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# Selected services

NSW DEPARTMENT OF HEALTH

## NSW Department of Health

### North Sydney Office

73 Miller Street  
North Sydney NSW 2060  
(Locked Mail Bag 961, North Sydney NSW 2059)

Telephone: 9391 9000  
Facsimile: 9391 9101  
Website: [www.health.nsw.gov.au](http://www.health.nsw.gov.au)  
Email: [nswhealth@doh.health.nsw.gov.au](mailto:nswhealth@doh.health.nsw.gov.au)  
Business hours: 9.00am–5.00pm, Monday to Friday

Director-General: Professor Debora Picone, AM

### Centre for Oral Health Strategy

Corner Mons Road and Institute Road  
Westmead NSW 2145

Telephone: 8821 4300  
Facsimile: 8821 4302  
Business hours: 9.00am–5.00pm, Monday to Friday

Chief Dental Officer: Dr Clive Wright

### Environmental Health Branch

Building 11  
Gladesville Hospital Campus  
Victoria Road, Gladesville NSW 2111  
(PO Box 798, Gladesville NSW 1675)

Telephone: 9816 0234  
Facsimile: 9816 0240  
Business hours: 9.00am–5.00pm, Monday to Friday

Director: Dr Wayne Smith

### Pharmaceutical Services Branch

Building 20  
Gladesville Hospital Campus  
Victoria Road, Gladesville NSW 2111  
(PO Box 103, Gladesville NSW 1675)

Telephone: 9879 3214  
Facsimile: 9859 5165  
Business hours: 8.30am–5.30pm, Monday to Friday

Acting Chief Pharmacist  
and Associate Director: Bruce Battye

### Methadone Program

Telephone: 9879 5246  
Facsimile: 9859 5170

Enquiries relating to authorities to prescribe other  
drugs of addiction:

Telephone: 9879 5239  
Facsimile: 9859 5175

### Health Professionals Registration Boards

Level 6  
477 Pitt Street  
Sydney NSW 2000  
(PO Box K599, Haymarket NSW 1238)

Telephone: 9219 0212  
Facsimile: 9281 2030  
Email: [hprb@doh.health.nsw.gov.au](mailto:hprb@doh.health.nsw.gov.au)

Business hours: 8.30am–5.00pm, Monday to Friday  
Cashier service: 8.30am–4.30pm, Monday to Friday

Director: Jim Tzannes

# Health Infrastructure Office

**Telephone:** 8644 2000  
**Facsimile:** 8644 2240  
**Website:** www.hinfra.health.nsw.gov.au  
**Chief Executive:** Robert Rust

The Health Infrastructure Office manages and oversees the delivery of the NSW Government's major hospital works.

## Project Value

Health Infrastructure's approved capital program at 30/6/09 was \$2.45billion. In addition, HI has projects in planning, with estimated total capital cost of a further \$2.53billion.

Project	(\$M)
Work in progress projects .....	1,345
Public private partnership projects .....	1,105

## Capital Spend in 2008/09

Health Infrastructure capital project spend in 08-09 was \$518M

Project	(\$M)
Planning projects .....	5
Work in progress projects .....	247
Public private partnership projects .....	266

## New Planning Projects in 2008/09

- Gundagai RH&HS phase 4
- Lidcombe forensic biology / DNA service
- Sydney Children's Hospital, Randwick
- Werris Creek RH&HS phase 4
- Westmead research hub

## New Works in Progress Projects in 2008-09

Forecast	(\$M)
Grafton Hospital Emergency Department .....	20
Lismore Hospital stage 2 – cancer centre .....	27
Orange radiotherapy.....	19

## Projects Completed in 2008-09

Project	(\$M)
Long Bay forensic hospital PPP.....	92 (includes retained)
Newcastle Mater Hospital PPP .....	157
Batlow Hospital development .....	12

Berrigan Hospital development .....	7
Bombala Hospital development .....	11
Junee Hospital redevelopment .....	12
Nepean Hospital Allied Health relocation.....	7
Nepean Hospital Pathways Home .....	4
Queanbeyan Hospital .....	53
Ryde Ambulance Station.....	2

## Other Project Delivery Achievements in 2008-09

Financial close on the \$973m Royal North Shore Hospital PPP

## Major Project Delivery Priorities for 2009-10

Delivery of the 2009-10 capital project plan with a current forecast total value of \$609M

Project	(\$M)
Planning .....	10
Work in progress .....	327
PPPs .....	272

## New Planning Projects in 2009-10

- Lockhart MPS
- Sydney Ambulance infrastructure reform program

## New Works in Progress in 2009-10

- Bathurst Hospital - Ambulatory Care
- Coonamble MPS
- Manilla MPS/HealthOne
- Narrabri Hospital redevelopment
- Nepean Hospital redevelopment stage 3

## Federal Government Funding announced in May 2009 Budget

Project	(\$M)
Narrabri .....	27
Nepean .....	96.4

## Related Activities

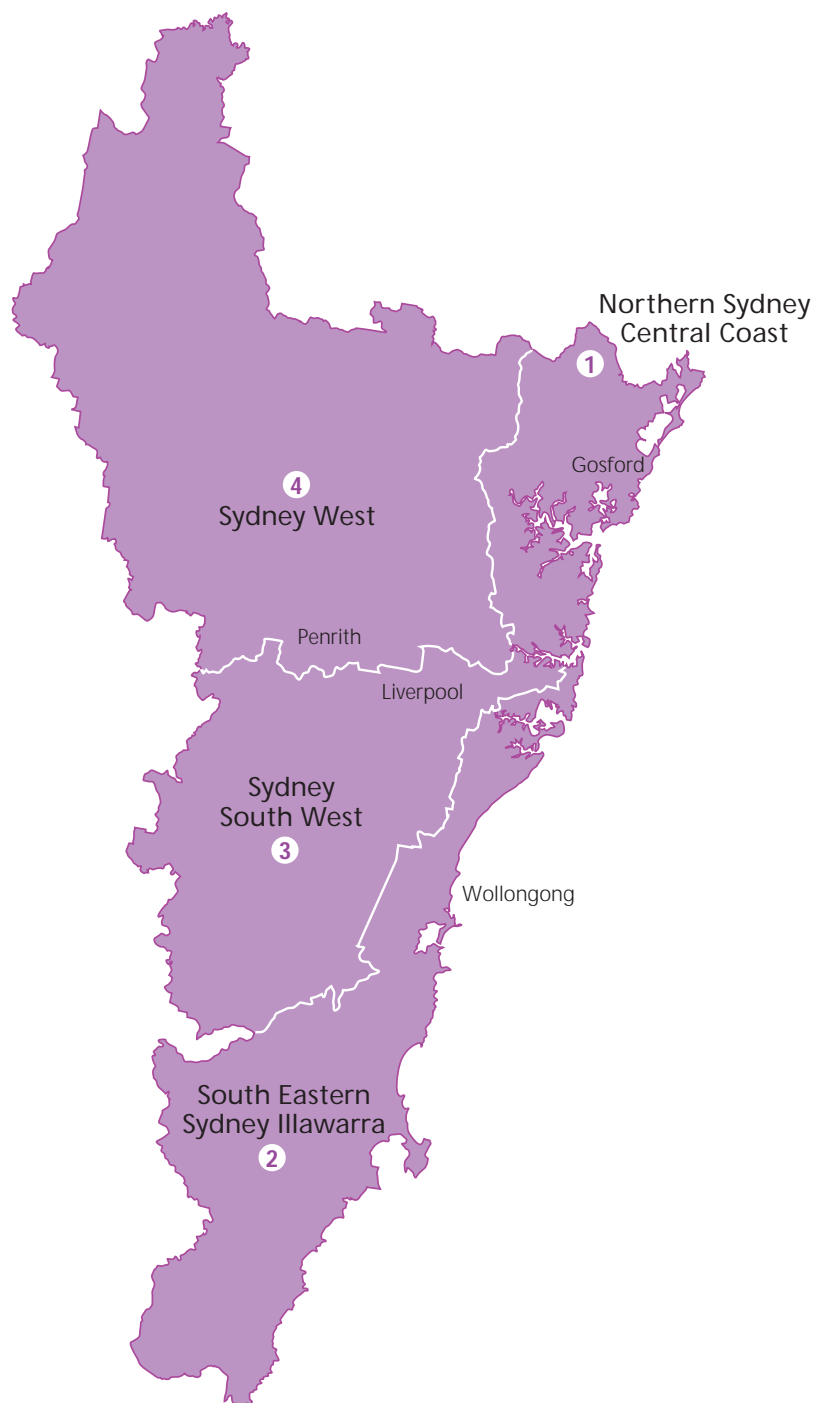
- Divestment of surplus nursing homes
- Structuring arrangements to fund and operate hospital car parks
- Future direction of hospitals – future trends including design functionality and interface with support operations.



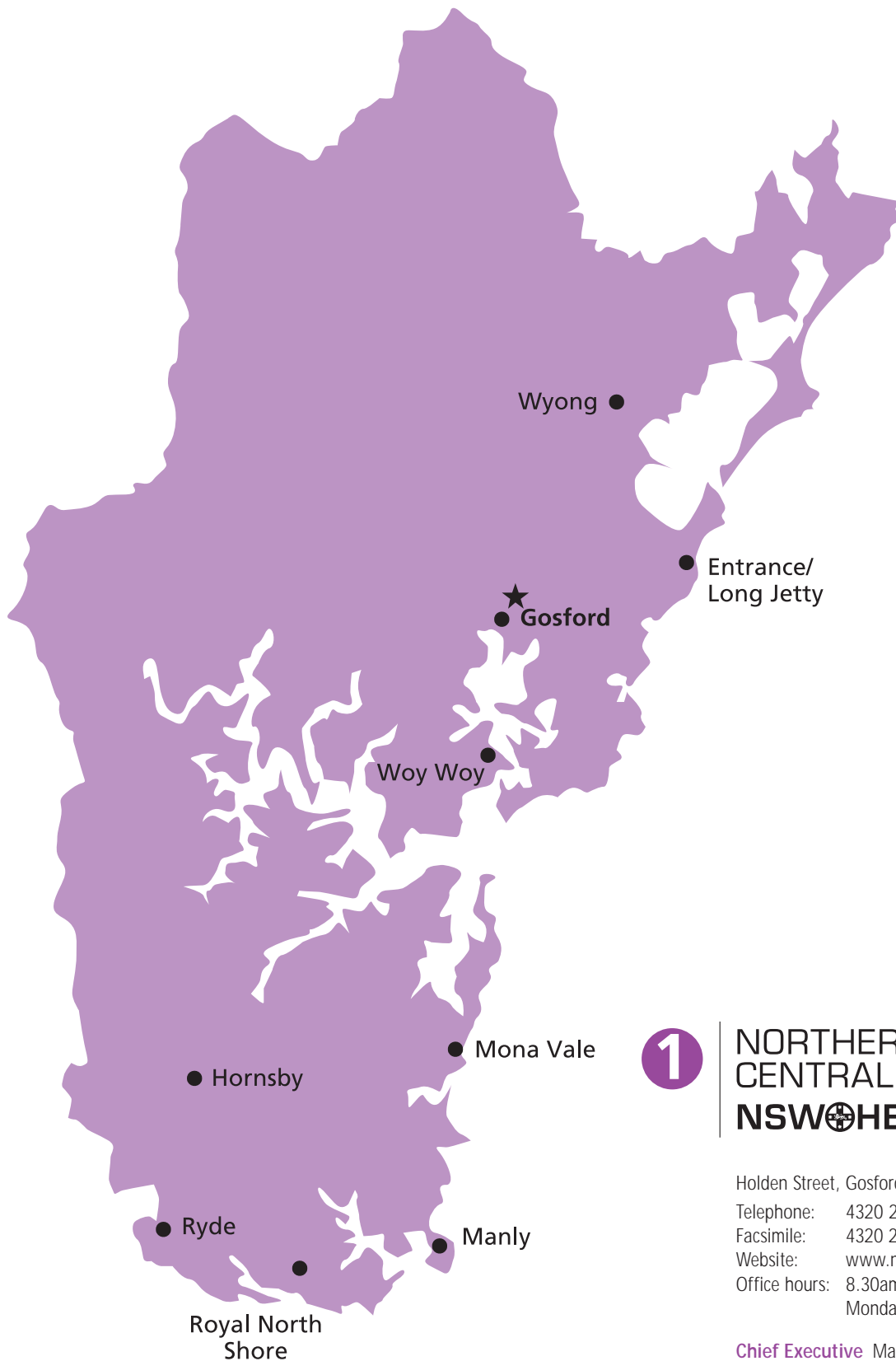


# Maps and Profiles:

METROPOLITAN AREA HEALTH SERVICES (AHS)



# Northern Sydney Central Coast AHS



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## NORTHERN SYDNEY CENTRAL COAST NSW HEALTH

Holden Street, Gosford 2250

Telephone: 4320 2333

Facsimile: 4320 2477

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

Office hours: 8.30am – 5.00pm,  
Monday to Friday

Chief Executive Matthew Daly

### Local government areas

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

### Public hospitals

Gosford Hospital  
Hornsby Ku-ring-gai Hospital  
Long Jetty Healthcare Centre  
Macquarie Hospital  
Manly Hospital  
Mona Vale Hospital  
Royal North Shore Hospital  
Ryde Hospital  
Wyong Hospital  
Woy Woy Hospital

### Public nursing homes

Hope Healthcare - Graythwaite Nursing Home,  
Greenwich Hospital, Neringah Hospital,  
Royal Rehabilitation Centre Sydney

### Community health centres

Kincumber Community Health Centre  
Lake Haven Community Health Centre  
Long Jetty Community Health Centre  
Erina Community Health Centre  
Mangrove Mountain Community Health Centre  
Toukley Community Health Centre  
Woy Woy Community Health Centre  
Wyong Community Health Centre  
Wyong Central Community Health Centre

### Child and family health

Berowra Community Health Centre  
Brooklyn Community Health Centre  
Galston Community Health Centre  
Hillview Community Health Centre  
Hornsby Child & Family Health Centre  
Pennant Hills Community Health Centre  
Richard Geeves Centre – Dementia Day Centre  
Wiseman's Ferry Community Health Centre  
Brookvale Early Intervention Centre  
Dalwood Assessment Centre  
Frenchs Forest Community Health Centre  
Mona Vale Community Health Centre  
Queenscliff Community Health Centre  
Ryde Hospital and Community Health Service  
Macquarie Hospital  
Child and Family Health  
North Shore/Ryde Community Health Centre  
Ryde Child and Family Health Service

# Chief Executive's year in review

A highlight of our year came in October, with the awarding of contracts for the redevelopment of Royal North Shore Hospital. The construction of the new main building and community health centre is part of an overall \$950M redevelopment of the campus and is the largest health capital works project in NSW.

One month later, the NSW Health Minister officially opened the first stage of the redevelopment - the \$99M Kolling Building for research and education, now home to Sydney University's Northern Clinical School. In 2009, the Kolling Building played host to the inaugural nursing and midwifery research and innovation practice conference - "Research for Health" - just one of many events held there since the opening.

Other highlights included the announcement of plans for a state-of-the-art rehabilitation centre at Ryde Hospital, to be built with funds from the sale of the Graythwaite estate at North Sydney.

The 2008-09 year also saw a new stem cell research centre opened in the Kolling Building and an innovative one-stop-shop for young people with mental health issues, launched in the Gosford CBD.

Further highlights were the funding commitment for \$2.1M for a medical assessment unit at Mona Vale Hospital, the launch of lifesaving cardiac treatment on the Central Coast, previously only available to patients living close to metropolitan hospitals and 75th birthday celebrations for both Hornsby and Ryde hospitals.

Achievements during the 2008-09 year included the opening of a \$950k six-chair satellite renal dialysis unit at Mona Vale Hospital, which means patients on the Northern Beaches need no longer travel to Royal North Shore for dialysis and the first patients through Wyong's high-dependency and medical assessment units.

Also during the year, a 20-bed transitional care facility opened at Woy Woy Hospital; the Emergency Department and two inpatient wards were refurbished at Ryde Hospital and an after-hours GP clinic was established in Mona Vale Hospital's Emergency Department. Hornsby and Mona Vale hospitals took delivery of new CT scanners – a 64-slicer for Hornsby and a 32-slicer for Mona Vale.

By far the most impressive achievements over the 08/09 year belong to our magnificent staff, who continued to deliver the highest level of quality health care to the people of the Central Coast and Northern Sydney with a mix of skill, integrity and good humour.

Matthew Daly, Chief Executive  
Northern Sydney Central Coast Area Health Service



## Demographic summary of the area

Northern Sydney Central Coast Area Health Service (NSCCAHS) provides health services in an area that extends north from Sydney Harbour across the Hawkesbury River, to the southern shore of Lake Macquarie and west to Wiseman's Ferry.

It is estimated that 1,124,250 people lived in the area in 2006. This represents 16.4 per cent of the population of NSW and 19.1 per cent of those aged 75 years or more. The range is significant, because older age groups need considerably more health care than the general population.

By 2011, it is estimated that the population will be more than 1,162,210. The '85 years and over' population in NSCCH will be more than 20 per cent of the NSW population in that age group. It is expected that there will be 28.8 per cent more people in the 85 and over group in 2011 than in 2001.

The other age group expected to grow the most over the period to 2011, is the 'late working age-early retirement' group aged between 60 and 69 years. It is expected that by 2011 there will be 15,700 more people aged 60-64 years (25 per cent increase) and 9,600 more people 65-69 years (19.4 per cent increase).

The Central Coast Health Service (CCH) has a different multicultural profile from the remainder of NSCCH. Only 4.5 per cent of its population was born in a non-English speaking country. In the remainder, 18 per cent of residents were born outside English-speaking countries. The country of birth data is also reflected in the language preferences of residents. In the metropolitan health services 76 per cent of the population speak only English. Cantonese, Italian, Mandarin, Korean, Japanese, Arabic, Greek, German, Spanish, Tagalog and Persian are the most reported languages other than English spoken in NSCCH. Ryde and Willoughby were the local government areas with the highest proportion of residents who reported speaking a language other than English.

The mortality rate for NSCCH residents is significantly lower than for the whole of NSW, indicating a better health status. In 2005, there were 8,129 deaths. Cardiovascular disease was the most common overall cause, accounting for 38.3 per cent of all deaths. Cancers were the second most common cause in 2003, being attributed to 28.2 per cent of deaths. For males, the main sites were lungs, prostate and colon, for females, breast, lungs and colon. This profile remains current.

## Highlights and Achievements

- Central Coast residents benefit from lifesaving cardiac treatment previously only available to patients living close to metropolitan hospitals.
- Official opening of \$99m Kolling Building for research and education at Royal North Shore Hospital.
- Opening of \$950k six-chair satellite renal dialysis unit at Mona Vale Hospital.
- Wyong Hospital's high dependency unit (HDU) opens.
- Wyong Hospital medical assessment unit (MAU) opens.
- New after-hours GP clinic established in Mona Vale Hospital's Emergency Department.
- Hornsby Ku-ring-gai Health Service receives EA (extensive achievement) ratings from Australian Council on Healthcare Standards (ACHS) in nine categories.
- ACHS awards Manly and Mona Vale hospitals four-year accreditation for high clinical standards.
- New stem cell research centre officially opened at Kolling Institute of Medical Research.
- Ryde Hospital's Emergency Department refurbishment, including fast-track area to allow timely access to non-urgent treatment.
- 20-bed transition care facility opens at Woy Woy Hospital.
- New 32-slice CT scanner delivered to Mona Vale Hospital.
- One-stop-shop for young people on Central Coast with mental health issues – ycentral – officially opens at Gosford.
- Midwife-led birthing unit begins operating at Wyong Hospital.
- Hornsby Hospital takes delivery of new 64-slice CT scanner.
- Federal funding for Royal North Shore's \$3.6m PET (positron emission tomography) scanner confirmed.
- NSW Government commits \$1.5m over five years for senior academic position in emergency medicine as incentive to attract clinicians to Gosford and Wyong hospitals.
- Contracts awarded for construction of Royal North Shore's new main building and community health centre, part of overall \$950m redevelopment of campus.
- Announcement of \$2.1m NSW Government funding for medical assessment unit (MAU) at Mona Vale Hospital.
- Northern Sydney Central Coast Health announces plans for state-of-the-art rehabilitation centre at Ryde Hospital, to be built with funds from sale of historic Graythwaite building at North Sydney.
- Ryde Hospital celebrates 75th anniversary.
- Northern Beaches APAC (Acute Post Acute Care) GP Shared Care initiative receives NSW Health Award.
- RNSH's Kolling Building plays host to inaugural nursing and midwifery research & innovation practice conference "Research for Health".
- Wyong and Hornsby paediatric and ambulatory care (PAC) teams named finalists in NSW Health Awards.



- Central Coast Mental Health awarded Mental Health Matters award during Mental Health Week.
- Hornsby Hospital celebrates 75 years of caring.

## Equal Employment Opportunities

Northern Sydney Central Coast Health (NSCCH) is committed to the development of a culture that is supportive of employment equity and diversity principles. NSCCH promotes management policies and practices that reflect and respect the social and cultural diversity contained within the sector and the community.

The NSCCH Equal Opportunity Workforce Management Plan 2008-2012 facilitates the identification and removal of systemic barriers to the participation and promotion in employment of EEO groups, including:

- Women
- Aboriginal people and Torres Strait Islanders
- People from racial, ethnic and ethno-religious minority groups
- People whose language first spoken language as a child was not English
- People with a disability.

In 2009, an EEO working party was established to support the objectives of the plan. A key component is the improvement in the data provided during employment of these groups. The AHS supports employees who have temporary and permanent disability, through temporary alternate duties and long-term assessment of reasonable adjustment options.

The Northern Sydney Central Coast Area Health Service Aboriginal Workforce Strategy 2008-2012 aims to support the recruitment and retention of Aboriginal people and their career development. The strategy also aims to promote an understanding of Aboriginal culture and to strengthen positive relationships with Aboriginal communities and organisations.

During 2008-2009, there has been a focus on increasing the numbers of participants in the Aboriginal nursing cadetship program, as well as the creation of three specific new Aboriginal positions. They are: (1) Aboriginal mental health worker at Ryde, (2) Aboriginal trainee in business administration and (3) NSW Drug and Alcohol Aboriginal traineeship co-ordinator.

### Area health service statements and reports

The NSW Health annual report provides a range of additional source of information which reports on area health services' activity in the finance, service delivery and workforce aspects of their operation. For a detailed and comparative view of each area health service, please refer to the following contents:

#### Financial

General creditors > 45 days as at the end of the year .....	82
Net cost of service .....	83
Major funding initiatives .....	84
Initial cash allocations .....	85
Public health outcome funding agreement .....	227

#### Workforce

Workforce planning – non-casual staff separation rate .....	72
Ethnic Affairs Priority Statement .....	189-193

#### Service Delivery levels

Infectious disease notifications .....	255
Public hospital activity levels .....	258
Mental Health Act - Acute and non-acute inpatient care utilisation .....	262

### Staff numbers by employment basis

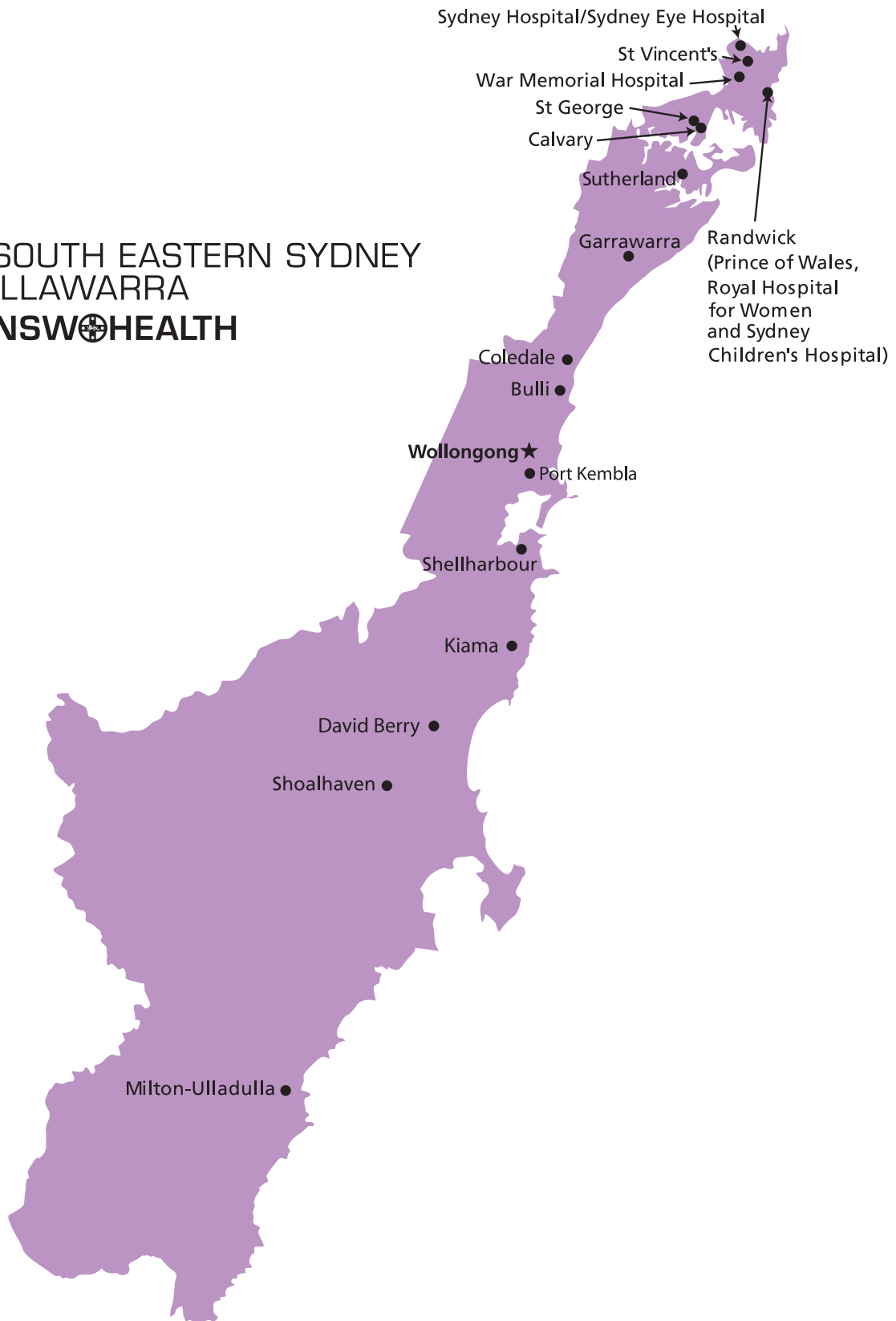
Employment Basis*	Total Staff (number)	Subgroup as per cent of total staff in each category (%)			Subgroup as estimated per cent of total staff in each employment category (%)				
		Respondents	Men	Women	ATSI <sup>1</sup>	Minorities <sup>2</sup>	ESL <sup>3</sup>	Disabled <sup>4</sup>	Disabled - work <sup>5</sup>
Permanent Full-time	7,608	90	32	68	1.0	10	17	2	0.5
Permanent Part-time	4,493	92	11	89	0.5	7	10	2	0.5
Temporary Full-time	698	91	24	76	0.8	9	25	1	0.3
Temporary Part-time	363	90	17	83	1.2	4	12	1	0.3
Contract - Non SES	10	–	60	40	–	–	–	–	–
Training Positions	75	95	15	85	2.8	4	10	1	–
Casual	2,104	83	23	77	1.0	4	11	1	0.3
<b>TOTAL</b>	<b>15,351</b>	<b>90</b>	<b>24</b>	<b>76</b>	<b>0.8</b>	<b>8</b>	<b>15</b>	<b>2</b>	<b>0.4</b>
<b>SUBTOTALS</b>									
Permanent	12,101	91	24	76	0.8	9	15	2	0.5
Temporary	1,061	90	22	78	0.9	7	21	1	0.3
Contract	10	–	60	40	–	–	–	–	–
Full-Time	8,306	90	31	69	1.0	10	18	2	0.5
Part-Time	4,856	92	12	88	0.5	7	10	2	0.5

1 Aboriginal and Torres Strait Islander people    2 People from racial, ethnic, and ethno-religious minority groups    3 People for whom English is a second language  
4 People with a disability    5 People with a disability requiring work-related adjustment    \*No figures were available for Contract - SES.

# South Eastern Sydney Illawarra AHS

2

SOUTH EASTERN SYDNEY  
ILLAWARRA  
NSW HEALTH



Level 4, Lawson House, Wollongong Hospital  
Loftus Street, Wollongong NSW 2500  
Telephone: (02) 4253 4888  
Facsimile: (02) 4253 4878  
Website: [www.sesiahs.health.nsw.gov.au](http://www.sesiahs.health.nsw.gov.au)  
Office hours: 8.30am – 5.00pm, Monday to Friday

#### Chief Executive

Terry Clout

#### Local government areas

Botany Bay, Hurstville, Kiama, Kogarah, Lord Howe Island, Randwick, Rockdale, Shellharbour, Shoalhaven, Sutherland, Sydney (part), Waverley, Wollongong, Woollahra

#### Public hospitals

Bulli Hospital  
Coledale Hospital  
David Berry Hospital  
Kiama Hospital  
Milton Ulladulla Hospital  
Port Kembla Hospital  
Prince of Wales Hospital and  
Community Health Service  
Royal Hospital for Women  
Shellharbour Hospital  
Shoalhaven  
St George Hospital and  
Community Health Service  
Sydney Children's Hospital  
Sydney Hospital and Sydney Eye Hospital  
The Sutherland Hospital and  
Community Health Service  
Wollongong Hospital

#### Third Schedule facilities

Calvary Healthcare  
Gower Wilson Memorial Hospital  
(Lord Howe Island)  
St Vincent's Hospital  
War Memorial Hospital (Waverley)

#### Other Services:

Division of Population Health  
HIV/AIDs and Related Programs  
Health Promotion Program  
Health Promotion Service  
Multicultural Health  
Public Health Unit  
Women's Health and Community Partnerships Program  
Falls Prevention Program  
Aboriginal Health  
BreastScreen NSW South Eastern Sydney Illawarra  
Oral Health  
Mental Health Service  
Drug and Alcohol Program  
South Eastern Sydney and Illawarra Medical Imaging (SESAMI)  
South Eastern Area Laboratory Services (SEALS)  
Nursing and Midwifery Services



# Chief Executive's year in review

The past twelve months have brought significant change and opportunity for improvement within South Eastern Sydney Illawarra Area Health Service (SESIAHS).

The State Government's announcement and implementation of *Caring Together: The Health Action Plan for NSW*, resulted in our services seeing major improvements, while the nationwide pandemic of swine flu saw them tested, with an influx of patients and huge demands on laboratory services.

It is with tenacity that staff across SESIAHS are working to implement *Caring Together*.

*Caring Together* has provided an opportunity to improve the NSW public health system for our consumers and our staff. I am delighted to see the changes beginning to take shape and anticipate further success in the future.

A significant challenge for SESIAHS continues to be the recruitment of medical staff, particularly to our Southern Network. I am encouraged that we have seen major success in this area, with the recruitment of four physicians to Shellharbour Hospital and an orthopaedic surgeon to Shoalhaven Hospital.

All of our emergency departments and many of our hospitals cared for community members affected by swine flu this winter. Despite the influx of patients with complex medical conditions, our staff continued to provide exceptional health care.

I was heartened to see our mental health services and chronic care programs make significant improvements and growth, with new services introduced across the area health service. We will continue to build on these in the coming twelve months.

In response to our ageing population, we are developing plans to match our services to future demands. Over the next twelve months we will be reassessing our clinical and strategic plans, to ensure our services meet the demands of our community.

I am continually humbled by the compassion our staff show to patients, along with their commitment to strive for excellence in the provision of care.

I look forward to the year ahead of working with our staff, community partners and volunteers to improve local health services even further.

Terry Clout, Chief Executive  
South Eastern Sydney Illawarra Area Health Service

## Demographic summary of the area

SESAHS covers approximately 6,331 square kilometres.

At the 2006 Census, there were an estimated 1.1 million people living in the area, accounting for 20 per cent of the NSW population. There were an additional 750,000 people travelling to the area each day for business, study and recreation.

The Shoalhaven and St George areas had the highest proportion of residents aged 70 years and over, while the Illawarra had the highest proportion of children aged less than five years.

The population is expected to reach 1.4 million by 2031, with people aged 60 years and over projected to grow by 82 per cent from 2001 to 2031.

In 2006 the estimated Aboriginal population was 13,526 – 1.2 per cent of the total. The Shoalhaven cluster had the highest proportion of Aboriginal people, however more Aboriginal people were actually living in the Illawarra.

People born overseas comprised 27 per cent (305,059) of the population in 2006. The major countries of birth for overseas-born residents were the UK, New Zealand, China, Greece and Italy.

The most frequently reported languages spoken at home after English are Chinese (Cantonese and Mandarin 4%), Greek (3.1%), Italian (1.7%), Arabic (1.7%) and Macedonian (1.6%).

A study from the Census estimated that there were 4,000 homeless people in SESAHS in 2001.

## Highlights and Achievements

- Milton Ulladulla Community Cancer Services Centre, officially opened on 29 June 2009, built and developed in conjunction with Community Cancer Outpatients Appeal Committee at Milton Ulladulla Hospital.
- Shoalhaven Hospital recruited new orthopaedic surgeon, allowing it to increase orthopaedic services to include some after-hours and less complex trauma treatment.
- Shellharbour Hospital had great success in recruiting four general physicians, at a time when it is particularly difficult to attract doctors to regional centres.
- Chronic respiratory care program started at Shellharbour Hospital, servicing needs of southern Illawarra. Provides specialist services to patients with chronic respiratory disease, aiming to reduce hospital admissions and length of stay.
- Shellharbour Hospital mental health rehabilitation and child and adolescent day units opened, making vast improvement to local services.
- New Midwifery and Family Care Centre opened at Shellharbour Hospital, giving families greater choice in maternity care, including home-birthing.
- Major improvements in infection control, some hospitals halving infection rates by innovative initiatives. Results were sparked from work undertaken at Wollongong Hospital.
- NSW Premier announced major expansion of Wollongong Hospital's Emergency Department and development of psychiatric emergency care centre (PECC).
- New and highly specialised Older People's Mental Health Unit (OPMHU) opened at Wollongong Hospital, responding to ageing population, is first of its kind in region.
- David Berry Hospital and Garrawarra Centre both celebrated 100 years of providing community care.
- SESAHS radiotherapy services improved, following installation of new state-of-the-art linear accelerators at Prince of Wales and Wollongong hospitals.
- Prince of Wales Hospital established four medical assessment units (MAUs) - an eight-bed geriatric, four-bed cardiac, four-bed respiratory and five-bed surgical version, which result in more rapid assessment of patients and faster access to diagnosis and treatment.
- Additional programs for movement of older people between acute and community or residential care facilities helped to address ageing population. Developed through additional transitional aged care programs and ComPacks packages.
- Community Health collaboration with divisions of general practice resulted in improved co-ordination of care for complex patients and development of shared care pathways, in areas such as respiratory, diabetes and mental health.
- Extensive work undertaken with residential care facilities to support clients and carers with end-of-life decision-making through wider use of advance care planning.
- Respiratory co-ordinated care program established at Sutherland Hospital to provide specialist care and health management to patients with chronic lung disease.
- St George Hospital completed stage one of Australia's first fully-integrated and holistic prostate cancer institute, which will provide full range of treatment options and post-treatment care for prostate cancer patients.
- St George Hospital's renal palliative care service established, with patients choosing not to have dialysis now being managed by renal and palliative care clinicians on ambulatory basis.
- Live donor kidney transplantation program at Prince of Wales Hospital expanded to include St Vincent's Hospital. Now incorporates specialised area-wide joint renal transplant service and continues to operate at world-best practice level.



- Sydney Eye Hospital/Sydney Hospital, remains leading public hospital for corneal transplants in NSW, having performed 216 last year, for patients from across NSW. Also celebrated 125 years of ophthalmic research and patient care.
- Sydney Hospital's Hand Unit celebrated 40 years of providing specialist care for treatment of hand trauma, abnormalities and diseases.
- Sydney Sexual Health Centre, Sydney Hospital, celebrated 75th anniversary. NSW's largest sexual health clinic saw more than 20,000 presentations in 2008/2009.
- South Eastern Area Laboratory Services (SEALS) received highest level TGA accreditation for laboratories in Australia, enabling it to provide organ and tissue transplantation donor screening. Testing will take place in conjunction with clinical donor services now located within SESIAHS.
- SEALS microbiology staff central to creation of new national guidelines for HIV testing and use of sensitive nucleic acid detection tests. Chaired committees for National Pathology Accreditation Advisory Council, which sets standard for all Australian diagnostic laboratories.
- SEALS implemented new transfusion laboratory information system as part of eMR project. Result of five years planning, training, data conversion, testing and implementation. SEALS staff contributed enormously, particularly in patient orders (for pathology) and results reporting.
- SEALS received formal acknowledgement of performance excellence, with prestigious NATA Certification Services International chairman's award. Selected from over 3,000 businesses across the globe, for outstanding understanding of business management systems.
- SEALS, in collaboration with Institute of Clinical Pathology and Medical Research at Westmead Hospital and World Health Organisation influenza laboratory in Melbourne, provided invaluable services throughout peak of swine flu pandemic. Combined expertise enabled NSW manage spread of H1N1 flu strain.
- SESIAHS supported NSW Health response to H1N1 influenza pandemic, with team of nurses testing 1,300 passengers and 700 crew aboard Pacific Dawn cruise ship in May. Additionally, 62 nurses and doctors conducted border screening and assessment of passengers arriving at Sydney Airport. Staff also established H1N1 public school screening team.
- Operationally, Public Health Unit and hospitals provided remarkable response to influx of patients with suspected swine flu. Staff in swine flu clinics took pressure off emergency departments, while intensive care and high dependency units catered for seriously ill patients. Staff remained extraordinarily committed and hardworking throughout.
- Significant improvements made across area health service in early detection of vision impairment in pre-school age children, with more than 11,051 screened and 1304 referred for treatment or further testing. Screening was part of NSW Government STEPS program.
- Staff at Sydney Children's Hospital (SCH), Randwick completed 700th successful cord and marrow transplant. March 2009 also marked 30th anniversary of Australia's longest-surviving bone marrow transplant recipient – performed at SCH.
- In NSW Health's 2008 patient survey, parents and carers rated experience at Sydney Children's Hospital as one of best in State and leading NSW paediatric hospital for advocacy for inpatients and parents and carers.
- Royal Hospital for Women co-located all gynaecology services, to establish 'one stop shop' for patients. Re-organisation of services improved continuity of care.
- Midwifery group practice model of care implemented at Royal Hospital for Women, resulting in midwives providing dedicated care from antenatal to postnatal stage, a better experience for mothers, with reduced interventions, caesarean section rates and length of stay.
- Royal Hospital for Women established Pregnancy planning, Lifestyle and Nutrition (PLaN) service. Provides general pre-conception advice, to improve general health and chances of having a healthy pregnancy and baby.
- Work underway on State Government's \$2m redevelopment of newborn care centre. Improvements will increase capacity of neonatal intensive care unit and Statewide neonatal service.
- NSW Fetal Treatment Centre at Royal Hospital for Women recognised by NSW Department of Health as quaternary referral centre for high-risk obstetric women.
- In line with *Caring Together*, introduction of PACE program (Patients with Acute Condition for Escalation), improved recognition of early signs of deterioration of patients and their clinical management.
- SESIAHS implemented award-nominated effective leadership program, designed to build leadership capabilities and develop staff confidence in responding to change. Resulted in improvements in delivery of patient care.
- Started roll-out of Statewide electronic medical record (eMR) system. Replaces many existing paper records and supports clinical information requirements, improving patient safety and hospital care.
- SESIAHS awarded best placement organisation, within Graduate Management Training Program through Australian College of Health Services Executives. Five trainees employed during 2008/2009 for two-year period.

## Equal Employment Opportunity

South Eastern Sydney Illawarra Health (SESIH) values the diversity of its employees and is committed to the implementation of practices and processes in employment that ensure fairness and equity.

A range of initiatives has been undertaken in 2008-2009 to develop and implement initiatives to attract and support staff from EEO groups. They include:

- Finalisation of the Aboriginal Workforce Development Strategy
- Targeting of Aboriginal applicants for newly-created clinical support officer roles
- Opportunity provided for 21 Aboriginal health workers to undertake assessment against the Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health (Community Care)
- Review of the collection of EEO statistics
- Inclusion of Aboriginal Health Unit and Multicultural Health Unit presentations at formal mandatory orientation
- Inclusion of employment strategies within the SESIH Disability Action Plan.

In 2009-2010 the planned outcomes for EEO include:

- Implementation of strategies outlined in the Aboriginal Workforce Development Strategy
- Development and implementation of processes to improve EEO data collection and reporting
- Implementation of the Department of Health Cultural Respect Training.

### Per cent of total staff by level

Level	Total Staff (number)	Subgroup as percent of total staff at each level (%)			Subgroup as estimated percent of total staff at each level (%)			
		Respondents	Men	Women	ATSI <sup>1</sup>	Minorities <sup>2</sup>	ESL <sup>3</sup>	Disabled <sup>4</sup>
<\$36,677	1780	46	46	54	0.45	13.09	12.98	0.51
\$36,677-\$48,172	4808	77	29	71	1.21	9.63	12.00	1.58
\$48,173-\$53,854	1832	61	16	84	1.04	7.86	9.93	0.82
\$53,855-\$68,147	2798	65	18	82	0.64	10.76	10.58	0.75
\$68,148-\$88,127	6978	77	16	84	0.57	11.29	10.62	1.16
\$88,128-\$110,160	2158	83	34	66	0.32	16.59	14.78	0.61
>\$110,160(non-SES)	924	80	59	41	0.22	17.75	13.85	1.19
>\$101,849 (SES)	-	-	-	-	-	-	-	0
<b>TOTAL</b>	<b>21,278</b>	<b>68</b>	<b>25</b>	<b>75</b>	<b>0.71</b>	<b>11.52</b>	<b>11.63</b>	<b>1.07</b>

1 Aboriginal and Torres Strait Islander people  
3 People for whom English is a second language

2 People from racial, ethnic, and ethno-religious minority groups  
4 People with a disability

## Area health service statements and reports

The NSW Health annual report provides a range of additional source of information which reports on area health services' activity in the finance, service delivery and workforce aspects of their operation.

For a detailed and comparative view of each area health service, please refer to the following contents:

### Financial

General creditors > 45 days as at the end of the year .....	82
Net cost of service .....	83
Major funding initiatives .....	84
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### Workforce

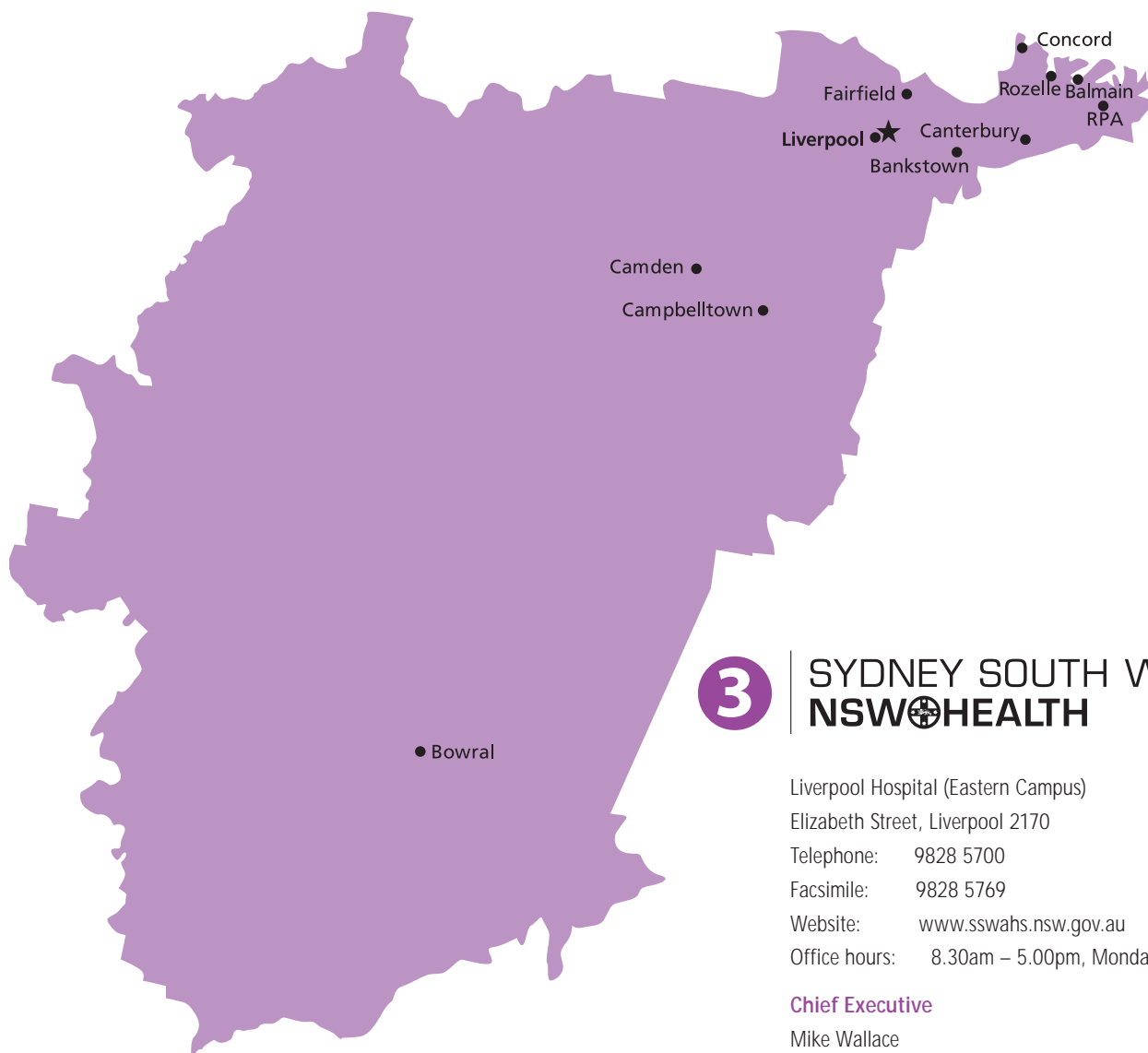
Workforce planning – non-casual staff separation rate.....	72
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### Service Delivery levels

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# Sydney South West AHS



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## SYDNEY SOUTH WEST NSW HEALTH

Liverpool Hospital (Eastern Campus)  
Elizabeth Street, Liverpool 2170  
Telephone: 9828 5700  
Facsimile: 9828 5769  
Website: [www.sswahs.nsw.gov.au](http://www.sswahs.nsw.gov.au)  
Office hours: 8.30am – 5.00pm, Monday to Friday

### Chief Executive

Mike Wallace

### Local government Areas

Ashfield, Bankstown, Burwood, Camden, Campbelltown, Canada Bay, Canterbury, Fairfield, Leichhardt, Liverpool, Marrickville, Strathfield, City of Sydney (part), Wingecarribee, Wollondilly

### Public Hospitals

Balmain Hospital  
Bankstown-Lidcombe Hospital  
Bowral and District Hospital  
Camden Hospital  
Campbelltown Hospital  
Canterbury Hospital  
Concord Centre for Mental Health  
Concord Repatriation General Hospital  
Fairfield Hospital  
Liverpool Hospital  
Royal Prince Alfred Hospital  
Sydney Dental Hospital  
Thomas Walker Hospital

### Third schedule facilities

Braeside Hospital  
Carrington Centennial Care  
Karitane  
Queen Victoria Memorial Home  
Tresillian Family Care Centres

### Other services

Department of Forensic Medicine  
Sydney South West Pathology Services



# Chief Executive's year in review

2008-09 has been another exciting year for Sydney South West Area Health Service (SSWAHS), with the start and completion of a number of programs, one of the largest of which is the work underway as part of *Caring Together*, the Government's response to Commissioner Garling's inquiry into health care in NSW.

SSWAHS formed four high-level teams to co-ordinate the implementation of the *Caring Together* recommendations. Some key achievements to date include:

- Executive medical directors appointed at each facility
- Best practice induction for overseas-qualified doctors and nurses
- Allied health co-ordinators appointed at each facility
- Enhancement of the pharmacy workforce
- Casual medical staff training and education
- Elimination of mixed gender rooms.

The largest project in the ongoing SSWAHS capital works program is the Liverpool Hospital \$390M stage 2 redevelopment, which has progressed well over the past year and is on schedule. Stage 2 phase 1 involves the construction of a new clinical services building, which will accommodate additional inpatient, critical care, ambulatory care, procedures and diagnostic services. It includes extensions to the education facilities of the hospital. The redevelopment will provide Liverpool Hospital with critical infrastructure to support its growing population base to 2016 and beyond.

Construction started on the Royal Prince Alfred Hospital (RPAH) Stereotactic Unit, with installation and commissioning of the stereotactic machine due early in the new financial year. Completion of the project will provide the vital link between surgical intervention and state-of-the-art radiation treatment, significantly improving outcomes for this cohort of patients.

Construction of the Redfern Community Health Centre continued throughout the year and staff will begin relocating in late 2009. This project will provide an integrated range of community services together in one location.

The refurbishment of the Bowral eight-bed children's ward was completed this year. It has two single isolation rooms for care of children with infectious diseases and an interview and clinic room to accommodate the hospital's paediatric outreach programs. Parents now have designated areas, with good amenities for respite relaxation, to be close to their children.

The area health service welcomed \$46.9m in funding from the federal budget to build the Ingham Health Research Institute (IHRI). It will be a premier research facility for Sydney's south west. The IHRI will not only lead to improvements in the health of the people in the area, it will also contribute more broadly to knowledge about health, medicine and health services in Australia and internationally.

Lifehouse at RPA also received \$100m towards a new cancer centre. It will operate in partnership with SSWAHS, with its strategic directions also aligned with the priorities of The Cancer Institute NSW. It will be an integrated centre where cancer services will be provided by Lifehouse, cancer-specific research undertaken and education delivered, in conjunction with RPAH and the University of Sydney.

To assist in setting the direction of the area health service and to plan the way in which we deliver care into the future, a number of clinical service plans were developed and/or refined throughout the year including:

- The Obesity Plan, which is currently being implemented. One of the initiatives outlined in the plan is bariatric surgery, which is currently being piloted at Concord Hospital. Metabolic clinics are also in operation at RPA, Concord and Campbelltown hospitals.
- The Maternity Services Plan has been finalised and implementation is underway.
- Implementation of the Community Health Plan continues. A central community health intake has been established.
- The SSWAHS Mental Health Service Plan 2007-2016 was endorsed by the NSW Health Mental Health and Drug and Alcohol Office in late 2008.

In 2009, SSWAHS officially launched its Youth Health Plan. It focuses on the health needs of disadvantaged minorities and on improving prevention and early intervention - concentrating on mental health, drug health, tobacco, injury, nutrition, physical activity and sexual health.

The plan aims to improve service access, referral pathways and the quality of care for people with chronic illness, who are Aboriginal, from culturally and linguistically diverse backgrounds, homeless or in out-of-home care.

This financial year, SSWAHS formed a link with Greater Western Area Health Service. It enhanced relationships between clinicians and administrators at the biggest area health service in the State, with the biggest geographic area health service, creating useful links between city and bush.

I would like to take this opportunity to thank all the staff and volunteers for their continuing hard work, dedication and commitment throughout the year.

Mike Wallace, Chief Executive  
Sydney South West Area Health Service



## Demographic summary of the area

Sydney South West Area Health Service (SSWAHS) was formed as a legal entity on 1 January 2005 and is currently the most populous area health service, with approximately 20 per cent of the NSW population residing within its borders. SSWAHS covers a land area of 6,380 square kilometres and in 2006 had an estimated residential population of 1,342,316 residents.

Its population is projected to increase by 16 per cent over the next ten years, reaching 1.5 million by 2016. In the decade 2010-2020, the population in SSWAHS can be expected to increase by 24,000 people per annum.

## Highlights and achievements

The \$390m stage 2 redevelopment of Liverpool Hospital continues to progress. Once complete, it will be the largest tertiary health facility in the State.

The Commonwealth announced \$46.9m in funding to construct a purpose-built, state-of-the-art medical research facility for people living in the south west of Sydney. The Ingham Health Research Institute will provide a platform for world-class research.

- Children living in the Southern Highlands now have access to a state-of-the-art family-friendly paediatric unit at Bowral and District Hospital. It features a designated parents' lounge, separate children's play area, TV at each bed, sofa beds for parents to stay overnight with their children, isolation rooms for children with infectious diseases and an interview and clinic room.
- The world's first stand-alone research facility dedicated to improving the prevention and early diagnosis and treatment of asbestos-related disease opened on the Concord Hospital campus. It is named in honour of the late Bernie Banton, Australia's foremost campaigner in the fight to raise awareness about dust diseases.
- Sydney South West Area Health Service (SSWAHS) became the first AHS in the State to launch its plan to tackle overweight and obesity in the community.
- The SSWAHS Youth Health Plan 2009-2013 highlights some of the enormous challenges faced in improving the health of young people in Sydney's south west. They include mental disorders, binge drinking, obesity, smoking and chronic disease. The plan has 74 strategies for action, including increasing prevention and early interventions and improving access to health services.

- *Clean Hands Save Lives* – SSWAHS has launched a hand hygiene awareness campaign, reminding staff, visitors and patients about the importance of washing their hands. Bacteria can be brought in and out of hospitals unknowingly. While usually harmless, they can sometimes make already sick people even sicker. While visiting someone in hospital, a quick and easy way to avoid spreading germs is by using the gels provided.
- Australia's first intra-operative MRI – the intra-operative MRI scanner enables neurosurgeons at RPA to perform a series of MRI scans during complex brain surgery, without leaving the operating theatre or closing the incision. The new technology allows the neurosurgeon to see in a different way, like wearing infra-red goggles in the dark. The state-of-the-art technology was made possible through a generous bequest to RPA.
- Researchers at Fairfield Hospital's Whitlam Joint Replacement Centre have been able to grow a bone graft into a metal prosthesis. This has the potential to lead to stronger hip replacements in the future.
- Royal Prince Alfred Hospital's transplant team marked an historic milestone, performing their 3,000th transplant. The team has performed 2,000 kidney transplants since 1967 and was the first Australian service to perform 1,000 liver transplants.
- Each year the NSW Minister for Health recognises the outstanding contributions and achievements of workers from across the NSW health system. In 2008, SSWAHS picked up six awards, including the Best Overall Performance by an area health service, as well as the Director-General's Award.

## Equal Employment Opportunity

Equal Employment Opportunity (EEO) aims to ensure the workplace is free from all forms of harassment and discrimination. Programs of affirmative action are provided for those employees who are traditionally disadvantaged in the workplace: Aboriginal and Torres Strait Islander people, women, people whose language first spoken as a child was not English, and people with a disability requiring an adjustment.

Sydney South West Area Health Service (SSWAHS) believes equity is a fundamental right of every employee. By applying equal employment opportunity principles to every aspect of work life the Area is supporting good management practice and observing the legislation governing these principles, the *Anti-Discrimination Act, 1977*.

The area continues to promote the principles and practices of EEO in its application of conditions of employment, relationships in the workplace, the evaluation of performance and the opportunity for training and career development.

## Achievement of last year's EEO planned outcomes for SSWAHS

Implementation of Aboriginal and Torres Strait Islander workforce strategies is proceeding. The focus is on recruiting increasing numbers of Aboriginal and Torres Strait Islander staff and retaining them in the organisation. The key focus area for the next few years will be increasing employment opportunities through traineeships.

A review and update of our cultural competency training program and support materials has been undertaken.

### EEO Planned Outcomes for 2009-10

For SSWAHS the priorities will continue to be working towards achieving our Aboriginal and Torres Strait Islander employment target and implementation of the Aboriginal Health Training Package.

The area will also focus on ongoing implementation of the workforce actions identified in the SSWAHS Disability Action Plan.

### Statistics 2008-09

The statistical information for the following tables (salary levels and employment type) was obtained from a report generated by the Premier's Department from the Workforce Profile data, for the period 1 July 2008 to 30 June 2009.

## Area health service statements and reports

The NSW Health annual report provides a range of additional source of information which reports on area health services' activity in the finance, service delivery and workforce aspects of their operation.

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### Workforce

Workforce planning – non-casual staff separation rate .....	72
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### Service Delivery levels

Infectious disease notifications .....	255
Public hospital activity levels .....	258
Mental Health Act - Acute and non-acute inpatient care utilisation .....	262

Table 1: Trends in the representation of EEO target groups (%)

EEO Target Group	Benchmark or target	% of total staff			
		2006	2007	2008	2009
Women	50	74	75	75	75
Aboriginal people and Torres Strait Islanders	2	1.4	1.3	1.4	1.3
People with English as a second language	20	34	35	35	36
People with a disability	12	3	3	3	3
People with a disability requiring work-related adjustment	7	0.7	0.7	0.6	0.6

Table 2: Trends in the distribution of EEO target groups (%)

EEO Target Group	Benchmark or target	% of total staff			
		2006	2007	2008	2009
Women	100	90	89	89	90
Aboriginal people and Torres Strait Islanders	100	75	75	74	72
People with English as a second language	100	92	92	92	92
People with a disability	100	102	101	102	103
People with a disability requiring work-related adjustment	100	97	99	97	99

Notes: 1. Staff numbers are at 30 June

2. Excludes casual staff

3. A Distribution Index of 100 indicates that the centre of the distribution of the EEO group across salary levels is equivalent to that of other staff. Values less than 100 mean that the EEO group tends to be more concentrated at lower salary levels than in is the case for other staff. The more pronounced this tendency is, the lower the index will be. In some cases the index may be more than 100, indicating that the EEO group is less concentrated at lower salary levels. The Distribution Index is automatically calculated by the software provided by Office of the Director of Equal Opportunity in Public Employment (ODEOPE).

4. The Distribution Index is not calculated where EEO group or non-EEO group numbers are less than 20.

# Sydney West AHS

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SYDNEY WEST  
NSW HEALTH



### Sydney West Area Health Service

Cnr Derby and Somerset Sts, Kingswood 2747  
Telephone: 4734 2120  
Facsimile: 4734 3737  
Website: www.swahs.nsw.gov.au

### Chief Executive

Professor Steven Boyages

### Local government areas

Auburn, Baulkham Hills, Blacktown, Blue Mountains, Hawkesbury, Holroyd, Lithgow, Parramatta, Penrith

### Public hospitals

Auburn Hospital  
Blacktown Hospital  
Blue Mountains District ANZAC Memorial Hospital  
Cumberland Hospital  
Lithgow Hospital  
Lottie Stewart Hospital  
Mt Druitt Hospital  
Nepean Hospital  
Portland Hospital  
Springwood Hospital  
St Joseph's Hospital  
Westmead Hospital

### Community health centres

Auburn, Blacktown, Cranebrook, Doonside, Dundas, Hawkesbury, Katoomba, Kingswood, Lawson, Lithgow, Merrylands, Mt Druitt, Parramatta, Penrith, Portland, Richmond, Springwood, St Clair, St Marys, The Hills.

### Other services

Anxiety Clinic  
Blue Mountains Access Team  
Child and Adolescent Mental Health Team  
Consultation Liaison - Emergency Department, Nepean Hospital Early  
Psychosis Intervention Borec House  
Hawkesbury Mental Health Team  
Hornseywood House  
Katoomba Mental Health  
Lithgow Community Mental Health Team  
Mental Health Information Development Unit  
PECC Unit - Emergency Department, Nepean Hospital Penrith Access -  
Community Assessment and Liaison Centre  
Penrith Mental Health  
Pialla Unit  
Psychological Medicine  
Springwood Mental Health  
St Marys Mental Health  
Westworks

### Early childhood clinics

Glenbrook	Tel. (02) 4751 0100
Katoomba	Tel. (02) 4782 8201
Mt Druitt	Tel. (02) 9881 1230
Penrith	Tel. (02) 4732 9400
Richmond	Tel. (02) 4578 1622
Springwood	Tel. (02) 4751 0100
St Marys	Tel. (02) 9623 9942
Windsor	Tel. (02) 4560 5756

### Dental clinics

Auburn	Tel. (02) 9563 9500
Blacktown	Tel. (02) 9881 8275
Katoomba	Tel. (02) 4784 6655
Lithgow	Tel. (02) 6350 2790
Mt Druitt	Tel. (02) 9881 1715
Nepean	Tel. (02) 4734 2387
Richmond	Tel. (02) 4560 5756
Springwood	Tel. (02) 4751 0120
St Marys	Tel. (02) 9623 9942

### Population health

Nepean Hospital Campus  
Cumberland Hospital Campus

### Blue Mountains child and adolescent development unit

Blue Mountains Hospital Campus

### Nursing homes

Governor Phillip Nursing Home

### Other services

Tresillian Wentworth family care centre  
Nepean cancer care centre



# Chief Executive's year in review

This year has been extremely productive - with excellent results for patients - despite the many challenges thrown our way. So it is with great admiration that I say that this year's results reflect the effort and calibre of the work undertaken by all staff across Sydney West Area Health Service throughout 2008-09.

A testament to this was our exceptional results in this year's Evaluation and Quality Improvement Program (EQuIP) accreditation survey conducted by the Australian Council on Healthcare Standards (ACHS). We were awarded four-year accreditation under the Corporate EQuIP Program. We achieved two outstanding achievement ratings, for information management and population health, 20 extensive and eight moderate achievement ratings. The surveyors also indicated that there were no high-priority recommendations we needed to implement.

The ACHS surveyors made notable mention of our governance, planning and structural processes. They commended how we manage data and information, which includes tools such as DashBoard and BedBoard and virtual systems, such as e-learning and on-line recruitment.

In March 2009, SWAHS was the first service in NSW to launch the roll-out of a digital electronic system to collate, store and view patients' diagnostic images. The Picture Archiving Communications System (PACS) enables clinicians to access patients' x-rays, MRIs, ultrasounds and CT scans from any computer in any SWAHS hospital. This new system will ensure that patients experience shorter waiting times and fewer delays in receiving diagnosis results.

April 2009 saw the opening of the new \$145m Auburn Hospital. The five-level building, with state-of-the-art facilities, has been designed as a centre of excellence for maternity planned surgery, aged, allied health and general rehabilitation, while supporting contemporary models of care.

The H1N1 flu pandemic created huge demand for health services, particularly our public health, emergency and critical care services. Staff commitment to good patient care was unwavering during the most extreme periods of demand.

Across the area health service we met our benchmarks for triage categories one and two. Hospitals are implementing strategies to improve performance for categories three, four and five. Our average off-stretcher time was just below target at 74 per cent.

During the year, SWAHS implemented a number of major clinical improvement projects. One of these is the patient safety handover checklist, implemented across all hospitals. It is an integral part of the nurse-to-nurse or midwife-to-midwife handover at each change of shift. It occurs at the patient's bedside, so they, their family and carers, can be more involved in decisions about care. It also allows any change in the patient's condition to be identified early and escalated when required.

Alongside this work, SWAHS has extensively reviewed and re-aligned corporate and clinical operations during the year. This has led to an improved risk management framework, clinical governance, resource management, workforce planning, local leadership and maximised service capability.

I am delighted to report that the SWAHS Healthcare for Older Persons Earlier (HOPE) strategy won the "Create better experiences for people using health services" category at the NSW Health Awards. Not just content with a category win, it also took out the top accolade for the night by winning the Minister's Excellence Award.

The program aims to provide older people, their families and carers with immediate access to skilled clinicians. It provides responsive and appropriate care designed to restore and maintain a person's optimum level of function and independence. As a result, there have been great improvements in areas such as access block, off-stretcher times and triage performance for Westmead Hospital. The hospital's bed occupancy also reduced by 3 per cent.

On that note, I would like to extend my sincere thank you to all the staff and volunteers who have continued to show dedication and commitment, despite all the highs and lows throughout the year.

Professor Steven Boyages, Chief Executive  
Sydney West Area Health Service

## Demographic summary of the area

Sydney West Area Health Service (SWAHS) consists of both urban and semi-rural areas, covering almost 9,000 square kilometres. The estimated resident population in 2009 is 1,139,902, which includes a substantial Aboriginal community. The Darug, Gundungarra and Wiradjuri people are acknowledged as traditional owners of land covered by the AHS. The number of people identifying as indigenous in the Census has been increasing in recent years. The official figure of 16,629 in 2006 is widely regarded as an underestimate. The larger indigenous communities live in Blacktown and Penrith. The indigenous population is younger than the wider SWAHS community, with 57 per cent under 25 years of age.

In the LGAs of Blacktown and Auburn, children aged less than five years make up approximately nine per cent of the population. At the other end of the spectrum, Lithgow and Blue Mountains have the highest proportion of older residents aged 70 years and over. In the period 2009 to 2019, the proportion of the population aged less than 10 years will reduce from 15 to 13 per cent, while the proportion of older residents will increase from seven to nine per cent.

Births to existing residents contribute about 16,000 persons per annum, with the highest total fertility rate occurring in Auburn and Blacktown (2.3 per woman in 2005). Continued major land releases, greater density of dwellings in older areas and new arrivals of refugees and other migrants all contribute to population growth. In 2008, SWAHS received 1,156 humanitarian migrants, 27 per cent of whom entered under the refugee visa subclass 200. The majority of them settled in Blacktown, Auburn, Parramatta and Holroyd.

Perhaps not surprisingly, SWAHS is highly culturally diverse. On Census night in 2006, one third of the population reported being born overseas, with the most frequently mentioned countries of birth being UK, Philippines, India, China, New Zealand, Lebanon, Fiji, Sri Lanka, South Korea and Malta.

The increasing sectors of older residents, culturally diverse communities and new arrivals and refugees engender new challenges in health care planning, service delivery and access to specialised care.

Based on the Socio-Economic Indexes for Area (SEIFA) 2006, SWAHS comprises LGAs at either end of the scale. Among the most disadvantaged areas in NSW, scoring well below the 1,000 average, were Lithgow (937) and Auburn (922), characterised by low income and educational attainment and high unemployment. At the opposite end, LGAs receiving a score over 1,000, suggesting least disadvantage, were Baulkham Hills (1,116), Blue Mountains (1,051) and Hawkesbury (1,033).

The age standardised death rates for SWAHS residents for the five-year period 2002 to 2006, were comparable to the State average for males (770.5 and 771.5 per 100,000 respectively) and significantly higher for females (527.7 and 511.8 per 100,000 respectively). The major causes of death were circulatory diseases, cancers, respiratory diseases, injury and

poisoning. A similar pattern existed for premature deaths among residents aged less than 75 years, with rates somewhat lower among males in SWAHS compared to NSW (317.1 and 322.8 per 100,000 respectively), but significantly higher among females than the State average (196.7 and 186.0 per 100,000 respectively).

## Highlights and Achievements

- SWAHS attained full, four-year accreditation through Australian Council on Healthcare Standards (ACHS) Corporate EQuIP program.
- Brand-new and colourful \$145m Auburn Hospital opened, ushering in new era in health care delivery – five-level building designed as centre of excellence for planned surgery, aged and general rehabilitation.
- Westmead Hospital officially launched \$4m Interventional Neuroradiology (INR) Unit. Facility allows doctors to repair aneurysms and manage bleeding, without performing invasive open-skull surgery. Clubs NSW contributed \$750,000.
- \$2.5m state-of-the-art helipad on Westmead Hospital rooftop started, providing smoother and quicker transfer of patients to Emergency Department directly below.
- Health Minister officially opened \$300,000 world-class research, simulation and skills centre, FIRST Institute, at Blacktown Hospital. Provides excellence in medical training by simulating real-life clinical situations.
- \$2.1m medical assessment unit (MAU) opened at Nepean Hospital, supporting improved timely access to specialised care for older people and those with a chronic illness, by supporting referral directly to ward, bypassing wait in Emergency Department.
- Sunflower Clinics, providing free digital mammography service to women 50 years and over, opened at Lithgow Hospital, Myer Parramatta and Auburn Hospital, as part of Breast Cancer Institute (BCI) aim to improve access to breast screening programs.
- Headspace, new “one stop shop” for health and mental health services, opened at Mt Druitt. Provided in partnership with Uniting Care Mental Health, Blacktown Youth Services, WentWest, Blacktown Council and Western Sydney Institute of TAFE.
- New falls and fractures clinic at Nepean Hospital, to help curb rising incidence of falls injury among elderly by identifying older adults at risk, with interventions to prevent falls.
- Lithgow Hospital upgraded radiology diagnostic services with installation of latest 64-slice CT machine, combining special x-ray equipment with sophisticated computer program, to produce multiple images inside body.





- Centre for Resuscitation Emergency Simulation Training (CREST) officially opened, offering inter-active courses and education programs for oral health clinicians.
- Healthcare for Older Persons Earlier (HOPE) strategy won NSW Health Minister's Excellence Award and award for category of "Create better experiences for people using health services" at NSW Health Awards.
- NSW dental graduate program, aimed at overcoming shortages of dentists in rural areas, received silver award in Workforce category Alternate Care Clinic, which focuses on children with complex mental health care needs, received commendation in Delivering Locally category, at NSW Premier's Awards.
- SWAHS first in NSW to launch Aboriginal Health Action Plan 2008-2011, aiming to close existing health gap for Aboriginal people.
- SWAHS launched 'Fit & Strong – 65 & Beyond' challenge, to encourage older community members to protect and maintain quality of life by being active and eating well.
- Launched 'Munch & Move' program, promoting healthy eating and active play among preschool-aged children.
- 'Kick the Habit', new program taking quit smoking message to young smokers aged 12-24, launched at High Street Youth Health Service, with 25 young people participating.
- Multicultural Mental Health Australia received \$2.7m funding from Department of Health & Ageing, to enhance mental health and well-being of culturally diverse communities.
- SWAHS launched manual handling program, tailored to address specific risks in each workplace, at Blacktown, Westmead and Nepean hospitals.
- Four-hundred and thirty students, from high schools between Lithgow and Auburn, attended inaugural Healthwise career expos aimed at school students interested in health career.
- Twenty-one nurses from SWAHS Mental Health Network completed cognitive behaviour therapy skills course, an initiative between NSW Health Nursing & Midwifery Office and Charles Sturt University.
- Launched SWAHS infection control link nurse (ICLN) program at Nepean Hospital. Embeds infection control into everyday clinical practice, via link nurses who attend regular monthly sessions on hand hygiene and management of multi-resistant organisms.
- Mental Health Network launched new free call telephone access line, which takes new and emergency referrals from within community and provides access to full range of mental health assessment and treatment services.
- Division of Analytical Laboratories (DAL) celebrate 10,000th successful DNA cold link, linking suspect to crime.

## Equal Employment Opportunities

### Aboriginal and Torres Strait Islander People

SWAHS has a number of strategies in place to increase its Aboriginal and Torres Strait Islander workforce. During 2008-09, the area employed four people under the NSW Aboriginal Cadetship Program. This brings the total to seven Aboriginal nursing cadets currently employed by SWAHS.

Under the area's new Aboriginal employment strategy, implemented in 2008-09, titled 'Walking Together – Careers for Aboriginal People in SWAHS', people were recruited to permanent full-time positions, including wardsperson, administrative and nursing roles.

Negotiations with NSW Health aimed at enhancing the area's Aboriginal mental health workforce were ongoing through the year. The outcome is the establishment of three Aboriginal mental health traineeships, to be recruited in the second half of 2009.

### People with disabilities

SWAHS has progressed implementation of its Disability Action Plan during 2008/09, with a number of initiatives implemented to address employment of people with disabilities. In December 2008, SWAHS for the first time celebrated International Day for People with Disabilities, under the Statewide Don't DIS My Ability campaign. One of the awards went to staff in the Clinical Education Unit and Human Resources, for their role in supporting an employee with a disability to gain entry to the trainee enrolled nurse (TEN) program. Through this experience, the process for assessing the suitability of a person with a disability for the TEN program was reviewed and improvements for future assessments identified.

The Learning and Development staff have led a collaborative planning process to establish a training plan for the AHS. It will provide training for managers and staff, to establish an increased awareness of the needs of employees with a disability. A 'Frequently Asked Questions' information sheet has been drafted for managers and employees, on the concept of 'reasonable adjustment to the workplace'.

SWAHS engaged JobSupport, a non-government training agency specialising in the work placement of young people with disabilities, to provide placements in two departments within Westmead Hospital - Food and Health Information Management Services. This initiative was established to increase the presence of people with a disability in the workplace and to improve the culture of the organisation to better support people with a disability.

Through the continuation of these strategies, it is expected that the proportion of people with a disability in the SWAHS workforce will increase, as will those requesting and achieving workplace adjustments.



## People whose first language is not English

SWAHS continues to be above the benchmark for employing people whose first language was not English. In 2008-09, it was estimated that 31 per cent of the workforce spoke a first language other than English (slightly less than the previous year). This is due to a number of reasons, including the diversity of local communities from which employees are recruited. The Australian Bureau of Statistics 2006 Census indicated that 29 per cent of the population speaks a first language other than English, professionals are recruited from overseas and SWAHS has targeted positions for people of non-English speaking background, to improve access to health services (e.g., bilingual community educators).

## Women

In 2008/09, 76 per cent of the SWAHS workforce was female, 26 per cent above the NSW 50 per cent benchmark. This is typical of the health care sector in general, where the single largest occupation group is nursing, most of whom are women.

## Area health service statements and reports

The NSW Health annual report provides a range of additional source of information which reports on area health services' activity in the finance, service delivery and workforce aspects of their operation.

For a detailed and comparative view of each area health service, please refer to the following contents:

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Table 1: Per cent of total staff by EEO target groups

EEO Target Group	Benchmark or target	% of total staff						
		2003	2004	2005	2006	2007	2008	2009
Women	50	75	74	75	76	76	75	76
Aboriginal people and Torres Strait Islanders	2	1.1	1.2	1.3	1.2	1.2	1.2	1.2
People with English as a second language	19	32	33	29	30	30	32	31
People with a disability	12	4	4	4	4	4	3	3
People with a disability requiring work-related adjustment	7	0.7	0.7	0.6	0.6	0.6	0.5	0.5

Table 2: Per cent of total staff by level

Level	Total Staff (number)	Subgroup as percent of total staff at each level (%)			Subgroup as estimated percent of total staff at each level (%)				
		Respondents	Men	Women	ATSI <sup>1</sup>	Minorities <sup>2</sup>	ESL <sup>3</sup>	Disabled <sup>4</sup>	Disabled - work <sup>5</sup>
< \$36,677	157	41	15	85	6.2	14	17	3	–
\$36,677 - \$48,172	4,912	72	23	77	1.7	18	32	3	0.6
\$48,173 - \$53,854	1,240	69	19	81	0.9	21	35	3	0.4
\$53,855 - \$68,147	4,255	69	16	84	0.9	25	37	3	0.5
\$68,148 - \$88,127	2,894	73	22	78	0.7	21	24	3	0.4
\$88,128 - \$110,160	1,318	52	41	59	1.6	22	21	3	0.4
> \$110,160 (non SES)	756	44	63	37	0.3	28	24	4	0.3
> \$110,160 (SES)	–	–	–	–	–	–	–	–	–
<b>TOTAL</b>	<b>15,532</b>	<b>68</b>	<b>24</b>	<b>76</b>	<b>1.2</b>	<b>22</b>	<b>31</b>	<b>3</b>	<b>0.5</b>
Estimate Range (95% confidence level)	–	–	–	–	1.1 to 1.3	21.1 to 22.0	30.1 to 31.2	2.9 to 3.3	0.4 to 0.6

1 Aboriginal and Torres Strait Islander people

2 People from racial, ethnic, and ethno-religious minority groups

3 People for whom English is a second language

4 People with a disability

5 People with a disability requiring work-related adjustment





WYOMING  
HOSPITAL

1000  
1000  
1000

# Maps and Profiles:

RURAL AREA HEALTH SERVICES (AHS)



# Greater Southern AHS



1

## GREATER SOUTHERN NSW HEALTH

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**Chief Executive** Heather Gray

### Local government areas

Albury, Bega Valley, Berrigan, Bland, Bombala, Boorowa, Carrathool, Conargo, Coolamon, Cooma Monaro, Cootamundra, Corowa, Deniliquin, Eurobodalla, Goulburn, Mulwaree, Greater Hume, Griffith, Gundagai, Harden, Hay, Jerilderie, Junee, Leeton, Lockhart, Murray, Murrumbidgee, Narrandera, Palerang, Queanbeyan, Snowy River, Temora, Tumbarumba, Tumut, Upper Lachlan, Urana, Yass Valley, Wagga Wagga, Wakool

### Public hospitals

Barham Koondrook Soldiers' Memorial Hospital  
Batemans Bay District Hospital  
Batlow Multi-purpose Service  
Bega District Hospital  
Berrigan Multi-purpose Service  
Bombala Multi-purpose Service  
Boorowa Hospital  
Bourke Street Health Service  
Braidwood Multi-purpose Service  
Coolamon Multi-purpose Service  
Cooma Hospital  
Cootamundra Hospital  
Corowa Hospital  
Crookwell Hospital

Culcairn Multi-purpose Service  
Delegate Multi-purpose Service  
Deniliquin District Hospital  
Finley Hospital  
Goulburn Hospital  
Griffith Base Hospital  
Gundagai District Hospital  
Hay Hospital and Health Service  
Henty Multi-purpose Service  
Hillston District Hospital  
Holbrook District Hospital  
Jerilderie Multi-purpose Service  
Junee Multi-purpose Service  
Kenmore Hospital  
Leeton District Hospital

Lockhart Hospital  
Moruya District Hospital  
Murrumburrah-Harden Hospital  
Narrandera District Hospital  
Pambula District Hospital  
Queanbeyan District Health Service  
Temora & District Hospital  
Tocumwal Hospital  
Tumbarumba Multi-purpose Service  
Tumut District Hospital  
Urana Multi-purpose Service  
Wagga Wagga Health Service  
West Wyalong Hospital  
Yass District Hospital  
Young District Hospital

### Third Schedule facilities

Mercy Health Service Albury  
Mercy Care Centre Young

# Chief Executive's year in review

The 2008/2009 year has been one of considerable progress for Greater Southern Area Health Service (GSAHS). It is with great pleasure that I share with you our continuing effort to provide improved health services to the communities which lie within our boundaries.

Our striving to improve the safety within health facilities has seen GSAHS being one of the first health services in NSW to implement all of the strategies recommended from the National Hand Hygiene Initiative.

Preventative and primary health initiatives across the area, in line with the international trends in health care, have included continued training of volunteers for the Physical Activity Leader Network. This support strategy has been implemented to ensure the continuation of low-cost fall-safe physical activity options for older people in rural communities, where there is a limited range of activity options available to older Australians. The GSAHS network has 95 tai chi classes and 30 community exercise classes running across 46 communities on a weekly basis. They are held in community venues, with the highest number of participants being females in the 65-74 years. After two years, the network continues to meet community need and in 2009, training weekends re-accredited 41 existing tai chi leaders and added a further 52.

The ongoing shortage of health professionals in rural Australia has been tackled head-on, with a joint technical and vocational educational training initiative between GSAHS, NSW Department of Education and Training and the Riverina Institute of TAFE, which started this year, as did well over 200 traineeships in GSAHS. The rural Allied Health Assistants Project has seen the start of training for 17 allied health assistants. Eighteen allied health professionals have completed Certificate IV qualifications to assist the training. The Clinical Leadership Program has seen 17 nursing and allied health professionals successfully complete, with 13 subsequently awarded advanced diploma in government qualifications.

GSAHS Mental Health Service successfully established working partnerships with non-government organisations, to provide resource and recovery rehabilitation services in Albury, Wagga, Young, Temora, Cootamundra, Tumut, West Wyalong and Junee. This new initiative for outreach rehabilitation will help people engage in leisure, education and employment activities, with a strong focus on community inclusion and recovery.

Strong working relationships have been established between local mental health services and other key partners, such as general practitioners and non-government organisations, to ensure that people suffering from mental illness have easy access to these services.

In conjunction with agencies such as the Centre for Rural and Remote Mental Health, divisions of general practice, Department of Primary Industry and Centrelink, a range of mental health education activities were conducted. These courses, aimed at mitigating the mental health effects of the ongoing drought, included mental health first aid, youth mental health first aid, short mental health education sessions and agricultural service provider breakfasts. A major innovative project, nominated for the Baxter Awards, was 'Kicking Goals for Rural Mental Health'. Implemented by GSAHS in partnership with the Hume Football League, it aimed to provide mental health education to rural communities. Football clubs delivered approximately 129,000 mental health newsletters to communities and each club was invited to deliver a mental health activity in their local area.

The Mental Health Emergency Care roll-out of videoconference equipment to all 47 emergency departments in the area was completed. This Baxter Award-winning program enables prompt specialist assessment for all mental health presentations to any emergency department in the area. The assessments are conducted by staff located in three mental health support centre hubs, reducing the need for patients to be transported to base hospitals for assessment and enabling their treatment to start quickly in their local environment.

Major capital works finalised over the last 12 months included the opening of Queanbeyan Hospital, Bega Hospital Intensive Care Unit and multi-purpose services at Batlow and Junee. The HealthOne projects at Cootamundra and Corowa are progressing, with approval to start capital works in 2009/10.

The Greater Southern Area Health Advisory Council (AHAC), which aids the development of health planning, has been especially active this year in responding to and supporting *Caring Together: the Health Action Plan for NSW* recommendations. The AHAC has also provided a valuable consumer voice on a range of topics.

Finally, I thank the tireless volunteers and fundraising groups who continue to provide much valued resources for the patients and their families who spend time in our health services.

Heather Gray, Chief Executive  
Greater Southern Area Health Service



## Demographic summary of the area

GSAHS covers an area of 166,000km<sup>2</sup> and has a population of approximately 474,000 (2006 Census). The population is expected to grow to around 498,000 by 2016. In 2006, half of all GSAHS residents were aged 39 years or older. Over 15.5 per cent of the population was aged 65 years and over. Projections to 2016 indicate an increase across all age groups over 50 in the coming years.

GSAHS is divided into three clinical sectors around clusters of local government areas. It covers a third of NSW and extends from the south coast, across the Great Dividing Range and the Snowy Mountains, through the south-west slopes, Riverina and Murrumbidgee regions and Murray border areas.

Much of the industry in the area is related to agriculture. There is also a variety of other business and industrial enterprises, including government departments, defence forces, tertiary institutions, forestry and tourism. GSAHS contributes significantly to communities, employing over 5000 full-time equivalent staff in a range of clinical and non-clinical roles.

## Highlights and Achievements

- GSAHS winner of NSW Health Award in 'Make smart choices about the costs and benefits of health services' category, with Wagga Wagga Mental Health Emergency Care Support Centre. Innovative technological solution re poor timeliness and access to specialist mental health emergency assessment and support, enables prompt assessment for all mental health presentations to emergency departments in GSAHS.
- Creation of Albury Wodonga Health (AWH) from integration of Wodonga Regional Health Service and Albury Base Hospital. AWH is a Victorian public health service, established under *Health Services Act 1988* (Vic). Will operate from existing sites at Wodonga Hospital and Albury Base Hospital.
- Completion of capital works and official opening of:
  - Queanbeyan Hospital
  - Bega Hospital Intensive Care Unit
  - Batlow Multi-purpose Service
  - Junee Multi-purpose Service
- Formation of ACT Health/GSAHS joint clinical council.
- Cootamundra and Corowa HealthOne projects progressing, at project director planning and procurement stages.
- Rural Allied Health Assistants Project has seen start of training for 17 AH assistants. Eighteen AH professionals completed Certificate IV qualifications in training and assessment, to assist training of AH assistants.
- Palliative care network formalised, with workshop funded externally by Program of Experience in the Palliative Care Approach (PEPA). It provided professional development and

produced action plan for palliative care service development over next twelve months.

- Clinical Leadership Program, offered Statewide by Clinical Excellence Commission, saw 17 nursing and allied health professionals successfully complete twelve-month program, with 13 subsequently being awarded advanced diploma in government qualifications.
- Introduction of all strategies recommended by National Hand Hygiene Initiative:
  - Implementation of forearm dress code policy
  - 100 per cent coverage by hand hygiene auditors in every health care facility
  - Development of comprehensive hand hygiene ward auditor training program.
- Antenatal shared care model implemented across seven sites, increasing options for mothers by offering midwifery-led support, in partnership with obstetricians.
- Foetal welfare Obstetric emergency Neonatal resuscitation Training (FONT) program implemented across GSAHS.
- Adult colour-coded observation chart trial rolled-out across GSAHS, to assess ability to provide clinicians with tool to recognise and respond to patients showing signs of clinical deterioration.
- Physical Activity Leader Network has 95 tai chi classes and 30 community exercise classes running across 46 communities weekly.
- Working partnerships developed with NGOs and GSAHS Mental Health Service to provide resource and rehabilitation services in Albury, Wagga Wagga, Young, Temora, Cootamundra, Tumut, West Wyalong and Junee.
- Range of mental health educational activities conducted across GSAHS, aimed at mitigating mental health effects of ongoing drought. Includes major project 'Kicking Goals for Rural Mental Health', a nominee for NSW Health Awards, implemented in partnership with Hume Football League.

## Equal Employment Opportunity

A Greater Southern Area Health Service Equal Employment Opportunity Management Plan (2008-2012) has been developed.

It includes strategies and measurable outcomes providing direction to improve key result areas:

1. Statistical data comprehensive and accurate
2. Employee views heard through consultation
3. EEO outcomes included in planning
4. Fair policies and procedures and workforce culture displaying fair practices and behaviours
5. Needs-based programs and improved employee access and participation by EEO groups



6. Managers and employees informed, trained and accountable for EEO practices and outcomes.

Anticipated outcomes include EEO in recruitment and retention strategies of GSAHS, use of EEO in workforce planning targets, further education of managers in the use of supportive policies and procedures, skill development to support career progression, recruitment strategies and improved accountability for EEO outcomes.

### **Bachelor of Health Science (Mental Health) – Aboriginal-specific traineeship – Mental Health, Drug and Alcohol trainee program**

GSAHS, in partnership with Charles Sturt University, has fully developed the program, with positive outcomes and employment opportunities in a culturally safe environment having been identified. It offers permanent employment to trainees, with transition to generic mental health clinician roles following graduation.

GSAHS is proud to have supported six graduates through the three years of traineeship, to graduate with their Bachelor of Health Science (Mental Health) this year. A further five are completing their third-year requirements prior to graduation. One trainee is completing second year, with newly-recommended applicants for eight traineeship positions to begin in January 2010.

The partnership and program is attracting significant numbers of applicants and career pathways are being identified through the dedication of the GSAHS MHD&A team and Charles Sturt University.

### **Nursing and Midwifery Office Bachelor of Nursing – Aboriginal cadetship program**

GSAHS has proudly supported two cadets to be ready to complete the Bachelor of Nursing degree at the end of 2009. Both will be full-time employees following graduation. A further three cadets are currently undertaking the program within GSAHS.

### **Aboriginal health worker – trainee program and RPL assessment**

GSAHS has developed a partnership with Riverina Institute of TAFE, with an inaugural cohort for a traineeship program participants identified, to progress utilising the Certificate IV Aboriginal and Torres Strait Islander Primary Health (Practice).

#### **Per cent of total staff by EEO target groups**

EEO Target Group	Benchmark or target (%)	GSAHS Staff (%)
Women	50	83
Aboriginal people and Torres Strait Islanders	2	2.1
People with English as a second language	19	6
People with a disability	12	5
People with a disability requiring work-related adjustment	7	1.3

TAFE will conduct the Recognition of Prior Learning (RPL) and assessment program of existing Aboriginal health workers, who will be given recognition for their skills and knowledge for the Certificate IV Aboriginal and Torres Strait Islander Primary Health (Community Care). This will provide health workers with a qualification and recognise their many years of work and experience.

## **Proposed outcomes for next year**

### **Development of GSAHS Aboriginal Employment Strategy 2009-2013**

Development of the Aboriginal Employment Strategy to draft stage, including consultation and sign-off of the Aboriginal Impact Statement to support the document, is complete. The strategy will enable GSAHS to fully develop opportunities for:

- Progression of the traineeships model. Allows participants to undertake a generic role to build workplace confidence as preparation for transition into a speciality area job or study program i.e., Aboriginal health, nursing and administration
- Development of pre-employment processes to attract and support potential applicants
- Work with community and specialist Aboriginal employment organisations.

### **Disability Action Plan**

Greater Southern Area Health Service Disability Action Plan 2009 to 2012 has been developed to include priorities for actions including increasing employment participation for people with a disability. Provides opportunity for performance indicators and reporting processes to be developed.

### **Area health service statements and reports**

The NSW Health annual report provides a range of additional source of information which reports on area health services' activity in the finance, service delivery and workforce aspects of their operation. For a detailed and comparative view of each area health service, please refer to the following contents:

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# Greater Western AHS

## 2 | GREATER WESTERN NSW HEALTH





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#### Chief Executive

Danny O'Connor

#### Local government areas

Balranald, Bathurst Regional, Blayney, Bogan, Bourke, Brewarrina, Broken Hill, Cabonne, Central Darling, Cobar, Coonamble, Cowra, Dubbo, Forbes, Gilgandra, Lachlan, Mid-Western, Narromine, Oberon, Orange, Parkes, Walgett, Warren, Warrumbungle, Weddin, Wellington, Wentworth, Un-incorporated Far West

#### Public hospitals

Balranald District Hospital  
Baradine Multi-purpose Service  
Bathurst Base Hospital  
Blayney Multi-purpose Service  
Bloomfield Hospital  
Bourke District Hospital  
Brewarrina Multi-purpose Service  
Broken Hill Base Hospital  
Canowindra Soldiers' Memorial Hospital  
Candobolin District Hospital  
Cowra District Hospital  
Cudal War Memorial Hospital  
Cobar District Hospital  
Collarenebri Multi-purpose Service  
Coolah Multi-purpose Service  
Coonabarabran District Hospital  
Coonamble District Hospital  
Dubbo Base Hospital  
Dunedoo War Memorial Hospital  
Eugowra Memorial Hospital  
Forbes District Hospital  
Gilgandra Multi-purpose Service  
Goolooga Community Health Service  
Grenfell Multi-purpose Service

Gulargambone Multi-purpose Service  
Gulgong District Hospital  
Ivanhoe District Hospital  
Lake Cargelligo Multi-purpose Service  
Lightning Ridge Multi-purpose Service  
Menindee Health Service  
Molong District Hospital  
Mudgee District Hospital  
Narromine District Hospital  
Nyngan District Hospital  
Oberon Multi-purpose Service  
Orange Base Hospital  
Parkes District Hospital  
Peak Hill Hospital  
Rylstone Multi-purpose Service  
Tibooburra District Hospital  
Tottenham Hospital  
Tullamore Hospital  
Trangie Multi-purpose Service  
Trundle Multi-purpose Service  
Warren Multi-purpose Service  
Wellington Hospital, Bindawalla  
Walgett District Hospital  
Wentworth District Hospital  
Wilcannia Multi-purpose Service



# Chief Executive's year in review

The Greater Western Area Health Service (AHS) has enjoyed a number of significant achievements for the 2008/2009 period. The team is at the forefront of implementing and delivering the practical initiatives in the Government's *Caring Together: The Health Action Plan for NSW*, to help doctors, nurses and allied health staff focus on patient care.

Highlights have included:

- \$250m investment in the Orange Health Service redevelopment
- \$4.8m for the start of works on the Coonamble Multi-purpose Service (MPS)
- \$10m to establish an MPS in Balranald and at Eugowra
- \$566k to boost renal dialysis, including specialist dietetic and vascular services, at Orange and Dubbo
- \$1m for cardiac services in Orange
- Three new acute care beds at Dubbo Base Hospital
- \$1m for an additional seven community-based care places as part of a Statewide program to support people in their home and avoid the need for hospital transmission.
- Targeted campaigns have seen increased staff recruitment in specialist and generalist medical positions, as well as allied health, mental health, counselling and nursing.
- Of new graduate nurses in 2008, 82.3 per cent have been retained by the AHS. This has enhanced staffing and service provision for our communities, especially in smaller places such as Bourke, Condobolin, Balranald and Coonamble.
- A regional partnership, signed between Greater Western AHS and Bila Muuji Aboriginal Health Services, is set to improve communication, planning and resource allocation to assist in sustained health outcomes for Aboriginal people.

- The implementation of the Greater Western AHS Aboriginal Employment Strategy 2008-2011, was launched in Dubbo. It has a goal of increasing the Aboriginal workforce to 8.5 per cent, a reflection of the indigenous population across the health service.
- The Clinical Outreach Project started, allowing a team of advising specialists in Orange and Dubbo to provide medical advice and diagnosis of critical patients, in smaller remote hospitals throughout Greater Western AHS.
- A project aimed at early recognition and management of the deteriorating patient has been undertaken at Dubbo Base Hospital. It received the Judge's Award at the 2008 Greater Western AHS Health Awards Expo. It was nominated for the 2008 NSW Health Awards, as a finalist in the Clinical Excellence Commission (CEC) Award for improvement in Patient Safety.
- Dubbo and Broken Hill were two of three pilot sites chosen in NSW to roll-out the NSW Parenting Program in rural and remote communities, to address childhood obesity among children and parents or carers.
- The building of the new Orange Health Service is underway. In September 2008, the State Government approved an additional \$35m for the enhancement of the development, following a lengthy review of proposed services and consultation with clinical staff.
- Implementation of the team nursing model of care in the base hospitals, which started with Bathurst in March 2009.
- Broken Hill Health Service gained full accreditation in November 2008, from the Australian Council on Healthcare Standards (ACHS).

The Greater Western AHS is an organisation with teams of dedicated people committed to providing accessible and quality health care to the people of western NSW. I would like to thank the staff, including the executive, the managers and the clinical and non-clinical staff for their continued commitment to strive for excellence. My sincere appreciation and thanks is also extended to the Area Health Advisory Council, the health councils, hospital auxiliaries and local community groups who have so generously supported Greater Western Area Health Service.

Danny O'Connor, Chief Executive  
Greater Western Area Health Service

## Demographic summary of the area

The Greater Western Area Health Service covers 444,586 square kilometres, an area representing more than 55 per cent of the landmass of NSW.

While it is the biggest NSW health service in terms of landmass, it has the smallest population, approximately 305,000 people.

The Greater Western Area Health Service has 108 public health facilities, including 33 hospitals, 16 multi-purpose services and 59 community health centres. There are four major rural referral hospitals – Bathurst, Orange, Dubbo and Broken Hill. Bathurst and Orange Health Services are considered a networked rural referral service. There are four district health services – Cowra, Forbes, Mudgee and Parkes.

At June 2009, the service employed approximately 4,851 full-time equivalent staff (FTE) – 67.1 per cent of whom were classified as medical, nursing, allied health staff, oral health workers, scientific and technical support staff and other health professionals.

Total medical FTE = 177  
Total nursing FTE = 2,356  
Total allied health FTE = 309

At June 2009, the service had a total of 1,852 available beds for admitted patients. This does not include beds in emergency departments, delivery suites, operating theatres or recovery rooms.

Annual activity for 2008/09 included:

- 315,560 occupied bed days
- 87,488 hospital separations
- 9,688 booked surgical patient admissions
- 94,156 emergency department attendances.

On average there were 258 daily presentations to emergency departments (down from 266 in 2007/08).

## Highlights and Achievements

- Start of clinical outreach project to allow advising specialists in Orange and Dubbo to provide medical advice and diagnosis of critical patients in smaller remote hospitals. Includes commissioning of IP-based digital video cameras in every inpatient facility in GWAHS. Camera situated in ICU, emergency and high dependency units. Entrance via a secure web site, which also provides access to radiology information and bedside monitoring equipment. So far 24 cameras installed, with remaining scheduled before end of 2009.
- The StEPS Program (Statewide Eyesight Preschool Screening Program) achieved a screening rate of approximately 60 per cent across the AHS.
- Dog health programs in Aboriginal communities in Walgett, Collarenebri, Goodooga, Brewarrina, Weilmoringle, Wilcannia and Bourke. Aim is to use humane solutions to address over-population of dogs in Aboriginal communities by surgical de-sexing and contraceptive implants and health checks by RSPCA vets. Dog numbers have been reduced and health improved, reducing risk of transmission of diseases to humans.
- Redevelopment of Forbes Hospital administration area into new renal dialysis unit. Chairs have doubled from two to four, now servicing eight patients per week (previously two). New generator to secure emergency power for whole hospital installed.
- With opening of a six-chair unit, Broken Hill Health Service now runs comprehensive renal dialysis services in far west of New South Wales.
- Co-ordination of response during delay and contain phases of H1N1 Influenza pandemic. Included establishment of steering committee, systems, protocols and processes, flu clinics in emergency departments and development of alternate models of care within facilities and communities in rural and remote areas.
- The Broken Hill abdominal aortic aneurysm program won a Silver Award in the 2008 NSW Premier's Public Sector Awards. This early identification program - a partnership between community and health service - seeks to identify men who have developed an abdominal aortic aneurysm.
- Network of child protection trainers established to provide sustainable ongoing mandatory child protection training. Child protection policy and procedure manual developed for implementation across GWAHS to support all sites with issues related to child well-being.
- Dubbo and Broken Hill were two of three pilot sites to roll-out NSW Parenting Program in rural and remote communities, to address childhood obesity with parents or carers.
- Respiratory chronic care clinics established in Orange and Bathurst. Preliminary data shows a reduction in avoidable admissions. Chronic care nurse practitioner positions established for Lachlan and Dubbo health services.

- Bathurst Base Hospital first in NSW to receive state-of-the-art infusion pumps to provide intravenous fluids and medication to patients of GWAHS. Introduction of these pumps will provide a uniform system to administer intravenous medication to patients across the State. They are part of a NSW Health initiative.
- Three Aboriginal cadets graduated as registered nurses. Two are now working at Dubbo Base Hospital, one at Royal Prince Alfred Hospital. Greater Western AHS provided support, clinical experience, mentors and managed payments from DEWAR.
- Hospital in the Home started in November 2008, admitting 147 patients since then. Average number of bed days saved is 165 per month, or 1,815 since start of service. Patient surveys in February and June show extremely high level of satisfaction.
- Broken Hill Health Service gained full accreditation from Australian Council of Healthcare Standards (ACHS) in November 2008. First time it has met the requirements. ACHS criteria provide framework for safe and consumer-driven delivery of health services.
- Process mapping project on Dubbo Base Hospital's Fracture Clinic saw significant improvements in waiting times (down from 80 to 20 minutes), patient satisfaction and flow through the clinic. Co-ordinator position created from existing staff levels to reduce waiting times and routine treatment guidelines to enhance co-ordination. Finalist in Greater Western AHS quality awards and recently nominated for Director-General's encouragement category at the Baxter awards.
- Walk around nursing handovers started in Orange Health Service in January 2009. Continued modification is showing results, with both patients and staff seeing benefits of open communication and engagement in clinical handover.
- Broken Hill Health Service now runs a fast-track clinic for triage 4 and 5 patients presenting to emergency department. Dramatically reduces waiting times for patients in these categories and frees-up staff to concentrate on critical cases. Also allows more comprehensive teaching of junior medical officers and students. Bulk billing saves one doctor's salary.

## Equal Employment Opportunities

### GWAAHS Aboriginal Employment Strategy

The first GWAAHS Aboriginal Employment Strategy 2008 – 2011 was implemented in September 2008, with a launch held in Dubbo. The strategy has a main goal of increasing the Aboriginal Workforce to 8.5 per cent, a reflection of the Aboriginal population across the health service area. It incorporates key result areas of the State Government document "Making It Our Business", which provides a policy and resource statement for organisations to implement strategies and increase the Aboriginal workforce.

### Aboriginal Health Worker – Trainee program and RPL (recognition of prior learning) assessment

A partnership with Western Institute of TAFE has seen the development of the inaugural cohort for a traineeship program, utilising the Certificate IV Aboriginal and Torres Strait Islander Primary Health (Practice). Fourteen of an initial 18 trainees successfully completed and graduated in 2008.

In 2009, another program has been established with TAFE, to run the RPL and assessment program of existing Aboriginal health workers, who will be recognised for their skills and knowledge with the Certificate IV Aboriginal and Torres Strait Islander Primary Health (Community Care). This will provide health workers with a formal qualification and recognise their many years of work and experience.

### Review of the Aboriginal Health Workforce

A review of the Aboriginal health workforce has been undertaken, with the main focus on implementing a standard model across GWAHS. This has involved a review of State/national workforce standards/trends, position descriptions and feedback from across the workforce, to inform the new structure, develop standardised roles and a scope of practice. The first of the new position descriptions (Aboriginal hospital liaison officers), within this specialist workforce, has been developed and will be implemented shortly.

### CDEP (community development employment projects) conversion funding – position established

The area has been able to use CDEP conversion funding to establish a new position within the Narromine Health Service. The participant was able to be employed permanently in a part-time administration position in June 2009. This funding also allocates training money to continue the development of the employee within the position.

## Proposed outcomes for next year

Implementation of the Aboriginal employment strategy will include:

- Development of pre-employment processes to attract and support potential applicants
- Work with community and specialist Aboriginal employment organisations
- Progression of the traineeships model, that allows participants to undertake a generic role to build workplace confidence, in preparation for transition to a speciality area job or study program, i.e., Aboriginal health, nursing, allied health, administration
- Development of a leadership program for current staff within senior management roles and for those wishing to advance their career opportunities into management and decision-making roles.

### EEO Plan

A Greater Western Area Health Service Equal Employment Opportunity Management Plan (2009-2013) has been developed. It will include strategies and related performance indicators to monitor progress. Anticipated outcomes include a sound information base, incorporation of staff consultation, inclusion of EEO in workforce planning targets, supportive policies and procedures, skill development to support career progression, recruitment strategies and improving accountability for EEO. Strategies working towards a diverse and skilled workforce will include clear equal employment targets, e.g., 50 per cent of women in leadership roles and Aboriginal people comprising 8.5 per cent of the workforce.

## Disability Action Plan

Within the Greater Western Area Health Service Disability Action Plan 2009 to 2012, priorities for action include increasing employment participation for people with a disability. Performance indicators and reporting processes will be developed. A staff survey will be incorporated into the review and development of opportunities for improvement in employment, for people with disabilities, both existing and potential employees.

### Area health service statements and reports

The NSW Health annual report provides a range of additional source of information which reports on area health services' activity in the finance, service delivery and workforce aspects of their operation.

For a detailed and comparative view of each area health service, please refer to the following contents:

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#### Workforce

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### Number of EEO target group staff by salary level

Salary level	Non-respondents	Respondents	Men	Women	ATSI <sup>1</sup>	Minorities <sup>2</sup>	ESL <sup>3</sup>	Disabled <sup>4</sup>	Disabled - work <sup>5</sup>	LEVEL TOTAL
< \$23,339	1	3	1	3	0	0	0	0	0	4
\$23,339 – \$30,654	0	1	0	1	0	0	0	0	0	1
\$30,654 – \$34,269	48	19	6	61	8	0	0	0	0	67
\$34,269 – \$43,336	838	326	327	837	81	24	14	19	4	1164
\$43,336 – \$56,080	1269	368	216	1421	44	17	26	23	11	1637
\$56,080 – \$70,101	1141	353	165	1329	38	27	24	27	10	1494
> \$70,101	861	237	328	770	27	27	22	19	9	1098
SES	0	0	0	0	0	0	0	0	0	0
<b>EEO TOTAL</b>	<b>4158</b>	<b>1307</b>	<b>1043</b>	<b>4422</b>	<b>198</b>	<b>95</b>	<b>86</b>	<b>88</b>	<b>34</b>	<b>5465</b>

1 Aboriginal and Torres Strait Islander people

3 People for whom English is a second language

2 People from racial, ethnic, and ethno-religious minority groups

4 People with a disability

5 People with a disability requiring work-related adjustment

# Hunter New England AHS

3

HUNTER NEW ENGLAND  
NSW HEALTH



### Hunter New England Area Health Service

Lookout Road, New Lambton 2305

Telephone: (02) 4921 3000

Facsimile : (02) 4921 4969

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

Office hours: 8.30am – 5.00pm, Monday to Friday

#### Chief Executive

Dr Nigel Lyons

#### 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

Armidale Hospital  
Belmont Hospital  
Cessnock Hospital  
Glen Innes Hospital  
Gloucester Hospital  
Gunnedah Hospital  
Inverell Hospital  
James Fletcher Hospital  
John Hunter Hospital  
John Hunter Children's Hospital  
Kurri Kurri Hospital  
Manilla Hospital  
Moree Hospital  
Morisset Hospital  
Muswellbrook Hospital  
Narrabri Hospital  
Quirindi Hospital  
Royal Newcastle Centre  
Scone Hospital (Scott Memorial)  
Singleton Hospital  
Tamworth Hospital  
Taree (Manning) Hospital  
The Maitland Hospital

#### Third Schedule Facilities

Calvary Mater Newcastle

#### List of other services

In addition to its public hospitals, Hunter New England Area Health Service has 57 community health centres throughout the area. It also has a range of area clinical networks and streams including aged care and rehabilitation, drug and alcohol, oral health, diabetes, genetics, palliative care and violence prevention.



# Chief Executive's year in review

Hunter New England Health is committed to building healthier communities by delivering excellence in health care.

During the past year, our skilled and dedicated employees continued their hard work and commitment to providing high quality, safe patient care and improving the health of the people in our communities.

Several communities benefited from the completion of major capital works, notably the new Merriwa Multi-Purpose Service (MPS). The culmination of 10 years' work, it houses a 24-hour emergency department, 15 residential aged care beds, eight acute care beds, staff accommodation and co-located ambulance and GP services. New MPS facilities were also opened at Bingara and Warialda.

Major capital works started at The Maitland Hospital, with a \$10M redevelopment underway that will see the Emergency Department double in size, as well as a new ambulance area and entrance foyer.

The year saw significant milestones reached at Tamworth Hospital, where the outstanding level of community involvement and support remains crucial to the role of the health service. The community helped raise more than \$470,000 for the redevelopment of the hospital's oncology unit. The hospital's new acute stroke unit was also opened this financial year.

This was quite a significant year in capital works for Hunter New England Health. The opening of the redeveloped Calvary Mater Newcastle, a \$200m public private partnership between the NSW Government and the Novacare consortium, was the final phase in the Newcastle Strategy. The strategy was a \$360m package of improvements delivered to health services

across the Newcastle region, with works at Belmont Hospital, to the John Hunter campus, the Mater and Newcastle Community Health Centre, spanning from 2000 to 2009. Significantly, this project demonstrated the value of what can be achieved when we partner with our communities and work co-operatively to enhance facilities and services.

This year, our commitment to providing the best possible quality of care was recognised in a number of ways. We scored highly in the 2008 NSW Health patient survey, with more than 90 per cent of patients rating the care they received in our facilities as good, very good or excellent. I am proud that we have once again achieved so strongly in this annual survey, a positive reflection on the work our teams are doing every day in facilities across the area. As well, individuals and teams were well represented in a number of State and national awards. HNE Health staff or projects won three NSW Aboriginal Health awards at the 2008 ceremony and two at the 2009 event. We also won five NSW Health awards, a fantastic effort from all concerned.

HNE Health set the standard this year for pandemic planning. Exercise Forrest Gump (XFG), a massive exercise planned and undertaken by our dedicated population health team, was one of the largest pandemic exercises ever held in Australia. It tested all the emergency departments and public health offices in the Hunter New England area, with lessons learned factored back into planning for the incidence of a real pandemic.

This has been a successful, challenging, rewarding period for Hunter New England Health. Through our quality people, core values, robust systems, strong partnerships and ongoing sound financial management, we expect to continue these outstanding results for our communities in 2009/2010.

Dr Nigel Lyons, Chief Executive  
Hunter New England Area Health Service



## Demographic summary of the area

The Hunter New England Health Area Health Service (HNEAHS) head office is located in Newcastle, with a regional office in Tamworth.

Hunter New England Health is unique, in that it is the only area health service with a major metropolitan centre (Newcastle/Lake Macquarie), as well as a mix of several large regional centres and many smaller rural centres and remote communities within its borders.

HNEAHS serves a population of approximately 840,000 people, covering over 130,000 square kilometres. Importantly, over 20 per cent of the State's Aboriginal population lives in the catchment area.

It has 93 public health facilities, including 19 community hospitals and multi-purpose services, 14 district health services, four rural referral and two tertiary referral hospitals (John Hunter Hospital, incorporating John Hunter Children's Hospital and the Royal Newcastle Centre and the Calvary Mater Newcastle). There are 57 community health centres, together with a number of other facilities, including mental health and aged care services.

## Highlights and Achievements

- New Multi-purpose Service (MPS) at Merriwa completed. Newly renovated and rebuilt state-of-the-art facility took 10 years in planning and construction.
- New multi-purpose services opened at Bingara and Warialda.
- Construction started on new \$10m Maitland Hospital Emergency Department.
- Tamworth Hospital officially opened its Acute Stroke Unit. It will allow more streamlined, intensive clinical care.
- Redevelopment of Tamworth Hospital Oncology Unit following massive community effort to raise more than \$470,000.
- New, purpose-built children's cancer and haematology day unit opened at John Hunter Children's Hospital. It is an all-encompassing treatment facility where children present for clinics, procedures and day chemotherapy, without reliving the association of a hospital stay.
- New Manning Hospital Emergency Department opened.
- Start of public inpatient services at Forster Private Hospital.
- New medical assessment unit at Maitland Hospital opened, second MAU in HNE Health and one of 19 now operating in public hospitals around the State.
- Completion of third and final stage of \$200m Mater redevelopment, undertaken as a public private partnership between NSW Government and Novacare consortium. Final stage saw relocation of acute mental health services from James Fletcher Hospital. Plans underway to build new \$8.91m non-acute, short-term rehabilitation unit for mental health patients on James Fletcher site.
- Won three 2008 NSW Aboriginal health awards. Garry Creighton from Tamworth Community Health an individual award for establishing Yaamanhaa Aboriginal men's group, the Good for Kids. Good for Life program won Minister's award and a third went to project focusing on vascular and renal health - Using knowledge to safeguard our nations.
- Seven individuals and projects named as finalists in the 2009 Aboriginal Health Awards, with two going on to win. The Shake a Leg Health Promotion took top honours in the Strengthening Aboriginal Families and Children category while the HNE Health Aboriginal Employment Program took out the Excellence in Workforce category.
- Five NSW Health awards, including Best Health Service Performance 'Create Better Experiences for People Using Health Services' and 'Strengthen Primary Health and Continuing Care in the Community'.
- Scored highly in 2008 NSW Health patient survey. Results show 90.7 per cent of patients across Hunter New England Health rated their care as good, very good or excellent, placing HNE as one of the top health services in this field.
- Undertook 'Exercise Forrest Gump' (XFG) pandemic exercise, to create pandemic response as close to reality as possible. Exercise proved invaluable when faced with reality of Influenza H1N1.
- Hunter Institute of Mental Health launched its latest resource, MIND Essentials. It provides nurses and midwives with practical information and strategies for supporting people who present with a range of mental health issues.
- Calvary Mater Newcastle becomes home to Cancer Council's first dedicated cancer information centre.
- Morisset Hospital celebrated 100 years of service.
- Launched new electronic referral information management system (RIMS) to improve outpatient referral process. Allows tracking of waiting times, improved response times and removes need for old paper-based system.
- HNE continues as a leader in medical research, with Australian-first stroke research trial at John Hunter Hospital. Hunter Medical Research Institute (HMRI) Stroke Research Group and NSW Ambulance Service will extend clot busting treatment to stroke patients in Upper Hunter, Great Lakes and Lower Manning areas within three-hour treatment window.



## Equal Employment Opportunity

This document highlights the significant achievements of the Aboriginal Employment Strategy 2008-2011, in increasing employment and retention rates, working collaboratively with local Aboriginal and Torres Strait Islander communities and raising awareness of their culture in our workforce.

Hunter New England Health is also committed to increasing employment opportunities for disabled people and people from a culturally diverse background. We continue to develop communication plans, employment strategies, build relationships with external employment providers and raise awareness of equity and diversity in our current workforce.

- Qualitative data collected from staff perception survey, staff opinion survey, exit survey, staff consultative committees, career development and staff development forums. Implement strategies to address equity issues identified.
- Key events of significance, such as NAIDOC and National Disability Day, advertised through Hunter New England Health communication networks.
- Fact sheets produced for managers and for Aboriginal employees, with advice on assistance/support available in Hunter New England Health.
- In this period over 200 managers have attended the cultural respect program. This provides a foundation for understanding organisational racism and its contribution to creating barriers for access to health services and employment for Aboriginal and Torres Strait Islander people. An Aboriginal elder and a non-Aboriginal woman co-facilitate this workshop.
- IAG-Health indigenous advisory group provides formal process/mechanism for management committee to seek advice about conduct of business as it relates to the Aboriginal and Torres Strait Islander staff and community.
- Hunter New England Health was gold sponsor for inaugural Hunter Indigenous Jobs Market held in Newcastle June 2009, which attracted over 1,200 Aboriginal and Torres Strait Islander job seekers.
- Hunter New England employs 362 people who identify as being of Aboriginal and/or Torres Strait Islander descent, 485 people who have a disability, 152 of whom have required a reasonable work adjustment. A total of 1503 people of a culturally and linguistically diverse background are employed in a variety of occupations, including administration, nursing, allied health, medicine and support services.
- Twenty-eight per cent of the total Aboriginal workforce is employed as nurses.
- Purchased laptop and literature for Aboriginal junior medical officers to assist in their studies.

- Although recruitment is successful, retention continues to be problematic in some areas. To combat this, Hunter New England Health has employed three Aboriginal EAP counsellors based at Tamworth, Taree and Newcastle.
- An Aboriginal person participates on selection committees where the candidate list includes an applicant who has been identified as being an Aboriginal or Torres Strait Islander person.
- Continuing review and support of disabled apprentice program to ensure staff receive correct support and training from TAFE, managers and other program providers.
- Work experience placements started for three students with disabilities, seven from a culturally and linguistically diverse (CALD) background and two Aboriginal and Torres Strait Islander students.

## Major activities and outcomes planned for 2009-10

Hunter New England Health will continue to improve employment rates for Aboriginal and Torres Strait Islander, people with a disability and people with a culturally and linguistically diverse background (CALD). It is widely accepted that there is direct correlation with sustainable employment outcomes and increased benefits to health, lifestyle and quality of life and Hunter New England Health will continue implementing a range of initiatives to ensure we improve employment opportunities in NSW for disadvantaged groups.

Hunter New England Health values the diversity of its employees and is committed to promoting a fair and equitable workplace free from bullying and harassment through the development of strategies, information and fact sheets. We will continue to implement policies and practices to ensure a healthy, supportive and safe environment for our employees.

- Strive to win the 2009 NSW Aboriginal Health Workforce Innovation Award, as recognition of employing a higher number of Aboriginal and Torres Strait Islander employees than all other NSW health services.
- Collect EEO statistical data from Human Resources Centre and grievance counsellors (to be appointed) to ascertain possible workplace issues.
- Equity and Diversity Strategy drafted and review in progress.
- Develop communication articles/fact sheets to ensure EEO principles and success stories are shared across agencies.
- EAP service to ensure that CALD employees can request the same interpreter who has assisted them previously, to ensure consistency in delivery of the counselling service.

- Continual review of recruitment strategies to ensure we provide an equal selection process for people from disadvantaged groups.
- Continue to be a gold sponsor of the Hunter Indigenous Jobs Market held in Newcastle each year.
- Continue to target vacancies for Aboriginal and Torres Strait Islander people to apply in the six acute hospitals.
- Progress targeting positions to be filled by people with a disability and people from a CALD background.
- Start advertising positions for Aboriginal people through the first Indigenous Jobs Australia website, which is an initiative developed by the Australian Indigenous Chamber of Commerce and Fairfax Media and powered by MyCareer. The site is dedicated to advertising job vacancies and opportunities that are identified and targeted for Aboriginal people to fill.
- Five apprentices who have disabilities will complete their training in 2009/2010 and will be offered opportunity to apply for permanent positions, should there be vacancies.
- Review and develop procurement contract procedures to ensure suppliers are addressing employment benchmarks for people in disadvantaged groups such as Aboriginal and Torres Strait Islanders, disabled and CALD background people.

## Area health service statements and reports

The NSW Health annual report provides a range of additional source of information which reports on area health services' activity in the finance, service delivery and workforce aspects of their operation.

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### Workforce

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Ethnic Affairs Priority Statement .....	189-193

### Service Delivery levels

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Public hospital activity levels .....	258
Mental Health Act - Acute and non-acute inpatient care utilisation .....	262

Table 1: Trends in the representation of EEO target groups (%)

EEO Target Group	Benchmark or target	% of total staff			
		2006	2007	2008	2009
Women	50	76	77	77	78
Aboriginal people and Torres Strait Islanders	2	1.8	1.9	1.95	2.4
People with English as a second language	20	5	7	8	8
People with a disability	12	3	3	3	3
People with a disability requiring work-related adjustment	7	0.9	0.9	0.7	1

Table 2: Trends in the distribution of EEO target groups (%)

EEO Target Group	Benchmark or target	% of total staff			
		2006	2007	2008	2009
Women	100	88	86	87	86
Aboriginal people and Torres Strait Islanders	100	81	81	81	78
People with English as a second language	100	118	112	108	111
People with a disability	100	99	98	96	99
People with a disability requiring work-related adjustment	100	96	96	95	102

# North Coast AHS



## 4 NORTH COAST NSW HEALTH

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LISMORE NSW 2480

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Office hours: 8.30am - 5.00pm  
Monday to Friday

### Chief Executive

Chris Crawford

### Local government areas

Ballina, Bellingen, Byron, Clarence Valley, Coffs Harbour, Kempsey, Kyogle, Lismore, Nambucca, Port Macquarie-Hastings, Richmond Valley, Tweed

### Public hospitals

Ballina District Hospital  
Bellinger River District Hospital  
Bonalbo Health Service  
Byron District Hospital  
The Campbell Hospital, Coraki  
Casino & District Memorial Hospital  
Coffs Harbour Health Campus  
Dorrigo Multi-purpose Service  
Grafton Base Hospital  
Kempsey District Hospital  
Kyogle Memorial Multi-purpose Service  
Lismore Base Hospital  
Macksville Health Campus  
Maclean District Hospital  
Mullumbimby & District War Memorial Hospital  
Murwillumbah District Hospital  
Nimbin Multi-purpose Service  
Port Macquarie Base Hospital  
The Tweed Hospital  
Urbenville Multi-purpose Service  
Wauchope District Memorial Hospital

### Community health centres

Alstonville Community Health  
Ballina Community Health  
Bangalow Community Health  
Banora Point Community Centre  
Bellingen Community Health  
Bonalbo Community Health  
Byron Bay Community Health  
Camden Haven Community Health  
Casino Community Health  
Coffs Harbour Community Health  
Coraki Community Health  
Dorrigo Community Health  
Evans Head Community Health  
Grafton Community Health  
Iluka Community Health  
Kempsey Community Health  
Kingscliff Community Health  
Kyogle Community Health  
Lismore Adult Health  
Lismore Child & Family Health  
Macksville Community Health  
Macleay Community Health  
Mullumbimby Community Health  
Murwillumbah Community Health  
Nimbin Community Health  
Port Macquarie Community Health  
South West Rocks Community Health  
Tweed Heads Community Health  
Urbenville Community Health  
Wauchope Community Health  
Woolgoolga Community Health

### Area Mental Health Service

Head Office, 60 Hunter Street, Lismore, 2480  
Phone: 02 6620 7587 Fax: 02 6620 7693  
Bellingen Community Mental Health  
Byron Community Mental Health  
Casino Community Mental Health  
Clarence Valley Community Mental Health  
Coffs Harbour Community & Inpatient Mental Health  
Kempsey Community & Inpatient Mental Health Services  
Kyogle Community Mental Health  
Lismore Community Mental Health  
Macksville Community Mental Health  
Mullumbimby Community Mental Health  
Murwillumbah Community Mental Health  
Port Macquarie Community & Inpatient Services  
Lismore Mental Health Services  
Tweed Heads Community Mental Health  
Tweed Valley Clinic Inpatient Unit

### Sexual Assault Service

Lismore 'Indigo House'  
Clinic 916, Coffs Harbour Sexual Health  
Clinic C, Coffs Harbour Health Campus  
Clinic 229 - Grafton Sexual Health, Grafton Base Hospital  
Sexual Health/AIDS (SHAIDS)  
Clinic 145 Tweed Valley Sexual Health Service

### Liver Clinic

29 Molesworth Street, Lismore  
Phone: 02 6620 7539 Fax: 02 6620 766



# Chief Executive's year in review

The past twelve months have been very busy for North Coast Area Health Service (NCAHS), which continues to have significant growth in population, particularly of older residents, with a consequent increased demand for health services. In response to the increases in demand, NCAHS has introduced new and expanded services in 2008-09. As well, building works were started that will enable more new services to be introduced in 2009-10.

During this year, over 250 patients received interventional cardiac services at the Coffs Harbour Health Campus Cardiac Catheter Laboratory. Such services include the insertion of stents to open up blocked arteries. Previously, patients would have been required to travel to a major city to access such services.

At Port Macquarie Base Hospital, patients are now undergoing complex liver surgery, which was previously not available in regional settings. This means that Port Macquarie residents can now have liver cancers removed at their local hospital.

During the year, alternative-to-admission services were expanded, to take some pressure off NCAHS emergency departments and inpatient wards. The three main alternatives to admission services are:

- Transition Aged Care Places, which provide support to older patients who wish to return to live in their own homes
- Community Packages, which provide necessity-of-life services (e.g., showering, cooking, shopping, gardening)
- Community Acute and Post-acute Care Services (or Hospital in Home), where clinical services are provided by nurses and allied health staff to patients in their own homes.

The expansion of these services has enabled patients with mild and chronic conditions to be treated in the community setting, thus enabling very sick patients to be admitted to beds which might otherwise have been occupied.

Building work started on several capital works projects that will enable new services to start in 2009-10. They include:

- Upgraded Emergency Department at Port Macquarie Base Hospital
- Bunkers to accommodate orthovoltage superficial machines at the Coffs Harbour and Port Macquarie cancer centres
- A second linear accelerator being built and calibrated for operation at the Coffs Harbour Integrated Cancer Centre
- Cardiac Catheter Laboratory at Lismore Base Hospital
- Integrated cancer care at Lismore Base Hospital.

The NCAHS Area Health Advisory Council (AHAC) has been actively involved in the consultation processes started as a result of the Garling Report and *Caring Together* response. The AHAC includes clinical and community representatives who are well placed to support the reform agenda in the recommendations. I have also undertaken to keep staff and clinicians informed of progress and regularly provide an update in the new *Caring Together* newsletter which is issued across the NCAHS.

The pertussis (whooping cough) epidemic continued in 2008-09, with 1,731 cases reported. This is more than eight times the five-year average of 212. The H1N1 (swine flu) influenza outbreak resulted in 21 confirmed cases, with a further 155 being investigated and excluded during the reporting period on the North Coast. The response stretched public health staff and hospital services.

A "Big Wet" came mainly to the south of the NCAHS. Following major flooding, a natural disaster declaration was called for the Coffs Harbour, Bellingen, Nambucca, Kempsey and Port Macquarie/Hastings local government areas. NCAHS praised its staff and communities for the way they managed this challenge when faced with extreme adversity. The disaster co-ordinator and her disaster management team worked very hard to ensure that hospitals had adequate staffing. Many staff worked extra shifts, guaranteeing that the ongoing delivery of services continued as normal.

Despite many challenges, NCAHS has seen some major projects advance over the past year. For example, I was pleased to be accompanied by the federal Member for Page, Janelle Saffin, to hand over the development application for the Grafton Base Hospital operating theatre redevelopment to Clarence Valley Mayor, Richie Williamson.

Another highlight was the attendance of the Minister Assisting the Minister for Health (Cancer), Jodie McKay, to "turn the sod", launching the start of construction of the new Lismore Base Hospital Integrated Cancer Care Centre. Once completed, it will offer significant benefits for patients from Richmond and surrounding areas, who require treatment for cancer. The centre encompasses a twin bunker radiation oncology (radiotherapy) facility, making it the third such service of the North Coast Cancer Institute. Similar services operate in Coffs Harbour and Port Macquarie.

In closing, I thank the clinicians and staff, the management team and the Area Health Advisory Council for their support over the past year and the dedicated volunteers and hospital auxiliary members, who continue to work tirelessly for the patients and staff at our facilities.

Chris Crawford, Chief Executive  
North Coast Area Health Service

## Demographic summary of the area

North Coast Area Health Service (NCAHS) covers an area of 35,570 square kilometres, from the Hastings Shire in the south to the Queensland border in the north. It extends westward from the coast to the Great Dividing Range. Residents of the southern Gold Coast and Tweed Valley share primary, secondary and tertiary health services, provided by both Queensland and NSW.

NCAHS comprises a total of 20 statistical local areas (SLAs), 12 local government areas (LGAs) and is divided into four planning networks, with an estimated population in 2006 of 479,544. It is also acknowledged that Queensland residents access services in the Tweed Valley, however this population is not included in the Tweed/Byron Network population. When planning for specific services, however, consideration is given to this population and its utilisation of services at Tweed Heads.

NCAHS is the fastest growing rural area health service in NSW. The total estimated residential population of 479,544 in 2006 is projected to increase by seven per cent to 511,146 by 2011.

This growth of 1.3 per cent p.a. from 2006 to 2011 and 1.2 per cent between 2011 and 2016, is higher than the rest of NSW, which is expected to grow by 1.1 per cent p.a. to 2011 and 1.1 per cent between 2011 and 2016.

The proportion of the population aged 0–14 years is 19.3 per cent, similar to the NSW average (19.5). NCAHS has a lower proportion of people aged 15–44 years (34%) compared to NSW (42.3) and a larger proportion 45–64 years (28 per cent, compared to 24.5 in NSW). NCAHS has the largest proportion of people aged 65 years and over, at 18.4 per cent of the total population, compared to NSW (13.5) and other health services.

People aged over 65 comprise the fastest growing segment of the North Coast population. It is predicted that this age group will have increased to 20 per cent (101,897) in 2011 and to 23 per cent (122,275) by 2016. The 45–64 age group is also projected to increase slightly, from 28 (134,674) in 2006 to 29 per cent (155,088) by 2016.

In 2006, it is estimated that there were 18,584 Aboriginal people living in the NCAHS, representing 3.8 per cent of the total population and around 12.5 per cent of the total Aboriginal population in NSW. The LGAs with the highest numbers of Aboriginal people are Kempsey 2,719 (9.5% of the population), Tweed 2,533 Coffs Harbour 2,473 and Clarence Valley 2,426.

Aboriginal communities have higher proportions of children and young people and lower proportions of older people than non-indigenous communities. Children aged less than 15 make up 39.6 per cent of Aboriginal and Torres Strait Islander communities on the North Coast, compared to 18.9 per cent for the population as a whole. Approximately half (50.4%) of the North Coast Aboriginal population is aged less than 20. People aged 50 years and over make up 12.2 per cent of the Aboriginal population, compared to 39.2 per cent of the overall NCAHS population.

In 2006, 11 per cent of the North Coast population was born overseas (48,019 residents). This proportion is less than half of the NSW average (26%). The highest proportions of overseas-born residents were in the three major coastal areas of Byron (16.2%), Tweed (14.3%) and Coffs Harbour (11.6%), while the Richmond Valley (5%), Clarence Valley (6.8%) and Kempsey (6.9%) local government areas had the lowest proportions of overseas-born residents.

Economic status is closely associated with health and well-being. People who are economically disadvantaged experience poorer health than those who are economically advantaged. The North Coast AHS is one of the most disadvantaged area health services in NSW and scores lower than the NSW average on most measures of socio-economic status. The overall level of socio-economic disadvantage contributes to higher than average levels of health problems in the community and demand for services on the North Coast.

## Highlights and Achievements

- Full participation NSW Quality Systems Assessment Program.
- Continued progress with embedding open disclosure to patients and carers when adverse event occurs – because it's the right thing to do.
- Central line associated bloodstream infections in intensive care units (ICUs) now rare event – only one such infection among four ICUs in 2008/09.
- Patient falls in hospital reduced across NCAHS to ~3.0 per 1,000 bed days.
- Participation in Clinical Excellence Commission's 'Between the Flags' initiative at Macksville Hospital, to better detect and care for deteriorating patients.
- Accreditation 100 per cent of NCAHS hospitals and other health services (including NCAHS corporate office).
- Improved occupational health and safety numeric profile results for hospitals and community-based facilities across area.
- Further developed networked emergency service and renal service delivery across Lismore Base and Ballina District hospitals.
- Interventional cardiology service developed Coffs Harbour Health Campus Cardiac Catheter Laboratory (CCL).
- Establishment of early pregnancy assessment service (EPAS) at PMBH.
- Worked with local clinicians and Grafton Base Hospital management to develop GP super clinic at Grafton. Will deliver integrated and multidisciplinary health care, tailored for Grafton community.
- After extensive consultation, NCAHS home-based dialysis implementation plan 2009-2014 endorsed by area executive





July 2008. Sets out strategies to ensure service meets Statewide benchmark of 50 per cent in-centre and 50 per cent home-based by 2014.

- Three clinical nurse consultants recruited to implement chronic care strategies for Aboriginal patients across NCAHS.
- Expansion of telecommunications network to support introduction of electronic medical record, with matching funds supplied by Commonwealth under Clever Networks program.
- Transitional nurse practitioner appointed for Nimbin Multi-purpose Service.
- Implementation of Telehealth connecting critical care emergency department pilot, across seven locations, provided decision-making support to clinicians in rural and remote EDs. Already proved successful.
- Twelve-week e-learning package (part of NCAHS' Positive Approach to Aged Care Program) rolled-out across State and adopted as a priority of NSW Dementia Action Plan. Thirty-two nurses trained to facilitate program Statewide. Seven also trained to further roll-out program in NCAHS. Over 180 nurses across State currently enrolled.
- Wide adoption and implementation of e-learning across area - now 7,400 users on system and total of 35 online courses available.
- Nineteen clinicians successfully completed 2008 Clinical Leadership Program, with 54 enrolled for 2009.
- Establishment of medical workforce unit to improve systems, with focus on support for medical training and country careers.
- Increased participation in vocational education and training, with 18 new school-based trainees and 132 existing traineeships started since 2007.
- Public Health Unit (PHU) managed two significant disease outbreaks. Pertussis (whooping cough) epidemic escalated, with 1,731 cases reported - more than eight times five-year average of 212. H1N1 influenza outbreak resulted in 21 confirmed, plus 155 suspect cases investigated and excluded during reporting period. Response stretched PHU and hospital services.
- Through 159 schools and preschools, 8,812 children reached with nutrition and physical activity initiatives, plus 25,000 in 60 schools potentially, through changes to canteens.
- "Munch and Move: preventing overweight and obesity in early childhood" won best presentation for Health Outside Hospital Walls, at NSW Rural and Remote Health Conference in 2008.
- RRISK (Reduce Risk, Increase Student Knowledge) program which aims to reduce adolescent risk-taking associated with alcohol and drug use, driving and celebrating, again presented. Program targets year 11 students in 85 per cent of North and Mid North Coast high schools. Eight RRISK seminars held in 2008, with 2,929 students from 48 high schools participating.
- "Stepping On" community falls prevention program established within Coffs/Clarence Network, with 108 older community members participating since start of year.
- Completion of Lismore stage 1 – mental health redevelopment, in July 2008. Total budget \$38.106M, with \$852k spent in 2008-09.
- Purchase six hectares at Ewingsdale for \$1m for establishment of Byron Central Hospital.
- Construction new community centre at Box Ridge Aboriginal community at Coraki for \$758k.
- Completion in July 2009 30-bed ward within new clinical education building at Tweed Hospital for \$6.846m.
- Completion 24-bed rehabilitation unit at Ballina Hospital July 2008, costing \$5.3M.
- Upgrade Port Macquarie dental clinic - \$400k.
- Start Lismore Base Hospital Cardiac Catheterisation Laboratory. Total budget \$4.028M, with \$860k spent in 2008/09. Project due completion December 2009.
- Completion Tweed Hospital Oncology Unit refurbishment \$300k.
- Start expansion North Coast Cancer Institute facilities at Port Macquarie Base Hospital and Coffs Harbour Health Campus, to house orthovoltage unit at each facility, combined cost \$1.825M.
- Construction started stage 2 – integrated cancer care unit, Lismore. Functional brief completed. Due completion May 2010.
- Installation second linear accelerator at North Coast Cancer Institute - Coffs Harbour Health Campus, at cost of \$3.519M, started.
- Upgrade Kempsey District Hospital's, Emergency and Medical Imaging departments and installation new CT scanner for \$1.5M completed June 2009.
- Upgrade and expansion Port Macquarie Base Hospital Emergency Department, at \$1.3M, due completion December 2009.
- Completed construction 20-bed North Coast Mental Health Rehabilitation Unit at Coffs Harbour Health Campus \$7.414M.
- NCAHS first rural area health service to introduce NSW Health electronic medical record.

## Equal Employment Opportunity

Major policies/programs and their outcomes during the reporting period accounting for planned outcomes set in the previous year include:

- Review of current EEO plan and policies
- Outcomes of the area Aboriginal Workforce Development Strategy (as part of the EEO strategy) are listed:
  1. Examination of all positions prior to advertising, to determine the potential to target positions as part of the NCAHS Aboriginal Workforce Development Strategy, whereby NCAHS was able to identify with line managers, the possibility of inclusion of specific criteria to support affirmative action planning and outcomes. Positions were identified in mental health Port Macquarie, catering at Lismore Base, finance units at Lismore and Port Macquarie, transport at Port Macquarie and hotel services at Kempsey.
  2. Development of a professional and effective cross-cultural awareness framework to support non-Aboriginal staff working with and delivering services to Aboriginal people and communities. This has contributed to the development of a Statewide framework. Access by clinicians is still being addressed through consultation and discussion.
  3. Development of supportive networks that would provide a number of options to enable people to retain cultural safety and bring cultural issues to be addressed. This has proven successful, with attendance and commitment at high levels.
  4. Use and reference of the strategy to ensure that Aboriginal positions were not deleted as part of structural reform. This was successful across the region in ensuring key stakeholder support for Aboriginal employees.
  5. Development and application of a broad and consistent new entrant traineeship model, in line with area process. Learning and Workforce Development Unit has successfully engaged an Aboriginal trainee who is nearing her completion.
  6. Further development of the Bachelor of Nursing cadetship program for Aboriginal people has been successful, with three cadets and a strong vision for further recruitment in 2010.
- Review of systems to support employees with languages other than English to better support patient care across the area health service - including potential application of the Community Languages Assistance Scheme (CLAS).
- Development of draft EEO policies and management plan for 2010-2013 for consultation.
- Major activities and outcomes planned for the following year include:
  - Implement EEO information on intranet and improve access to EEO information to employees across various mediums
  - Launch and implement the new NCAHS EEO Management plan for 2010-2013.

Table 1: Trends in the representation of EEO target groups (%)

EEO Target Group	Benchmark or target %	% of total staff			
		2006	2007	2008	2009
Women	50	75	76	75	75
Aboriginal people and Torres Strait Islanders	2	3.5	3.2	3.1	3.1
People with English as a second language	19	3	5	5	5
People with a disability	12	4	29	5	5
People with a disability requiring work-related adjustment	7	0.9	26.7	1.3	1.2

Table 2: Trends in the distribution of EEO target groups (%)

EEO Target Group	Benchmark or target %	% of total staff			
		2006	2007	2008	2009
Women	50	93	92	91	91
Aboriginal people and Torres Strait Islanders	2	83	84	86	88
People with English as a second language	19	118	115	111	117
People with a disability	12	107	100	104	102
People with a disability requiring work-related adjustment	7	115	99	98	100

### Area health service statements and reports

The NSW Health annual report provides a range of additional source of information which reports on area health services' activity in the finance, service delivery and workforce aspects of their operation. For a detailed and comparative view of each area health service, please refer to the following contents:

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