhaven over a large geographic region of 5687 square kilometres. The District extends along the coastline from Helensburgh in the north to North Durras in the south. The estimated resident population for the Illawarra Shoalhaven is 396,000.

Traditional custodians of the land are the Wodi Wodi and Dharawal People. Aboriginal and Torres Strait Islander people make up 3.3 per cent (13,048 people) of the population, compared to 2.9 per cent for all NSW.

Culturally and linguistically diverse communities are well represented throughout the District, with 38,888 residents born in a non-English speaking country and approximately 5367 who do not speak English well or at all.

Over the next decade, the Illawarra Shoalhaven population is projected to reach 402,800 by 2016 and 435,850 by 2026. This equates to a projected per annum growth rate of 0.8 per cent across the District, compared to a projected average growth rate of 1.3 per cent across NSW.

The Illawarra Shoalhaven has a higher proportion of people aged 65 years and older (17.7 per cent) compared to the NSW average (14.5 per cent). Children aged less than 15 years make up 18.5 per cent of the population, similar to the NSW average of 18.9 per cent.

Current projections indicate that by 2026, approximately 24 per cent of the population of the District will be aged over 65, compared to 19 per cent for NSW. This indicates that the population of the District is projected to maintain a higher ageing population than the State average.

On average, the Illawarra Shoalhaven population is more disadvantaged than the NSW population, with the exception of the Kiama local government area. The main challenges facing the District over the next 10 years with regard to the population include addressing the rising levels of chronic and complex needs, particularly in relation to our significant Aboriginal population, reversing the increase in 'potentially avoidable' hospitalisations, particularly for diabetes, responding to mental health needs and providing sustainable clinical services.

Local government areas

Kiama, Shellharbour, Shoalhaven, Wollongong

Public hospitals

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

Community health centres

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

Early childhood centres

Albion Park, Berkeley, Corrimal, Cringila, Culburra, Dapto, Fairy Meadow, Figtree, Flinders, Gerringong, Helensburgh, Kiama, Mount Terry, Nowra, Oak Flats, Shoalhaven Heads, St Georges Basin, Sussex Inlet, Thirroul, Ulladulla, Warilla, Warrawang (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), Illawarra Child Development Centre (Porter St), Northern Family Care Centre (Woonona), Shoalhaven Family Care Centre, Southern Family Care Centre (Berkeley)

Aboriginal maternal and infant health:

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

Oral health clinics

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

Other services

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

Mid North Coast Local Health District



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

A/Chief Executive: Bronwyn Chalker

Year in review

The 2014-15 reporting period was an exciting year for the Mid North Coast Local Health District. The District performed well to achieve budget targets while continuing to deliver excellent public health services to the communities of the Mid North Coast.

The District is currently overseeing the largest ever capital investment in health services on the Mid North Coast. The expansion project at Port Macquarie Base Hospital has been completed and construction of Kempsey District Hospital is progressing well.

Building is also nearing completion for the \$2.5 million *HealthOne* facility at Nambucca Heads.

During 2014-15, the District established a Mid North Coast Aboriginal Health Accord and launched the *Aboriginal Health Partnership Plan*.

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

We are also now beginning to see the benefits of the major capital works programs across the District. These projects provide our staff with state-of-the-art facilities and the ability to implement efficiencies and improvements in the provision of quality health care and support to our communities.

Bronwyn Chalker, Acting Chief Executive

Key achievements for 2014-15

- > Continued to oversee the largest capital investment program for sites on the Mid North Coast.
- > Made sound progress against key Tier 1 and 2 performance measures. Significant improvement recorded in regards to National Elective Surgical Targets when compared to the previous year. The District also improved its performance by increasing the number of people treated within clinically appropriate time.
- > Established an integrated care program for the Nambucca local government area and the Mid North Coast Mental Health Integrated Care Collaborative.
- > Developed guidelines and protocols to gather and use patient stories. This framework incorporates other feedback mechanisms including complaints and compliments, patient survey and patient trackers. Patients' stories are presented at the start of every senior executive team and governing Board meetings.
- > The Mid North Coast Local Health District was awarded district-wide accreditation status for three years by the Australian Council on Health Care Standards.
- > The District continues to develop the Mid North Coast Health Research Collaborative as a joint project with health care providers, Aboriginal Medical Services and universities. The *Research Strategic Plan* was endorsed in May 2015.
- > The District has increased its Aboriginal employment figure to 3.4 per cent and is working towards the target of five per cent.
- > The Mid North Coast Local Health District 'Big Ideas' grant was released with the winners announced at the Mid North Coast Local Health District Quality Awards. A total of \$75,000 was awarded.

- > Official openings during 2014-15 included the \$104 million Port Macquarie Base Hospital Expansion, the Bellingen Health Campus Sub-Acute Unit, the Wauchope Palliative Care Unit and the Wauchope Urgent Care Centre.
- > Expansion of surgical activity also commenced at smaller hospitals within the District.

Demographic summary

The Mid North Coast Local Health District extends from the Port Macquarie Hastings local government area in the south to Coffs Harbour local government area in the north and provides health care services across a geographic area of approximately 11,335 square kilometres. About 212,193 residents live within the District.

Traditional custodians of the land covered by the District are the Gumbainggir, Dunghutti, Birpai, and Nganyaywana nations. Aboriginal and Torres Strait Islander people make up approximately five per cent of the population, compared to 2.9 per cent for all NSW.

Representation of culturally and linguistically diverse communities including 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 a growing number of humanitarian refugees have settled in the area. The main refugee communities include Afghani, Sudanese, Burmese, Congolese, Togolese, Sierra Leone, Ethiopian, Eritrean and Somali. Smaller numbers of Asian migrants also reside in Laurieton, Wauchope and Port Macquarie.

In 2014-15, the child and youth population (0-24 years) made up approximately 29 per cent of the population, while those over 65 years account for approximately 28 per cent. This trend is predicted to be maintained to 2026, by which time the total population of District is expected to have increased by 13 per cent. The largest increases are being projected for the Coffs Harbour and Port Macquarie Hastings local government areas.

The main health issues facing the District are mental health illnesses and chronic age-related illnesses such as cardiac, pulmonary, diabetes, renal disease and dementia. The Mid North Coast also has significant groups of disadvantaged people, including Aboriginal people and refugees, people on low incomes and people living in small, isolated communities, all of whom are at risk of poorer health outcomes than the rest of the population. There are also some concerning trends in lifestyle behaviours and risk factors such as overweight and obesity, low levels of physical activity, poor diet and the number of people who continue to smoke.

Local government areas

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

Public hospitals

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

Public nursing homes

Dorrigo Residential Aged Care

Community health centres

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

Child and family health services

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

Oral health clinics

Coffs Harbour, Kempsey, Laurieton, Port Macquarie, Wauchope

Other services

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

Murrumbidgee Local Health District



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Chief Executive: Jill Ludford

Year in review

The focus of the Murrumbidgee Local Health District was on ensuring the future sustainability of our District through lifting performance with improved system-wide changes. In 2014-15, the District achieved National Standards Accreditation.

During the year, we released the *Murrumbidgee Action Plan (the MAP)*. The MAP provides an overarching framework to improve performance and deliver our *Strategic Plan*. It was developed in partnership with Medicare Locals, clinicians and other key stakeholders. It takes a whole-of-system perspective and provides the foundations to support long-term clinical and financial sustainability.

We launched Our People Our Future, a cultural change program which emphasises our role in promoting healthy living and the improvement of health outcomes for patients, clients, residents and the broader communities we serve, in collaboration and partnership with others.

We worked towards establishing an integrated system of care to ensure patient care is routinely seamless, efficient and effective. The Chronic Disease: Engaged with all Stakeholders and Services (CHES) initiative is being established at two pilot sites. This model aims to reduce the number of avoidable hospitalisations for patients who can be managed by a general practitioner-led multidisciplinary team.

Work continued on the \$282.1 million redevelopment of Wagga Wagga Base Hospital and an extensive change management program is also underway. The \$12 million redevelopment of Hillston Multipurpose Service was completed.

Information and communication technology infrastructure to support a future state environment is well progressed. The HealthNet and the Electronic Medical Record (eMR2) programs were introduced at a number of sites, enabling increased quality and improved support for the coordination of care.

Community engagement remains a priority with Local Health Advisory Committees at 32 sites involved in service planning and priority setting to provide valuable feedback on our future direction.

I thank the staff, volunteers, community and consumer representatives for their dedication in improving the health of our population and our patient experience.

Jill Ludford, Chief Executive

Key achievements for 2014-15

- > Staff safety is one of our highest priorities. The District launched its BeSafe safety culture program aimed at creating positive attitudes and behaviours around workplace safety.
- > A Mental Health and Drug and Alcohol Alliance and Memorandum of Understanding was completed with a range of stakeholders. This will facilitate the progression of strategies under the NSW Mental Health Commission's *Living Well Strategic Plan* and the District's *Mental Health and Drug and Alcohol Plan*.
- > The Cardiology Network implemented the electrocardiogram (ECG) remote reading service. This service links NSW Ambulance to a Cardiologist at Wagga Wagga Base Hospital for interpretation of ECG results.
- > A Joint Statement of Intent is under development in partnership with Murrumbidgee District Family and Community Services to harness opportunities for improved service delivery and boundaries of operation for both organisations.
- > Renovated the Oncology unit at Griffith Base Hospital to provide greater patient comfort and more space. The majority of the renovation was completed using money from very generous public donations to the Oncology clinic.
- > The Renal Unit at Wagga Wagga has been expanded to include a new Haemodialysis and Peritoneal Dialysis Training Unit, which will provide patients with greater flexibility in how they manage their treatment.

- > In partnership with the Murrumbidgee Medicare Local, we are working with residential aged care facilities to implement the Agency for Clinical Innovation's *Building Partnerships* initiative. This will improve the care of residents and recipients of aged care services in the early detection and subsequent management of acute decline.
- > Planning is well advanced for Barham, Tocumwal, Culcairn, Holbrook, Murrumburrah-Harden and Tumbarumba, as part of Stage Five of the Multipurpose Services Program.
- > Launched the District Facebook page to build brand awareness, share information in a timely and customised manner and create connections with local communities.
- > The Tumut Health Service Operating Theatre Reconfiguration and Upgrade, and the Young Health Service Operating Theatre Reconfiguration and Upgrade, have been approved for funding under the Rural Health Service Capital Investment Program.

Demographic summary

Murrumbidgee Local Health District provides health care services across a geographic area of approximately 125,561 square kilometres. About 238,919 residents live within the District or 289,162 when including the Albury population.

Traditional custodians of the land covered by the District are the Baraba Baraba, Nari Nari, Wemba Wemba, Wiradjuri, and Yorta Yorta peoples. Aboriginal and Torres Strait Islander people make up 3.8 per cent (10,562 people) of the population, compared to 2.9 per cent for all NSW.

The people of the District were mostly born in Australia or were from English speaking countries. Including Albury, 4.7 per cent of the population were born in a non-English speaking country and five per cent stated speaking a language other than English at home.

The District has an ageing population, areas with higher proportions of disadvantaged households and rates of hospitalisation which are significantly higher than comparative NSW data. People aged 75 years and over made up an estimated 10 per cent of the total population in 2011 (around 18,000 people). This is projected to increase to 14.4 per cent of the total population by 2026 (around 29,000 people, not including Albury and based on 2014 NSW projections).

The Murrumbidgee district is a large geographic area with relatively low population density, challenging the efficient deployment of health care resources including the specialist workforce.

While the overall District population number is not projected to change significantly, projections indicate growth in the older population which will increase demand for services. Slow population growth in the context of ageing will likely mean constrained funding growth but with the challenge of increasing complexity of patient needs.

Murrumbidgee has significantly high rates of preventable mortality and hospitalisation and relatively high rates of amenable mortality and potentially preventable hospitalisation. This suggests that a focus on prevention and early intervention could materially improve health outcomes while reducing pressures on hospital and specialist services.

Local government areas

Albury, Berrigan, Bland, Boorowa, Carrathool, Conargo, Coolamon, Cootamundra, Corowa, Deniliquin, Greater Hume, Griffith, Gundagai, Harden, Hay, Jerilderie, Junee, Lachlan, Leeton, Lockhart, Murray, Murrumbidgee, Narrandera, Temora, Tumbarumba, Tumut, Urana, Wagga Wagga, Wakool, Young

Public hospitals

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

Public nursing homes

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

Community health centres

Adelong, Ardlethan, Arian Park, Barellan, Barmedman, Barham, Batlow, Berrigan, Boorowa, Boree Creek, Coleambally, Coolamon, Cootamundra, Corowa, Culcairn, Darlington Point, Deniliquin, Finley, Ganmain, Goolgowi, Griffith, Gundagai, Harden-Murrumburrah, Hay, Henty, Hillston, Holbrook, Howlong, Jerilderie, Junee, Khancoban, Lake Cargelligo, Leeton, Lockhart, Mathoura, Moama, Moulamein, Narrandera, Oaklands, Rand, Rankin Springs, Tarcutta, Temora, The Rock, Tocumwal, Tooleybuc, Tumbarumba, Tumut, Ungarie, Urana, Wagga Wagga, Walla Walla, Weethalle, West Wyalong, and Young

Child and family health services

Adelong, Ardlethan, Arian Park, Barellan, Barmedman, Barham, Batlow, Berrigan, Boorowa, Boree Creek, Coleambally, Coolamon, Cootamundra, Corowa, Culcairn, Darlington Point, Deniliquin, Finley, Ganmain, Goolgowi, Griffith, Gundagai, Harden-Murrumburrah, Hay, Henty, Hillston, Holbrook, Howlong, Jerilderie, Junee, Khancoban, Lake Cargelligo, Leeton, Lockhart, Moama, Moulamein, Narrandera, Oaklands, Rand, Rankin Springs, Temora, The Rock, Tocumwal, Tooleybuc, Tumbarumba, Tumut, Ungarie, Urana, Wagga Wagga, Walla Walla, West Wyalong, and Young

Oral health clinics

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

Third schedule facilities

Mercy Health Service Albury and Mercy Care Centre Young

Other services

South West Brain Injury Rehabilitation Service,
BreastScreen NSW

Nepean Blue Mountains Local Health District



Nepean Hospital, Derby Street
PO BOX 63
Penrith NSW 2751

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Chief Executive: Kay Hyman

Year in review

The 2014-15 year was a period of continued success for Nepean Blue Mountains Local Health District with many achievements across a wide range of services.

The year saw the strengthening of positive relationships with consumers, community and other organisations, including a focus on developing integrated care models working with the former Nepean Blue Mountains Medicare Local.

The District developed joint plans for addressing inequalities in our region, including:

- an *Obesity Plan* and a joint *Aboriginal Engagement Strategy* with the former Nepean Blue Mountains Medicare Local
- the signing of agreements between the District, Hawkesbury District Health Service and the Hawkesbury Living Cancer Trust that will enable the delivery of a satellite chemotherapy service for local residents.

Nepean Blue Mountains Local Health District demonstrated the ability to provide world-class clinical care by implementing a range of new technology infrastructure, including successful telehealth initiatives and hosting a Telehealth Symposium to showcase initiatives across the District.

The District piloted *Koori Kids Futures Health Explorations* – a program designed to encourage young Aboriginal and Torres Strait Islander students towards careers in health and deepen their understanding of the role of Aboriginal and Torres Strait Islander people in health care.

In April, the Blue Mountains District ANZAC Memorial and Springwood hospitals marked the Centenary of ANZAC with a beautiful display of more than 13,000 individually crafted poppies, donated by the community. A special photographic display acknowledging local Aboriginal diggers was also included. The project was a testament to the dedication of our staff and the relationships built between facilities, community groups and the Aboriginal community.

Within research, the District is proud to have supported a range of world-class research programs including a significant discovery of a gene implicated to cause chronic lymphocytic leukaemia. The Musculoskeletal Ageing Research Program also received 12 international and national research awards and has improved the care of older people in our community.

Kay Hyman, Chief Executive

Key achievements for 2014-15

- > Development of a joint *Obesity Plan* and joint *Aboriginal Engagement Strategy* with the former Nepean Blue Mountains Medicare Local to clearly define strategic intent to address key population health issues.
- > Implementation of *Koori Kids Futures Health Explorations* pilot to encourage young Aboriginal students to consider taking up careers in health.
- > Research conducted by Associate Professor Fuller of Nepean Blue Mountains Local Health District identified a gene implicated in the development of chronic lymphocytic leukaemia. This major discovery has significant translational potential.
- > Nepean Hospital Falls and Fractures Clinic was internationally recognised for offering a unique balance re-training technique to prevent falls in older people.
- > The *Get Healthy Coaching Program*, supporting adults in getting healthier and making better lifestyle choices, saw a 119 per cent increase in referrals from health professionals.
- > An outreach immunisation program, offered to Aboriginal children, resulted in a 15 per cent increase in the number of under five year olds fully immunised, from 82 per cent in 2011 to 95.3 per cent in 2015 (above the 92 per cent NSW target).
- > The District achieved 87.3 per cent hand hygiene compliance rates, well above the National Hand Hygiene reporting rate of 82.05 per cent for the same period (July 2014 to March 2015).

Demographic summary

The Nepean Blue Mountains Local Health District consists of both urban and semi-rural areas and provides health care services across a geographic area of approximately of 9179 square kilometres. About 348,100 residents live within the District.

Traditional custodians of the land covered by the District are the Darug, Gundungarra and Wiradjuri people. The number of people identifying as Aboriginal and Torres Strait Islander make up 3.2 per cent (11,196 people) of the population, compared to 2.9 per cent for all NSW. The largest Aboriginal community resides in Penrith. The Aboriginal population is younger than the wider District community with 55.6 per cent under 25 years of age.

People from culturally and linguistically diverse communities represent around 20 per cent of the population, with two in 10 people reporting being born overseas. The most frequently reported countries of birth were United Kingdom, New Zealand, Germany, Netherlands, Philippines, India, Malta and the United States.

Over the next decade, the District's projected population growth is 23.8 per cent (from 2011 to 2026). The proportion of the population aged 0 to 14 years is expected to remain steady (from 20.7 per cent in 2011 to 20.5 per cent in 2026), while the proportion of older residents will increase from 7.6 per cent in 2011 to 12.1 per cent in 2026.

The largest proportions of pre-school aged children are in the local government areas of Penrith (7.6 per cent) and Hawkesbury (6.8 per cent). Higher proportions of older residents aged 70 years and over live in the local government areas of Lithgow (12.1 per cent) and the Blue Mountains (10.4 per cent).

Births and new arrivals contributed to population growth in the District with 4902 births to residents recorded during the year. The highest total fertility rate occurs in Lithgow and Hawkesbury (2.1 children per woman) followed by Blue Mountains and Penrith with 2.0 children per woman.

The main health issues facing the District are the increasing populations of older people that foreshadow new and unique challenges in health care planning, service delivery and access to specialised care.

Local government areas

Penrith, Blue Mountains, Lithgow and Hawkesbury

Public hospitals

Nepean, Blue Mountains District ANZAC Memorial, Springwood, Lithgow, Portland Tabulam Health Centre, Hawkesbury (Public – private partnership with Hawkesbury District Health Service)

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

Hawkesbury, Katoomba, Lithgow, Nepean, Springwood

Third schedule facilities

Tresillian Centre

Other services

Nepean Cancer, 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, Aboriginal Health, Multicultural Health

Northern NSW Local Health District



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Chief Executive: Chris Crawford

Year in review

The last year has again proven to be very busy for Northern NSW Local Health District with significant growth in patients presenting to, and being treated at our hospitals and community services. Despite the growth, the District exceeded the National Emergency Access Target of 81 per cent with an end-of-year-result of 82 per cent of patients presenting to the emergency department being admitted, referred or discharged within four hours of presentation. In addition, the District also met the National Elective Surgery Targets in all three categories of surgical prioritisation.

Capital works programs continue to transform some of our ageing infrastructure into state-of-the-art clinical areas. While the Lismore Base Hospital Stage Three A redevelopment continues, the announcement of additional funding to complete Stage Three B of the redevelopment will result in nearly 80 per cent of the clinical areas being redeveloped to allow our patients to be managed in contemporary purpose-built clinical buildings.

During 2014-15, the redevelopment of the Murwillumbah District Hospital Emergency Department resulted in additional purpose-built patient care areas that allow staff to provide contemporary models of care. The redevelopment of the Casino Hospital Emergency Department has seen the emergence of a much larger, purpose-designed emergency department that will meet the needs of the community and staff for many years to come. The building of the new Byron Central Hospital has progressed very quickly during the last year with transfer of services from Byron and Mullumbimby District hospitals to occur in early 2016.

In 2014-15, the District entered the social media space with the launch of the Northern NSW Local Health District Facebook page and the District's Health Promotion Facebook and website Initiative. This move to social media channels is to ensure the District uses a broader range of communication mediums that reach a wider audience.

During the year, the Tweed and Byron Health Service Group including the Tweed Hospital, and Richmond Network Health Services including Lismore Base Hospital underwent accreditation surveys. The results of the accreditation surveys illustrated the high quality of clinical care and corporate and clinical governance that the District staff and Visiting Medical Officers provide across the breadth of our services against the national standards.

The Executive and Board extend huge thanks to our staff and Visiting Medical Officers who provide excellent care to the many thousands of patients receiving service from our hospitals and health services. The Executive and Board also thank the many volunteers across the District who give tirelessly of their time to assist and comfort our patients and carers in times of need.

Chris Crawford, Chief Executive

Key achievements for 2014-15

- > The District received a \$535,000 grant to significantly improve the integration of health services within the Northern Rivers to deliver proactive integrated care for patients with chronic diseases and complex needs.
- > The District is one of the six rural local health districts currently participating in the \$48 million Rural eHealth Program to expand eHealth capability over the next three years to June 2017. Activities include delivering clinical applications such as Community Health and Outpatient Care, Electronic Medical Record Phase 2 and Electronic Medication Management, corporate applications such as HealthRoster and infrastructure enhancements such as Health Wide Area Network.
- > The new BreastScreen mobile bus was fitted with upgraded digital mammography equipment, a secure wireless communication system for instant transfer of diagnostic images to Lismore BreastScreen service for analysis by radiologists and wheelchair accessibility.
- > Increased clinician engagement strategies to ensure clinician involvement in decision-making about resource allocation and service delivery across our services.
- > Progressed the planning for construction of the Bonalbo Multipurpose Service. This required robust and effective consultation with the community to ensure the facility design meets their needs.
- > Rapid development of the \$88 million Byron Central Hospital. This purpose-built hospital will replace the current district hospitals in the northern (Mullumbimby) and southern (Byron Bay) parts of the Shire.
- > Casino and District Memorial Hospital Emergency Department Upgrade was completed. This \$3 million upgrade provides a new triage area, two new resuscitation bays, a redesigned ambulance entry, four new treatment bays, a new waiting area, Multifunctional Safe Assessment Room, dedicated Emergency Department staff room, new public toilet and refurbished clean utility room.

- > Completed the \$450,000 Murwillumbah Hospital Emergency Department Upgrade (Stage Three) in October 2014. This project involved extending the rear of the emergency department to create a new compliant resuscitation area, three new compliant acute observation bays, a new observation chair, a new change room and toilet in the imaging department and a refurbishment of the existing emergency department toilet for patient use.

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. About 288,241 residents live within the District.

Traditional custodians of the land covered by the District are the Bundjalung, Githabul, Gumbaynggirr, and Yaegl Nations. Aboriginal and Torres Strait Islander people make up 4.7 per cent (13,660 people) of the population, compared to 2.9 per cent for all NSW.

In 2014-15, the proportion of people aged 65 years and over continued to increase. In 2011, people aged 65 years and over comprised 19.4 per cent of the total population and by 2021 this figure is expected to increase to 24 per cent. Within the older population, the cohort of people aged 85 years and over is significant.

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

Local government areas

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

Public hospitals

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

Community health centres

Alstonville, Ballina, Bangalow, Banora Point, Bonalbo, Byron, Casino, Coraki/Evans Head, Grafton, Iluka, Kingscliff, Kyogle Lismore (Adult), Maclean, Mullumbimby, Murwillumbah, Nimbin, Tweed Heads, Urbenville, Yamba

Child and family health services

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

Oral health clinics

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

Other services

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

Northern Sydney Local Health District



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Chief Executive: Adjunct Associate Professor Vicki Taylor

Year in review

Following the changes we commenced in 2013-14 and changes that have occurred within the broader NSW Health system, Northern Sydney Local Health District reviewed its *Clinical Services Plan* during 2014-15. The District spent much of 2014 consulting with clinicians and managers to gain their input and review before finalising the *Clinical Services Plan 2015-2022* and publishing it in May 2015.

The Plan encompasses all clinical and associated support services provided in public facilities and affiliated health organisations across the District and sets out a roadmap for the next seven years to deliver on three key focus areas:

- > improving integrated care, particularly for patients with complex and ongoing health needs, in partnership with others.
- > organisational reform with an emphasis on the reconfiguration and enhancement of clinical networks to lead and advise on clinical service standards and development.
- > development of an academic health sciences centre for Northern Sydney to embed research and education into clinical practice and support transformational change in service delivery.

The implementation of the new operating model will see the District transition from a facility-based model to a networked operating model. The Clinical Network Director roles have been appointed and a new charter finalised. The new charter clearly defines the role of Clinical Networks in establishing and overseeing standards of care, providing leadership in relation to education and research, and providing advice in relation to service development, resource allocation and workforce requirements.

The Clinical Networks, supported by the District, will be primarily responsible for the implementation of the 150 recommendations identified in the *Clinical Services Plan 2015-2022*. This model represents a new level of clinical engagement and will empower clinicians to work with our existing divisional structures, site managers and executive teams to drive change that benefits patients by delivering the right care, in the right place and at the right time.

The first major initiative of our new Cancer and Palliative Care Services Network was the review of palliative care across the District to develop a patient-centred framework for the future. The review encompassed robust discussions with staff, clinicians, external providers and patient advocates around current service provision and also identified gaps. The District is now working on the recommendations from the review to provide the community with a sustainable service over time. In support of this goal, the Network has become a budget-holding network, meaning that it has both accountability for and flexibility of resource allocation and management across a range of services.

The District is committed to working with our new clinical networks as they focus on achieving positive patient outcomes through strong partnerships, internally and externally, with our stakeholders to deliver on our key initiatives.

Adjunct Associate Professor Vicki Taylor, Chief Executive

Key achievements for 2014-15

- > Opened the \$1.8 million short stay unit at Mona Vale Hospital in July 2014.
- > In October 2014, the NSW Government announced Healthscope Limited as the preferred hospital operator to design, build, operate and maintain the Northern Beaches Hospital.
- > Officially opened Royal North Shore Hospital's Clinical Services Building on 12 December 2014.
- > Northern Sydney Local Health District together with the former Northern Sydney Medicare Local and the former Sydney North Shore and Beaches Medicare Local is implementing a musculoskeletal initiative in primary health with support and funding from the Agency of Clinical Innovation.
- > The District has also been successful in obtaining funds from the NSW Ministry of Health and the Planning and Innovation Fund to support developments in hospital-based services which are part of the integrated care initiative.
- > In March 2015, a Geriatric Medicine Specialist trainee was approved by the Australasian College of Emergency Medicine to work in the emergency department at Hornsby Ku-ring-gai Hospital, responding to the needs of the ageing population. This is an Australian first.

- > Northern Sydney Local Health District Workforce and Culture Directorate has developed a number of strategies including Fitness Passport, talent development and PRIDE (Performance Review for Improvement and Development of Employees) to support and encourage staff in the workplace.
- > The Assessment Planning Unit at Ryde Hospital has reduced the length of stay from 70 hours to 46 hours and improved its readmission rate from 7.5 per cent to 2.5 per cent, in its first year of operation.
- > Royal North Shore Hospital conducted a multi-agency counter terrorism field exercise to evaluate the hospital's internal incident management arrangements and integration with external emergency services when responding to an incident involving chemical weapons. The exercise enabled practical application and validation of the Hospital's established emergency plans (*Mass Decontamination and Dignitary Plan*) while fostering important relationships with external agencies. Opportunities were also identified for improvement.
- > Successful accreditation for EQulP National Standards for the District's Primary and Community Health. This is the inaugural accreditation for Primary and Community Health in NSW.
- > Established the Integrated Rheumatology-Podiatry Service at Royal North Shore Hospital to improve access to care, adopt validated tools to measure effectiveness, and allow the podiatrist and the rheumatologist to consult together in the one clinic.

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.

About 853,162 residents live within the District with 22.1 per cent born in non-English speaking countries and one in five speaking a language other than English at home.

Traditional custodians of the land covered by the District are the Guringai and Dharug Aboriginal nations. Approximately 0.3 per cent (2463 people) of residents identified as Aboriginal or Torres Strait Islander compared to 2.9 per cent for all NSW.

Between 2015 and 2025 the population is expected to grow by 13.6 per cent to over one million, with high rates of growth of people aged 70 and over.

The 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 the standardised mortality rates are lower than the state average, however Northern Sydney has a higher mortality rate for stroke than the NSW average.

Local government areas

Hornsby, Hunters Hill, Ku-ring-gai, Lane Cove, Manly, Mosman, North Sydney, Pittwater, Ryde, Warringah, Willoughby

Public hospitals

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

Community health centres

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

Child and family health services

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

Oral health clinics

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

Third schedule facilities

Greenwich, Royal Rehabilitation, Neringah

Other services

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

South Eastern Sydney Local Health District



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Chief Executive: Gerry Marr

Year in review

South Eastern Sydney Local Health District has begun its process of transformation through the *Journey to Excellence Strategy*, which is underpinned by the Institute for Healthcare Improvement's Triple Aim of improving quality of care, health of the population and value and financial sustainability.

Over the past 12 months, staff at all levels have been involved in building capacity and capability for a more positive workplace. This work was facilitated by the newly established Improvement and Innovation Hub. The District is building an improvement culture by optimising staff engagement and investment in innovation, organisational development and improvement in quality and safety.

The strategic direction allows staff to focus on best practice, patient-centred care while addressing financial stability. Its broader objectives and focus have been to reform business processes to become more streamlined; tackle waste and variation within the organisations; become a single cohesive district; inspire innovation; and transform leadership and workplace culture.

Integrated care is a priority as the District is faced with the future challenges of an increasing and ageing population, experiencing long term conditions. It is important to explore new integrated models of care, which is being done through the *Integrated Care Strategy and Action Plan*.

Investment in innovation has seen new models of care developed including:

- the multi-level skin cancer and wound clinic, a \$1.2 million project that aims to establish a new model of integrated care to improve assessment and treatment times
- the Children's Acute Review Service, which reduces the need for sick children to attend emergency departments, however still allows treatment by specialist paediatricians and nurses.

Developing new models of care is imperative to meet the growing health care demands. Over the past year, there were 216,569 emergency department presentations across the District, an increase of 3.5 per cent.

Engaging with consumers and communities in their health care is imperative in improving health outcomes. A new community partnerships portfolio has been established to provide support to staff to engage with consumers, carers and non-government organisations to identify gaps in services, improve access to services and achieve a more integrated health and social care system.

Gerry Marr, Chief Executive

Key achievements for 2014-15

- > Developed the *Integrated Care Strategy and Action Plan* to set the direction for facilities and services to deliver seamless care to patients with the assistance of health care providers outside a hospital setting.
- > Opened HealthOne clinic at Sutherland Hospital. This clinic works with general practitioners and patients on preventive care to empower patients with long term conditions to make decisions about their care, without the need to come to hospital.
- > Managed an extensive capital works program including the completion of Stage One of the Nelune Cancer Care Centre on the Randwick Hospital Campus; the opening of the \$41 million St George Hospital Emergency Department; the commencement of the \$300 million redevelopment of St George Hospital and the expansion of Sutherland Hospital.
- > Continued to drive organisational improvements and efficiencies through the *Journey to Excellence Strategy*. This has seen the establishment of the Program Management Office that has removed duplication and reduced inefficient processes to better support frontline services.
- > In a world-first, the Randwick Hospitals Campus and University of NSW launched the Australasian Oncofertility Registry which captures a cancer patient's fertility journey from diagnosis into survivorship, enabling cancer survivors to plan for a family.
- > Invested in improving clinical informatics to provide meaningful data to frontline staff through the development of Organisational Reporting and Business Intelligence for Transformation (OrBIT), a system that allows clinicians to use one platform rather than multiple systems to create reports and measure activity.
- > Opened the Recovery College, the first of its kind in NSW, aimed at providing people with the knowledge and skills to self-manage their mental health condition. The College has established partnerships with local community colleges to help enrol students and assist them with re-engaging in employment and education.
- > Supported an improved workplace culture by seeking staff feedback on what matters most to them through the Big Conversation Program. This involved 800 conversations with staff that will create a framework for future initiatives.

Demographic summary

The South Eastern Sydney Local Health District stretches along nine local government areas bordering Sydney Harbour and the Pacific Ocean in the north and east, and extending to the Royal National Park in the south. These local government areas are Sydney (part–Sydney East and Sydney Inner Statistical Local Areas), Woollahra, Waverley, Randwick, Botany Bay, Rockdale, Kogarah, Hurstville and Sutherland Shire. Lord Howe Island is also part of the District. The average population density in South Eastern Sydney is 1736 residents per square kilometre.

Approximately 850,000 people were living in South Eastern Sydney in 2011. The population is projected to increase by 14 per cent to 970,000 by 2021.

Consistent with the pattern for NSW as a whole, between 2011 and 2022, the fastest growing age group in this District will be the 70-84 years age group (+35 per cent), followed by the 85 years and over age group (+27 per cent).

In 2011, over 7000 South Eastern Sydney residents identified as Aboriginal or Torres Strait Islander people, equating to 1.0 per cent of the population, compared to 2.9 per cent for all NSW. In addition, over 300,000 residents were born overseas, equating to around 40 per cent of the population. More than a third of our residents speak a language other than English at home and of these about 10 per cent report that they do not speak English well or at all.

While South Eastern Sydney is one of the healthiest areas in NSW, not all South Eastern Sydney residents fare equally well in terms of their health. This is most evident for Aboriginal people as well as people who are disadvantaged socio-economically, including those who are homeless, long term unemployed and people with mental illness.

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

Local government areas

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

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

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

Public hospitals

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

Public nursing homes

Garrawarra Centre

Community health centres

Bondi Junction, 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

Chifley, Daceyville, Hurstville, Mascot, Menai, Randwick (at Prince of Wales Hospital), Rockdale, Surry Hills

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), Paediatric disability (Kogarah), Sexual Health, Youth, Drug and Alcohol (Darlinghurst – Kirketon Road Clinic), Drug and Alcohol (Surry Hills – Langton Centre)

Southern NSW Local Health District



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Chief Executive: Dr Max Alexander

Year in review

Southern NSW Local Health District has continued to perform well in terms of budgetary control, patient care and reputation.

The District significantly improved its financial performance in 2014-15 with a \$2.9 million surplus. This maintains the continuous improvement from the District's \$8 million deficit in the first year of operation in 2011-12.

In clinical operations, the National Elective Surgery Targets were met for all categories, as well as the transfer of care and the triage targets. Cancellation rates on day of surgery were 1 per cent. This is below the favourable limit of 2 per cent.

The District's emergency access compliance rate stood at 83 per cent.

The District's ongoing commitment to community engagement activities has helped to greatly improve public understanding and discussion of local health issues since its formation.

An extensive program of capital works has been delivered during the year including:

- the new \$11.8 million Eurobodalla sub-acute rehabilitation unit opened in Moruya in February 2015, boosting health services in Eurobodalla to meet the gap between Moruya's acute care and home-based rehabilitation care services.
- the \$6.75 million Eurobodalla renal and cancer care units in Moruya, due to be opened in December 2015.
- the new \$187.1 million South East Regional Hospital at Bega, which is the biggest construction project in South Eastern NSW is nearing completion, and is due for handover in late 2015.
- the District received a major government commitment of \$120 million for the redevelopment of the Goulburn Base Hospital. Planning for the redevelopment has commenced with a final business case scheduled to be presented to government in 2016. Meanwhile, new facilities and upgrades of medical and surgical wards in the existing hospital have progressed with minimal disruption to patients and staff.
- the planning for a \$10 million redevelopment of Cooma District Hospital to enhance the Emergency Department, radiology services and the maternity ward, as well as fund the construction of a new ambulatory care centre.
- the new \$1.5 million HealthOne facility at Yass, with the opening scheduled for October 2015. The new model of care will bring greater use of shared and effective care strategies for patients and clients of the Yass Health Service. It will also provide informed guidance for health professionals to ensure appropriate services are provided for the chronically ill and elderly members of the Yass community.
- preliminary planning for a Multipurpose Service in Yass with a \$8 million development commitment made by the NSW Government in March this year.
- planning for the future health needs of the Braidwood community has started with the Health Services Plan expected to be completed by late 2015. An adjoining house and property has been purchased to consolidate the Braidwood Multipurpose Service campus and enable flexible planning options for future development.

I extend my appreciation to all those who have contributed to the growth in service delivery, professionalism and reputation of the District. This is to the credit of the dedicated staff across the District, to the Board Chair and members, the Community Consultative Committees and the many volunteers who have given freely in support of the patients and District health services.

Work is being undertaken by the Board and Executive on a new strategic plan for the District for 2016–2019 and I have every confidence that this will drive further improved service delivery and performance for the next three years and well into the future.

Dr Max Alexander, Chief Executive

Key achievements for 2014-15

- > Delivered a \$2.9 million budget surplus.
- > The reputation of the District has significantly increased over the reporting period. This has been reflected through the success of community engagement activities, proactive media relations and positive media coverage.
- > Agreement was reached for the District to offer southern NSW residents on ACT wait lists, reduced waiting times for elective surgery and treatment closer to home. This reverse flow agreement allows these patients who are waiting for low-risk general surgery, gynaecology and orthopaedics to be treated in Southern NSW Local Health District hospitals, mainly Queanbeyan and Bega.
- > The Cooma Nursing and Midwifery Rural Clinical School was created, the first of its type in NSW. In this joint venture, the District has partnered with Charles Sturt University and the University of Wollongong.
- > A draft *Palliative Care Services Plan* has been created for public comment.
- > The Maternity Unit at Queanbeyan Hospital was awarded its fourth consecutive 'Baby Friendly Health Initiative' Accreditation Certificate. The only other NSW Hospital to have achieved the same status is the Royal Hospital for Women in Sydney.
- > Clinical Services Plans were completed in Goulburn, Monaro and Queanbeyan including extensive consultation with the communities served, resulting in substantial forward plans for health services in each area.

Demographic summary

Southern NSW Local Health District occupies 44,529 square kilometres in the south-eastern corner of NSW, encompassing 10 local government areas.

The estimated resident population of the District at June 2013, was 200,013 which is about 2.7 per cent of the total NSW population and 12.2 per cent of the state's rural population. The District's population is projected to grow to 220,050 by 2021, to 230,850 by 2026, and to 240,700 by 2031. The greatest population growth by 2021 will be in Queanbeyan, which is projected to have an additional 9050 residents within the next ten years. A slight decline in population is projected for the Upper Lachlan and Bombala local government areas.

In the 2011 Census, about 5500 residents or 2.9 per cent of the population identified as Aboriginal or Torres Strait Islander. Nearly 25,000 residents or 12.6 per cent were born overseas and about half of these were born in predominantly non-English speaking countries.

Adults aged over 65 years make up 19 per cent of the population and it is predicted that this will be the fastest growing age group. It will result in 4.2 older people to every 10 people of working age over the next 15 years. The Eurobodalla is projected to have the biggest increase in residents over age 65, with an additional 4100 by 2021, followed by Bega Valley with an additional 2750. The local government areas with significant growth predicted in the younger age groups are Queanbeyan, Yass Valley and Palerang.

Local government areas

Bega Valley, Bombala, Cooma-Monaro, Eurobodalla, Goulburn Malware, Palerang, Queanbeyan, Snowy River, Upper Lachlan, Yass Valley

Public hospitals

Batemans Bay District, Bega District, Braidwood Multipurpose Service, Bombala Multipurpose Service, Cooma Hospital and Health Service, Crookwell District, Delegate Multipurpose Service, Goulburn Base, Bourke St Health Service, Kenmore and Chisholm Ross Centre, Moruya District, Pambula District, Queanbeyan District, Yass District

Community health centres

Batemans Bay, Bega, Bombala, Braidwood, Cooma, Crookwell, Delegate, Eden, Goulburn, Jindabyne, Moruya, Narooma, Pambula, Queanbeyan, Yass

Child and family health services

Karabar

Oral health clinics

Cooma, Goulburn, Moruya, Pambula, Queanbeyan, Yass

South Western Sydney Local Health District



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Chief Executive: Amanda Larkin

Year in review

South Western Sydney Local Health District has experienced a year of outstanding achievements. This was largely thanks to the people, teams and communities who helped us continue to deliver our vision of leading care, healthier communities.

The District's first Integrated Primary Care Centre opened in Oran Park, offering community nursing clinics and child and family services to the local community. The Centre is enhancing local access for communities and reducing demand on hospitals to provide these services.

A \$9 million contribution to funding for the construction of the University of Western Sydney Clinical School at Campbelltown Hospital was pledged in the 2014-15 budget. The University also committed \$12.2 million to the project.

A new Centre for Oncology Education and Research Translation opened at Liverpool Hospital, linking cancer research with patient care to better target cancers, improve cure rates and reduce side effects for patients.

Staff are benefiting from state-of-the-art training and education facilities following the opening of the \$6.2 million Ngarra Education Centre on the Liverpool Hospital Eastern Campus. The Centre provides training and orientation for health professions including nursing, allied health, corporate services and medical staff. It features high-acuity rooms to train for emergencies or deteriorating patients with two high-tech simulation manikins.

The Public Health Unit Immunisation Team targeted 33 high schools in term three of 2014 to provide students with an opportunity for a second MMR (measles mumps rubella) vaccine. This was the largest targeted 'catch-up' program of any district in the state.

More than 60 staff from across the District participated in the first Innovation Forum. The Forum was a great success, exploring ideas on how to build on existing work that enables and fosters innovation. Grants were given to five participants to further develop their innovative ideas.

Amanda Larkin, Chief Executive

Key achievements for 2014-15

- > The acute services building, the centrepiece of the Campbelltown Hospital \$134 million redevelopment was commissioned and included a pathology laboratory, outpatient and ambulatory care clinics and wards. The NSW Government announced a \$300 million injection of funds to kick start the Campbelltown Hospital Stage Two major redevelopment.
- > The Ingham Institute Clinical Skills and Simulation Centre at Liverpool Hospital unveiled a new Anatomage Table. The Table takes life-sized images like x-rays, ultrasounds and MRIs and creates 3D versions that can be manipulated, rotated, dissected and layered for training purposes.
- > Staff and patients from the Liverpool Hospital Mental Health service participated in a three part documentary series called *Changing Minds*, aimed at reducing the stigma surrounding mental illness. The series aired on the ABC in October 2015, during Mental Health Month.
- > District staff were honoured at the NSW Health Excellence in Nursing and Midwifery Awards, receiving two awards. Staff also received two NSW Health Awards in the Preventative Health and Collaborative Team categories, and Aboriginal Health programs were recognised with four awards at the NSW Aboriginal Health Awards.
- > Bankstown Hospital and South Western Sydney Local Health District Community Health received accreditation following a review by the Australian Council on Healthcare Standards.

- > Launched a Deadly Tots app providing health information and advice to Aboriginal families with young children. The project was funded by the Office for Aboriginal and Torres Strait Islander Health and run in partnership with Resourcing Parents and The Families NSW Statewide Parenting Project.
- > The *Information Communication and Technology Strategy* was launched which will provide a roadmap for becoming a digital district and for working towards becoming an integrated digital health community.
- > Established the P.A.R.T.Y (Prevent Alcohol and Risk-Related Trauma in Youth) Program at Liverpool Hospital. The Program is aimed at providing teenagers with information to recognise potential injury producing situations and adopt behaviours that minimise unnecessary risk.

Demographic summary

South Western Sydney Local Health District is located in metropolitan Sydney extending to the Southern Highlands and provides health care services across a geographic area of approximately 6243 square kilometres. About 922,000 residents live within the District.

Traditional custodians of the land covered by the District are the Tharawal, Gundungurra and Dharug nations. Aboriginal and Torres Strait Islander people make up 1.6 per cent (13,070 people) of the population (3.2 per cent in Campbelltown), compared to 2.9 per cent for all NSW.

People born overseas account for 36 per cent of the population and 48 per cent speak a language other than English at home. Around 37 per cent of refugees to NSW have settled in the District.

Over the next decade, the District's population is expected to increase to over 1.14 million. The number of people aged over 65 years is expected to increase by 86 per cent by 2026. Rapid population growth is expected from the South West Growth Centre resulting in the Camden and Liverpool local government areas increasing in population by 84 per cent and 20 per cent respectively by 2021. Camden is set to experience the largest household growth rate in NSW at 5.5 per cent per annum through to 2031.

Growth will also occur broadly across the District through urban infill. Additional to this, longer term there will be potential jobs and population growth from the Greater Macarthur Land Release Investigation area (90,000 dwellings and 250,000 population) and the proposed Western Sydney Airport at Badgery's 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, liver, higher prevalence of diabetes, higher rates of Hepatitis B and Hepatitis C, lower participation rate in breast cancer and cervical cancer screening, poorer on health related behaviours including smoking, physical activity, overweight and obesity, and adequate vegetable intake. Fourteen of the 20 most disadvantaged suburbs in Sydney are located in the District, contributing to social determinants of health.

Local government areas

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

Public hospitals

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

Community health centres

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

Child and family health services

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

Oral health clinics

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

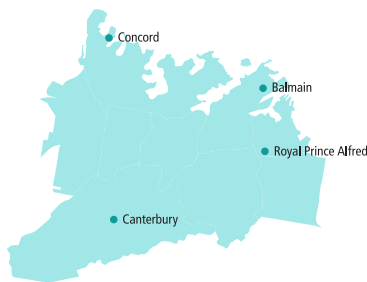
Third schedule facilities

Braeside Hospital, Karitane, South West Sydney Scarba service, The NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS)

Other services

Aboriginal health, community health, drug health, mental health, population health, oral health, BreastScreen NSW, NSW Refugee Health Service (statewide service)

Sydney Local Health District



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Chief Executive: Dr Teresa Anderson

Year in review

Sydney Local Health District is proud of the ongoing commitment of its staff who work with our patients, clients and their families to achieve our vision of excellence in health care for all.

Across the District, almost 152,000 people attended our emergency departments, we performed 29,000 operations and more than 6700 babies were born at Royal Prince Alfred and Canterbury hospitals. More than 900 of our staff provided around 100 community-based services. Sydney Dental Hospital and Oral Health, Community Health and Mental Health achieved accreditation against the national standards; we maintained outstanding performance and came in on budget.

The District was recognised as one of the world's best for using medical research to improve patient care. Sydney Health Partners, a collaboration between Sydney, Western Sydney and Northern Sydney local health districts, The Sydney Children's Hospitals Network and their Medical Research Institutes, and the University of Sydney was named as one of just four of the National Health and Medical Research Council's Advanced Health and Research Translation Centres.

As part of the Sydney Metropolitan Local Aboriginal Health Partnership, the District hosted the first Aboriginal Social Determinants of Health Forum focused on reducing the gap in life expectancy between non-Aboriginal and Aboriginal people.

We celebrated the opening of the world-class Professor Marie Bashir Centre for mental health at Royal Prince Alfred Hospital, the cutting edge Charles Perkins Centre clinics at Royal Prince Alfred Hospital, more than a century of services for children and families at our community health run, free early childhood clinics and the 110 year anniversary of the Sydney Dental Hospital.

Technology was a key focus with the launch of our new *Information and Communication Technology Strategic Plan*, the roll out of Electronic Medication Management, a state first, advanced identity band trial at Concord Hospital and electronic patient journey boards among the highlights.

We launched The Pitch, a competition to foster ideas from our staff, held our third annual Sydney Research and Innovation Symposium and implemented the Patient and Family Centred Care Program designed to enhance the patient experience.

As we work to achieve the actions of our refreshed strategic plan, we welcomed the announcement by the NSW Government that Concord Hospital will become the nation's first comprehensive centre for returned servicemen and women as part of a \$150 million redevelopment.

We continue to strive to help our community be fitter, healthier and able to live full and meaningful lives.

Dr Teresa Anderson, Chief Executive

Key achievements for 2014-15

- > A major initiative for the District was our Patient and Family Centred Care Program. This aims to improve the patient experience through a focus on our facilities, organisation, staff, community, education, training and research. Some key initiatives included the Heart of Health Program to support wellness and resilience, a new 'findmyway' app for patients navigating our hospital campuses, consumer led training for our staff, waiting room projects and health literacy initiatives such as a consumer health conversation series.
- > A focus on innovation and collaboration for the District included the launch of The Pitch competition series for staff aimed at fostering innovative ideas across the organisation. Winning initiatives included a new Therapy Garden for rehabilitation patients at Balmain Hospital.
- > The District hosted its third annual Sydney Innovation and Research Symposium bringing together more than 650 delegates and 40 distinguished speakers.
- > Two new institutes were officially launched, the Royal Prince Alfred Institute of Academic Surgery and the Ageing and Alzheimers Institute at Concord Hospital.
- > A new, purpose-built, world-class mental health centre was officially opened at Royal Prince Alfred Hospital. The Professor Marie Bashir Centre is a \$67 million, 73 bed initiative between the State Government, Sydney Local Health District and the University of Sydney.
- > Royal Prince Alfred Hospital performed its 1500th liver transplant and announced Australia's first dedicated organ donation and transplantation unit in a bid to increase donation rates across the state. It also launched the *Organ Donation for Transplantation Plan 2014-2017*, the first plan of its kind in NSW.
- > Sydney became one of only two health districts in NSW to be granted the baby-friendly health initiative status. Royal Prince Alfred and Canterbury hospitals were accredited by the World Health Organisation for the standard of support provided to breastfeeding mothers.
- > The District also welcomed 18 Aboriginal Administrative Trainees to be employed full time while completing their qualifications. This is the first program of its kind for the District.

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- > The District officially launched the Population Health Observatory and developed the Health Equity Research and Development Unit.

Demographic summary

Sydney Local Health District is located in the centre and inner west of Sydney, covering the local government areas of City of Sydney (part), Leichhardt, Marrickville, Canterbury, Canada Bay, Ashfield, Burwood and Strathfield and covers 126 square kilometres.

Traditional owners of the land covered by the District are the Gadigal and Wangal people of the Eora Nation. At the time of the 2011 Census 0.8 per cent (4875 people) of residents identified as either Aboriginal or Torres Strait Islander, compared to 2.9 per cent for all NSW.

The District provides health care to about 600,000 people living locally, as well as a large population outside the District requiring tertiary and quaternary health care services, such as trauma care, intensive care and transplantation surgery.

Across the District, 43 per cent of residents speak a language other than English at home, almost twice the level of NSW as a whole (22 per cent). Between 2008 and 2013, more than 1600 humanitarian arrivals (refugees) settled in the District with large numbers coming from China, Burma, Iraq, Iran, Sri Lanka and Sierra Leone.

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

The District is characterised by socio-economic diversity with pockets of extreme advantage and disadvantage. In 2011, there were an estimated 4496 people living with homelessness in Sydney (16 per cent of all homelessness in NSW).

By 2021, the District population is expected to reach 681,000, growing to 772,500 by 2031. Four out of the six major UrbanGrowth NSW developments are within the Sydney Local Health District.

Population growth in the 70-84 and 85 plus year age groups is predicted to increase 78.1 per cent and 98.9 per cent respectively by 2031.

According to Australian Bureau of Statistics data, 9269 babies were born to Sydney mothers in 2013 representing 9.3 per cent of all babies born in NSW.

Local government areas

City of Sydney, Leichhardt, Marrickville, Ashfield, Burwood, Strathfield, Canada Bay, Canterbury

Public hospitals

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

Community health centres

Marrickville, Croydon, Redfern, Canterbury, Camperdown

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

Child and family health services

Canterbury Community Health Centre, Croydon Health Centre, Marrickville Health Centre, Camperdown Community Health Centre

Early childhood health centres

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

Oral health clinics

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

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

Third schedule facilities

Tresillian Family Care Centres

Other services

Aboriginal health, aged chronic care and rehabilitation services, allied health, BreastScreen services (RPA, Canterbury and the mobile van), centre for education and workforce development, Concord Cancer Centre, community nursing services, community HIV allied health service, Croydon health centre, drug health, Sydney health care interpreter service, heterosexual HIV service (statewide), mental health services, nursing and midwifery services, oral health, population health, sexual health service and outreach clinics, Sydney Local Health District research, Sydney research (16 founding members including Sydney Local Health District, primary health network, University of Sydney and affiliated medical research institutes and centres), the George Institute, the Centenary Institute, the Heart Research Institute, ANZAC Research Institute, Asbestos Disease Related Institute, Woolcock Institute, The Baird Institute, Lifehouse, Surgical Outcomes Research Centre, Centre for Education and Research on Ageing, Brain and Mind Centre, National Health and Medical Research Council Clinical Trials Centre, Charles Perkins Centre, Sydney South West Pathology Services (NSW Pathology), Yaralla Estate, youth health service and Outreach clinics

Western NSW Local Health District



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Chief Executive: Scott McLachlan

Year in review

The development of integrated care was one of the key focus areas during 2014-15. Western NSW Local Health District partnered with the former Western NSW and Far West Medicare Local and Bila Muuji Aboriginal Health Services to develop the *Western NSW Integrated Care Strategy*.

Currently being implemented in Cowra, Dubbo, Cobar, Molong and Wellington, the Strategy aims to better connect and resource our highly skilled and dedicated health providers (general practitioners, nurses, specialists and allied health) to provide care that responds to all areas of a person's health needs, with a focus on closing the Aboriginal health gap, mental health and chronic disease.

Significant progress was made on the District's capital works projects with the near-completion of the \$91.3 million Stage One and Two of the Dubbo Hospital redevelopment. Stages Three and Four of the redevelopment were announced with \$150 million committed and planning has commenced.

As part of the Lachlan Health Service Project, construction is also nearly complete on the \$72.5 million Parkes Hospital redevelopment and the Forbes Hospital \$40.9 million refurbishment. Construction of the new \$7 million Gulgong Multipurpose Service and \$12 million Peak Hill Multipurpose Service were completed and commissioned.

Funding was announced and planning commenced for the current stage of the Multipurpose Service Program which includes the Walgett Multipurpose Service, Molong Health Service, Rylstone Multipurpose Service, Coolah Multipurpose Service and Cobar Health Service.

During 2014-15, extensive planning and consultation around the District's Mental Health, Drug and Alcohol Transformation Project took place with a new model of care developed for Board endorsement and further consultation. The new service model will reflect a more contemporary model of care by increasing community services and residential care and decreasing inpatient care. It will enhance the hub and spoke model to ensure an equitable spread of services and better align services with demography and need.

The District maintained its financial performance recording favourable Net Cost of Service result for 2014-15 of \$0.2 million. We have continued to maintain sustainable efficiency improvements identifying \$17.5 million in productivity and revenue gains.

Scott McLachlan, Chief Executive

Key achievements for 2014-15

- > Increased immunisation coverage of Aboriginal and Torres Strait Islander children aged five years to equal to or greater than 95 per cent.
- > Established the Empowering Aboriginal Women to access Colposcopy and Gynaecology Services in Rural and Remote NSW project, which won the NSW Health Secretary's Award for Aboriginal Health at the 2014 NSW Aboriginal Health Awards. This nurse-led service improves access to culturally appropriate care for Aboriginal women in rural and remote NSW.
- > Launched a new state-of-the-art mobile dental clinic which provides a full range of dental services in smaller communities throughout western NSW. This clinic has a focus on increasing access to dental services for Aboriginal people in rural and regional areas.
- > Expanded an after-hours support service to provide 24-hour support to many of our smaller remote sites. The coordination of a complex re-imagining of the way medical services are provided in our north western towns, has a strong focus on quality and safety as well as meaningful patient health outcomes.
- > Developed a *Quality and Safety Framework* for rural and District emergency departments to provide future direction and information for new models of care.
- > Identified five local demonstrator sites to test and trial innovative integrated models of care specific to local identified health needs. Implementation commenced with 190 people enrolled in local models at each of the sites. Navigators were recruited at each site to support and coordinate care for patients enrolled in the local strategies.
- > Received the NSW Health Secretary's Award for Integrated Care at the 2014 NSW Health Awards for the Healthy Kids Bus Stop project. This project is a community based, collaborative and integrated care partnership between Royal Far West, Western NSW Local Health District, Western NSW and the former Far West Medicare Local and Ronald McDonald House Charities to address the gaps in child health needs in rural NSW.

Demographic summary

Western NSW Local Health District is located in the central west of NSW and provides health care services across a geographic area of approximately 246,000 square kilometres. About 277,700 residents live within the District.

Traditional custodians of the land covered by the District include the Ngemba, Barkinji, Ngemba, Gamilaroi/Kamilaroi, Wiradjuri, Muruwari, Wailwan and Gamilaraay Aboriginal nations. Aboriginal and Torres Strait Islander people make up 11.1 per cent (30,026 people) of the estimated residential population, compared to 2.9 per cent for all NSW.

Representation of culturally and linguistically diverse communities is significantly less than in metropolitan areas of the state, however the town of Lightning Ridge does have a considerable European representation.

In 2014-15, there has been an overall increase of 6.3 per cent from the 2006 Estimated Residential Population of 260,959. Over the next decade, the District's population is expected to increase by 5.5 per cent compared to 24.5 per cent for all of NSW.

Currently the District has a higher proportion of residents aged under 15 years (21 per cent) and aged 65 year and older (18 per cent) compared to the NSW population average of 19 per cent and 16 per cent respectively. Projections indicate that 24 per cent of the District population will be aged 65 years or older by 2031, compared to 20 per cent for NSW.

The population is ageing with a projected decline in the number of children, young families and young adults and a significant increase in the population aged 55 years and over. The largest projected increase is in people aged 70 years and over.

Social factors such as income, socio-economic status, employment status and educational attainment are all associated with inequalities in health. Lower socioeconomic status is associated with increased morbidity and mortality. When compared to NSW the population of the Western NSW Local Health District has lower household weekly incomes, higher percentages of people receiving income support and an overall lower socio-economic status contributing to a higher than state average rate of disease.

The main health issues facing the District, as identified in the Western NSW Local Health District Health Needs Assessment 2013, are smoking prevention and cessation, nutrition and physical activity interventions (including obesity prevention), Diabetes prevention and management, childcare (particularly for Aboriginal children – the first 1000 days) and mental health (continuing and strengthening the current community services).

Local government areas

Bathurst Regional, Blayney, Bogan, Bourke, Brewarrina, Cabonne, Cobar, Coonamble, Cowra, Dubbo, Forbes, Gilgandra, Lachlan (minus Lake Cargelligo), Mid-Western Regional, Narromine, Oberon, Orange, Parkes, Walgett, Warren, Warrumbungle, Weddin, Wellington

Public hospitals

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

Community health centres

Baradine, Bathurst, Binnaway, Blayney (HealthOne Blayney), Bourke, Brewarrina, Canowindra, Cobar, Collarenebri, Condobolin, Coolah, Coonabarabran, Coonamble (HealthOne Coonamble), Cowra, Cudal, Cumnock, Dubbo, Dunedoo, Eugowra, Gilgandra, Goodooga, Gooloogong, Grenfell, Gulargambone, Gulgong (HealthOne Gulgong), Hill End, Kandos, Lachlan Health Service (Parkes and Forbes), Lightning Ridge, Manildra, Mendooran, Molong (HealthOne Molong – Waluwin Centre), Mudgee, Narromine, Nyngan, Oberon, Orange, Peak Hill, Quandialla, Rylstone (HealthOne Rylstone), Sofala, Tottenham, Trangie, Trundle, Tullamore, Walgett, Warren, Wellington, Woodstock, Yeoval

Child and family health services

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

Oral health clinics

Bathurst Community Dental Clinic, Condobolin Child Dental Clinic, Cowra Child Dental Clinic, Dubbo Community Dental Clinic, Forbes Child Dental Clinic, Mudgee Community Dental Clinic, Orange Community Dental Clinic, Parkes Child Dental Clinic

Visiting and other oral health services arrangements: Cobar Health Service, Coonabarabran Community Health, Cowra Health Service (Orange Aboriginal Medical Service use), Collarenebri Multipurpose Service (Service provided by Royal Flying Doctor Service), Dunedoo Multipurpose Service (private practitioner use only), Gilgandra Multipurpose Service (visiting public service and private, practitioner use),

Goodooga Primary Care Centre (Service provided by Royal Flying Doctor Service), Gulgong Multipurpose Service, Lightning Ridge Health Service (service provided, by Royal Flying Doctor Service and private practitioner use), Mobile Oral Health Centre (two chair mobile semi-trailer clinic, operated at Peak Hill, Trangie, Gulargambone and Baradine in 2014-15), Nyngan Public School, Oberon Shire Dental Clinic, Rylstone HealthOne (visiting public service and private practitioner use), Tottenham Multipurpose Service, Trundle Child Dental Clinic (fixed dental van), Trundle Central School, Wanaaring Dental Clinic (service provided by Royal Flying Doctor Service), Warren Child Dental Clinic (provided at Warren Shire Medical Centre), Wellington Health Service

Services were also provided through: Brewarrina Shire Dental Clinic (Charles Sturt University), Coonamble Aboriginal Medical Service Dental Clinic, Walgett Aboriginal Medical Service Dental Clinic

Third schedule facilities

Lourdes Hospital and Community Services – Dubbo,
St Vincent's Outreach Services – Bathurst

Other services

Aboriginal health, BreastScreen, child protection, chronic care, community nursing, drug and alcohol, mental health, sexual health, violence, abuse, neglect and sexual assault, Brain Injury Rehabilitation Program, Aged Care Assessment Team, women's health, Statewide Eyesight Preschool Screening Program, Statewide Infant Screening – Hearing Program, Aboriginal Otitis Media Program, Aboriginal Maternal Infant Health Service, mental health, drug and alcohol

Western Sydney Local Health District



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Chief Executive: Danny O'Connor

Year in review

The Western Sydney Local Health District 2014-15 financial year was characterised by continued construction and planning for various multi-million dollar infrastructure developments at Westmead, Blacktown and Mt Druitt hospitals.

Planning for the \$400 million Stage Two expansions of Blacktown and Mount Druitt hospitals began. Commissioning of clinical and support services were delivered as part of Stage One expansions which included a 20 bed sub-acute mental health unit, a 20 space patient discharge unit, a new digital operating theatre and new cardiac catheterisation laboratory. Mount Druitt Hospital expanded its emergency department, aged care unit and car parking facilities.

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

The REACH (Recognise-Engage-Act-Call-Help is on its way) patient and family activated rapid response program was implemented across more than 1500 inpatient beds in three hospitals in the District (Westmead, Blacktown, Auburn) to great effect.

The District continued to work with the Agency for Clinical Innovation to better manage patients with hip fractures. The number of patients having surgery within 48 hours to manage their hip fractures increased from 66 per cent in 2014 to 80 per cent in 2015.

The District's progress on enabling the electronic management of records demonstrated its commitment to the digital future of data storage.

Danny O'Connor, Chief Executive

Key achievements for 2014-15

- > Established Whole of Hospital Program for Blacktown and Mount Druitt hospitals in January 2015 to reduce emergency department average length of stay. A five per cent reduction was achieved across both hospitals in 2015. Transfer of care also improved by 10 per cent across both hospitals.
- > Installation and implementation of Electronic Patient Journey boards to 100 per cent of emergency department accessible wards at Blacktown Hospital in February 2015. A 30 per cent improvement has been achieved in clinician-defined estimated date of discharge following implementation.
- > The Integrated Care program established a general practitioner support line for direct access to specialists for advice on patient management and Access Specialist Services clinics to prevent hospital admission and facilitate early discharge and follow up services.
- > Achieved accreditation under National Standards for Blacktown and Mount Druitt hospitals.
- > Direct investment in 22 practice development and research-based initiatives in targeted program that previously did not exist.

- > Invested in an inexpensive cloud-based survey technology which resulted in a 400 per cent increase in feedback from staff and consumers within the District.
- > Developed a partnership with Family and Community Services (FACs) to embark on improved home care interventions and in home care services with a multidisciplinary team approach involving nursing, mental health and FACs staff to prevent hospital admission and promote restorative care to 26 children and young people under the age of one and 110 children and young people across the financial year.
- > The District formally partnered with the Western Sydney Primary Health Network and The Sydney Children's Hospitals Network to form the Western Sydney Partnership Advisory Council.
- > In 2014-15, the Western Sydney Local Health District Consumer Council was established. There are now over 60 health consumers recruited as contingent workers across the District. In addition, there are now over 48 committees with consumer representative participation.
- > The District is working with the Agency for Clinical Innovation to enhance the management of patients with hip fractures. This aims to improve function and quality of life for patients and increase the value from health dollars spent. Since this program commenced, the number of patients having surgery within 48 hours to manage their hip fractures has increased from 66 per cent in 2014 to 80 per cent in 2015.
- > Piloted the Electronic Medical Record sepsis alert and Venous Thromboembolism risk assessment applications for safety and quality at Blacktown Hospital.

Demographic summary

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

The District's cutting edge services provide a broad range of needs-specific health care to more than 900,000 local residents, as well as statewide specialty services, interstate and internationally, that operate out of more than 100 sites including four hospitals and an extensive network of community health centres.

The District provides health care services to one of Australia's fastest growing urban populations which has a rich tapestry of culture, people, traditions and beliefs. The growth rate of the District is nearly twice that of the rest of NSW. A total of 43 per cent of the District population was born overseas.

Approximately 11,500, or 1.4 per cent of our population identified as either Aboriginal or Torres Strait Islander, with the majority (8000) living in the Blacktown local government area. Forty five per cent of residents speak a language other than English at home with the largest proportion from Auburn at 79.5 per cent. Arabic, Cantonese, Mandarin, Hindi, Tagalog are the most commonly spoken languages other than English.

The District population is younger than the state average with 7.6 per cent pre-school age (0-4 years) compared to 6.6 per cent for all NSW. Four of the five local government areas have higher total fertility rates 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 Aged Day Services, Auburn, Balcombe Heights Aged Day Services, Blacktown, Blacktown/Mount Druitt Sexual Assault Service, Child Protection Counselling Service, Carinya Aged and Ethnic Day Service, Copperfield Cottage Aged Day Service, Crestwood Aged Day Service, Doonside, HealthOne Rouse Hill, Hevington House Dementia Day Service, High Street Youth Health Service, Hills Physical Disabilities Team, Merrylands, Mount Druitt, Parramatta, Rosewood Cottage Aged Day Service, Tallowood Dementia Day Service, The Hills, Western Area Adolescent Team (WAAT), Westmead Sexual Assault Service

Auburn Community Drug Health Counselling, Blacktown Community Drug Health Counselling, Blacktown Opioid Treatment Unit (Drug Health), Centre for Addiction Medicine Cumberland, Centre for Addiction Medicine Mount Druitt, Doonside Community Drug Health Counselling, Fleet Street Clinic, Merrylands Community Drug Health Counselling, Parramatta Community Drug Health Counselling, The Hills Community Drug Health Counselling

Child and family health services

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

Oral health clinics

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

Other services

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