

Services and Facilities

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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
Email: 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 Unit

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

Chief Pharmacist and Associate Director: Judith Mackson

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

Director: Jim Tzannes

Health Support Services

Health Support Services

Head Office Chatswood
PO Box 1770
Chatswood NSW 2057

Telephone: 8644 2000
Facsimile: 9904 6296
Email: info@hss.health.nsw.gov.au

Service Centres

Service Centre Newcastle
Suite 6, 464 King Street, Newcastle 2300
Payroll Service Desk: 1800 853 400

Service Centre Parramatta
2-12 Macquarie St, Parramatta 2150
Payroll Service Desk: 1800 428 283
Statewide Service Desk: 1300 285 533

EnableNSW
Locked Bag 5270 Parramatta NSW 2124
Telephone: 1 800 ENABLE (1 800 362 253)
Facsimile: 8797 6543
Email: enable@hss.health.nsw.gov.au

Metropolitan Area Health Services

Maps and profiles



Northern Sydney Central Coast

Area Health Service



Holden Street, Gosford
Locked Bag 2915
Central Coast Business Centre NSW 2252

Telephone: 4320 2333

Facsimile: 4320 2477

Website: www.nscchealth.nsw.gov.au

Business 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 and 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

Community Health Centres

Berowra Community Health Centre
Brooklyn Community Health Centre
Erina Community Health Centre
Frenchs Forest Community Health Centre
Galston Community Health Centre
Hillview Community Health Centre
Kincumber Community Health Centre
Lake Haven Community Health Centre
Long Jetty Community Health Centre
Mangrove Mountain Community Health Centre
Mona Vale Community Health Centre
Pennant Hills Community Health Centre
Queenscliff Community Health Centre
Ryde Community Health Centre
Toukley Community Health Centre
Wiseman's Ferry Community Health Centre
Woy Woy Community Health Centre
Wyong Central Community Health Centre
Wyong Community Health Centre

Child and Family Health

Avalon Early Childhood Health Centre
Balgowlah Early Childhood Health Centre
Berowra Early Childhood Health Centre
Brooklyn Community Health Centre
Carlingford Early Childhood Health Centre
Chatswood Early Childhood Centre
Cremorne Early Childhood Centre
Crows Nest Early Childhood Centre
Dalwood Assessment Centre
Dee Why Early Childhood Health Centre
Eastwood Early Childhood Centre
Erina Community Health Centre
Family Care Cottage Gosford Gateway Centre
Family Care Cottage Wyong Kanwal Health Service

Frenchs Forest Early Childhood Health Centre
Galston Community Health
Gladesville Early Childhood Centre
Harbord Early Childhood Health Centre
Hornsby Early Childhood Centre
Kariong Neighbourhood Centre
Kincumber Community Health Centre
Lakehaven Community Health Centre
Lane Cove Early Childhood Centre
Lindfield Early Childhood Centre
Long Jetty Community Health Centre
Mangrove Mountain
Marsfield Early Childhood Centre
Mona Vale Early Childhood Health Centre
Narrabeen Early Childhood Health Centre
North Ryde Early Childhood Centre
Northbridge Early Childhood Centre
Pennant Hills Community Health Centre
St Ives Community Health Centre
Top Ryde Early Childhood Centre
Toukley Community Health Centre
West Ryde Early Childhood Centre
Willoughby Early Childhood Centre
Wiseman's Ferry Community Health Centre
Woy Woy Community Health Centre
Wyong Central Community Health Centre

Oral Health Clinics

Cox's Road Community Oral Health Clinic
Dee Why Child Oral Health Clinic
East Gosford Child Oral Health Clinic
Gosford Hospital Oral Health Clinic
Hornsby Hospital Oral Health Clinic
Mona Vale Hospital Oral Health Clinic
Royal North Shore Hospital Oral Health Clinic
Stewart House Child Oral Health Clinic
The Entrance Child Oral Health Clinic
Top Ryde Community Oral Health Clinic
Woy Woy Hospital Oral Health Clinic
Wyong Hospital Oral Health Clinic

Third Schedule Facilities

HammondCare Health and Hospitals – Greenwich Hospital,
Neringah Hospital, Northern Beaches Palliative Care Service
Royal Rehabilitation Centre

Other Services

Aboriginal Health
BreastScreen
Child Protection
Drug and Alcohol
Mental Health
Northern Sydney Home Nursing Service
Richard Geeves Centre – Dementia Day Centre
Sexual Health
Violence, Abuse, Neglect and Sexual Assault

Chief Executive Year in Review

One of the most significant achievements of the 2009–10 financial occurred on 30 June 2010, with all facilities across Northern Sydney Central Coast Health recording no patients waiting for surgery outside their clinically recommended time. This was a great achievement and I congratulate staff across the Area for getting us there.

Another important achievement was the redesign project which saw significant increases in performance at both Gosford and Wyong Hospital Emergency Departments.

Anyone who has visited Royal North Shore Hospital lately will be aware of the progress being made on the hospital redevelopment, with the Community Health Building on target for a 2011 opening. Off campus, the Chatswood Community Health Centre is scheduled for an official opening in September 2010.

Hornsby Hospital's four-bed coronary care unit opened in February 2010, providing continuous cardiac monitoring to patients with acute cardiac conditions.

Mona Vale Hospital's eight-bed Medical Assessment Unit opened in January 2010 and by April/May 2010 it was achieving all targets and was, according to NSW Health data, the best performing MAU in the state.

Another achievement for the Northern Beaches was Manly and Mona Vale Hospitals' success with the single gender ward policy, with 95% compliance achieved across both hospitals.

One of the real highlights of the 2009–10 financial year was the announcement of \$38.6 million in funding for an integrated cancer service on the Central Coast, which will bring public radiotherapy services to the people of the Central Coast.

Other highlights included commissioning of Royal North Shore Hospital's PET (Positron Emission Tomography) machine. The \$3.5 million machine was officially opened by then Prime Minister Kevin Rudd. Early in the year, Mona Vale Hospital was named 'Metropolitan Hospital of the Year' in the 2009 NSW Health Awards. This is well deserved recognition for the dedicated staff of this much-loved hospital.

The NSW Government's most recent budget brought good news for the people of the Northern Beaches, with the Northern Beaches Hospital back on the State's Capital Program by virtue of a four year \$29 million funding announcement, with \$5 million allocated in 2009–10 for enabling works.

The budget also brought confirmation of funding for a four-bed PECC (Psychiatric Emergency Care Centre) at Manly Hospital, to be completed in 2010–11.

Accreditation success brought more highlights during the year, with both North Shore Ryde and Hornsby Ku-ring-gai health services awarded the maximum full four-year accreditation in the ACHS organisation-wide survey.

Matthew Daly, Chief Executive

Demographic Summary

Northern Sydney Central Coast Area Health Service (NSCCH) 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 1,147,379 people lived in the area in 2010. This represents 16% of the population of NSW and 19% 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 2020 it is estimated that the population will be more than 1,247,920. The '85 years and over' population in NSCCH will be around 10% of the NSW population in that age group. It is expected that there will be a 22% increase in the population aged 85 and over by 2020.

The other age group expected to grow the most over the next decade is the 'recently retired' group aged between 65 and 74 years. It is expected that by 2020 there will be 10,968 more people aged 65-69 years (22% increase) and 15,124 more people aged 70-74 years (39% increase).

The Central Coast Health Service (CCH) has a different multicultural profile from the remainder of NSCCH. Less than 5% of its population was born in a non-English speaking country. In the remainder of NSCCH 18% 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% 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 2006 there were 8,505 deaths. Cardiovascular disease was the most common overall cause of death accounting for 36% of all deaths. Cancers were the second most common cause of death being attributed to 32% of deaths. For males the main sites were lungs, prostate and colon. For females the main sites were breast, lungs and colon.

Highlights and Achievements

- Funding of \$38.6 million announced for an integrated cancer service on the Central Coast, including radiotherapy services.
- Mona Vale Hospital named 'Metropolitan hospital of the Year' in 2009 NSW Health Awards.
- New \$3 million Magnetic Resonance Imaging (MRI) scanner installed at Royal North Shore Hospital.
- Day only patients rate Ryde Hospital one of the state's best, according to Bureau of Health Infrastructure's *Insights into Care: Patients' Perspectives on NSW Public Hospitals* report.
- Gosford Hospital's new 30-bed mental health unit officially opened.
- Hornsby Ku-ring-gai Health Service wins 2009 NSW Health Quality Award in the Building a Healthy Workforce category for its peer-oriented approach to orientation.
- Official opening of Byrnes Cottage at Dalwood Children's Services, Seaforth, by NSW Governor Marie Bashir.
- New front entrance and retail precinct opened at Gosford Hospital.
- Patient Satisfaction Survey places Royal North Shore first in the Principle Referral Group A for Overall Care Non-Admitted Emergency Patients.
- \$3.5 million Positron Emission Tomography (PET) machine goes into operation at Royal North Shore Hospital.
- Proposed Northern Beaches Hospital returns to the State Capital Program with \$29 million funding allocated over four years, beginning with \$5 million in 2010–11 for enabling works.
- Wyong Hospital approved to establish a Podiatry Education and Teaching Unit in conjunction with the University of Newcastle.
- Funding confirmed for the building of a 12-bed Child and Adolescent Mental Health Inpatient Unit at Hornsby Ku-ring-gai Hospital.
- Royal North Shore Hospital's Radiation Oncology Department first in the Southern Hemisphere to be formally accredited as a teaching facility for new methods of radiotherapy.
- North Shore Ryde and Hornsby Ku-ring-gai Health Services awarded the maximum full four-year accreditation in ACHS organisation-wide survey.
- NSCCH Mental Health VETE (Vocation, Education, Training and Employment) team won a Gold Achievement Award (for Specialist Service) at the Australia and New Zealand Mental Health Service Conference in Perth in September, as well as a NSW Mental Health Matters Award, in the category of Cross Sector Collaboration.
- Gosford's Y Central (One Stop Youth Mental health Shop) received a Mental Health Matters Award in the category of Innovation in Service or Program Delivery.
- Funding confirmed for the building of a 4 bed Psychiatric Emergency Care Centre (PECC) at Manly Hospital, to be completed in 2010–11.
- No NSCCH facility had any patients waiting for surgery outside their clinically recommended time as at 30 June 2010.
- Year Two of the NSCCH Financial Plan reached all targets, including creditors.
- Commissioning of an eight-bed Medical Assessment Unit (MAU) at Mona Vale Hospital.
- Four-bed coronary care unit established at Hornsby Hospital.
- First stage of PDP completed for 60-bed Graythwaite Rehabilitation Centre at Ryde Hospital.
- Service Development Planning Group established to progress the masterplan for Hornsby Hospital.
- Co-location of all inpatient rehabilitation services to Mona Vale Hospital, as the hospital moves towards its goal of becoming a centre of excellence in the provision of rehabilitation services.
- Safe Assessment Room established in Manly Hospital's ED.
- Services at Woy Woy Hospital enhanced with the addition of \$500,000 funding to improve access to community health services.
- Redesign project results in significant increase in performance at both Gosford and Wyong Hospital Emergency Departments.
- Wyong Hospital refurbishment, including new air-conditioning system.
- Hornsby Ku-ring-gai Health Service achieves four years accreditation in ACHS organisation-wide survey, with nine criteria receiving an EA (Excellent Achievement) rating.
- Royal North Shore redevelopment and Chatswood Community Health Centre building works on schedule.

- Free shuttle bus service established for patients, carers and relatives travelling between Manly and Mona Vale Hospitals.
- Single gender ward compliance in excess of 95% achieved for Manly and Mona Vale Hospitals.
- New theatre monitor stacks costing \$600,000 put into operation at Manly and Mona Vale Hospitals.

Equal Employment Opportunities

NSCCH Equal Employment Opportunity Workforce Management Plan 2009–2012 and Aboriginal Employment Strategy Plan 2009–2012 both have established key priorities and strategies to improve the employment and retention of our EEO groups. These strategies are either currently being implemented or planned for 2010–11 financial year.

Some of the key achievements this year were:

- Support and promotion of key events of significance such as NAIDOC Week.

- Increase in Aboriginal Nursing Cadetships and the provision of a more structured supervision and support network for cadets in the workplace.
- Establishment of another Environmental Health Officer Traineeship within the Public Health Unit
- Established a partnership with Hornsby TAFE to offer employment to Aboriginal and Torres Strait Islander people who successfully complete the Certificate II in Security Operations and obtain a provisional security licence.
- The graduation of three Aboriginal and Torres Strait Islander staff who have completed their studies in Bachelor of Health Science (Mental Health) or Certificate IV in Aboriginal and Torres Strait Islander Primary Health Care (Community Care).
- Supported the placement of 17 workers with a disability.

Table 1. Trends in the representation of EEO Groups¹

EEO Group	Benchmark or target	% OF TOTAL STAFF ²				
		2006	2007	2008	2009	2010
Women	50%	75%	75%	75%	76%	76%
Aboriginal people and Torres Strait Islanders	2.6% ³	1%	1%	1%	1%	1%
People whose first language was not English	19%	14%	15%	16%	15%	15%
People with a disability	12%	3%	3%	2%	2%	2%
People with a disability requiring work-related adjustment	7%	1%	0.7%	0.5%	0.4%	0.4%

Table 2. Trends in the distribution of EEO Groups⁴

EEO Group	Benchmark or target	DISTRIBUTION INDEX ⁵				
		2006	2007	2008	2009	2010
Women	100	94	94	93	94	94
Aboriginal people and Torres Strait Islanders	100	80	80	83	80	80
People whose first language was not English	100	96	96	95	94	94
People with a disability	100	95	98	97	98	98
People with a disability requiring work-related adjustment	100	103	105	104	104	104

Note: Information for the above tables is provided by the Workforce Profile Unit, Public Sector Workforce Branch, Department of Premier and Cabinet.

1 Staff numbers are as at 30 June. **2** Excludes casual staff. **3** Minimum target by 2015. **4** A distribution index of 100 indicates that the centre of 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 is the case for other staff. The more pronounced this tendency is, the lower the index will be. An index more than 100 indicates that the EEO group is less concentrated at the lower salary levels. **5** Excludes casual staff.

- Targeted positions for the exclusive employment of Aboriginal and Torres Strait Islander people with the successful employment of eight people.
- Review of the collection of EEO statistics during recruitment.

Planned Activities and Outcomes for 2010–11

- Develop a disability employment framework.
- Formalise and expand on the traineeship options for Aboriginal and Torres Strait Island people.
- Advertise and promote traineeships for Aboriginal and Torres Strait Islander people to year 9 to 12 school students in the Central Coast region.
- Improve the understanding of Aboriginal culture within our workforce through training and information packages.
- Provide training and development opportunities for Aboriginal and Torres Strait Islander staff seeking management roles.
- Support the pilot of the Allied Health Aboriginal Cadetship Program.
- Improve data collection through survey and promotion.

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	114
Net cost of services	115
Major funding initiatives	116
Initial cash allocations	117

Workforce

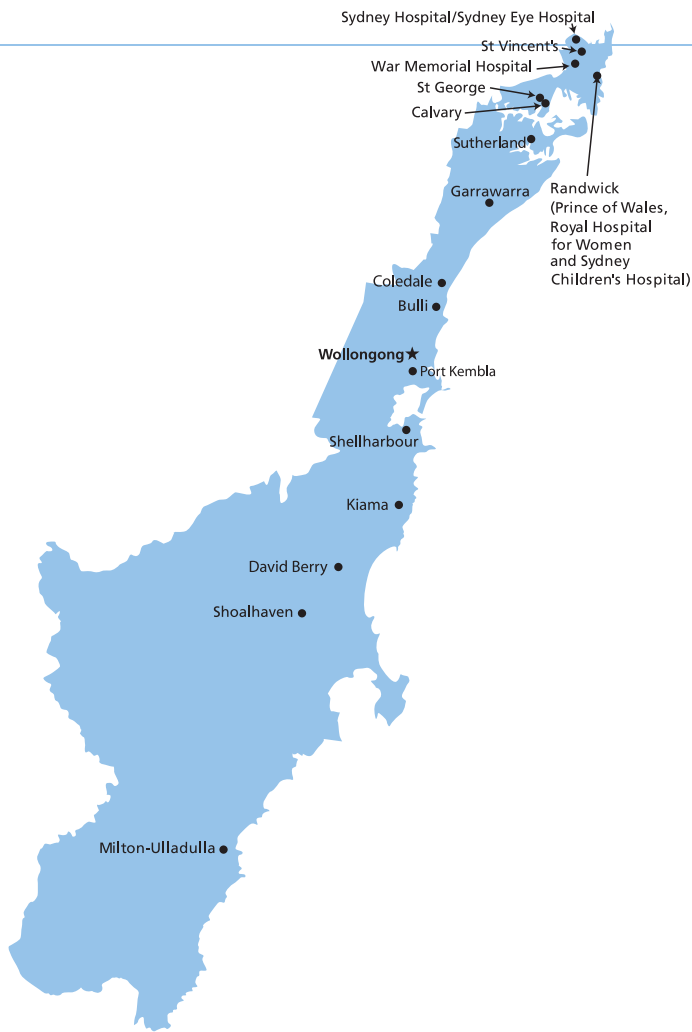
Workforce planning – non-casual staff separation rate	101
Multicultural Policies and Services Program	192–198

Service Delivery Levels

Infectious disease notifications	269–270
Public hospital activity levels	271–272
Mental Health Act – Acute and non-acute inpatient care utilisation	276–278

South Eastern Sydney Illawarra

Area Health Service



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 Hospital
Sydney Children's Hospital
Sydney Hospital and Sydney Eye Hospital
The St George Hospital and Community Health Service
The Sutherland Hospital and Community Health Service
Wollongong Hospital

Public Nursing Homes

Garrawarra Centre

Community Health Centres

Bulli Community Health Centre
Caringbah Community Health Centre
Cringila Community Health Centre
Culburra Community Health Centre
Dapto Community Health Centre
Darlinghurst Community Health Centre
Engadine Community Health Centre
Helensburgh Community Health Centre
Hurstville Community Health Centre
Jervis Bay Community Health Centre
La Perouse Community Health Centre
Menai Community Health Centre
Nowra Community Health Centre
Peakhurst Community Health Centre
Prince of Wales Community Health Centre
Rockdale Community Health Centre
St Georges Basin Community Health Centre
Sussex Inlet Community Health Centre
Ulladulla Community Health Centre
Warilla Community Health Centre
Wollongong Community Health Centre
Child and Family Health Centres
Aboriginal Early Childhood Centre
Albion Park Early Childhood Centre
Arncliffe Early Childhood Centre
Berkeley Early Childhood Centre

Loftus Street, Wollongong
Locked Bag 8808
SCMC NSW 2521

Telephone: 4253 4888

Facsimile: 4253 4878

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

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

Chief Executive: Mr Terry Clout

Local Government Areas

Botany, Hurstville, Kiama, Kogarah, Part of Sydney, Randwick, Rockdale, Shellharbour, Shoalhaven, Sutherland Shire, Waverley, Wollongong, Woollahra

Bondi Beach Early Childhood Centre
 Brighton Early Childhood Centre
 Bulli Early Childhood Centre
 Bundeena Early Childhood Centre
 Caringbah Early Childhood Centre
 Cringila Early Childhood Centre
 Cronulla Early Childhood Centre
 Culburra Early Childhood Centre
 Dapto Early Childhood Centre
 Double Bay Early Childhood Centre
 Eastgardens Early Childhood Centre
 Engadine Early Childhood Centre
 Fairy Meadow Early Childhood Centre
 Gerringong Early Childhood Centre
 Gymea Early Childhood Centre
 Helensburgh Early Childhood Centre
 Hurstville Early Childhood and Family Centre
 Hurstville South Early Childhood Centre
 Huskisson Early Childhood Centre
 Kurnell Early Childhood Centre
 Mascot Early Childhood Centre
 Menai Early Childhood Centre
 Miranda Early Childhood Centre
 Nowra Early Childhood Centre
 Oak Flats Early Childhood Centre
 Oatley Early Childhood Centre
 Paddington Early Childhood Centre
 Possum Cottage – Sutherland Hospital
 Ramsgate Early Childhood Centre
 Randwick Early Childhood Centre
 Shoalhaven Heads Early Childhood Centre
 St Georges Basin Early Childhood Centre
 Sussex Inlet Early Childhood Centre
 Sutherland Early Childhood Centre
 Thirroul Early Childhood Centre
 Ulladulla Early Childhood Centre
 Warilla Early Childhood Centre
 Warrawong Early Childhood Centre
 Waverly Early Childhood Centre

Oral Health Clinics

Bulli Hospital Dental (incl. Child Dental Clinic)
 Chifley Dental Clinic
 Daceyville Dental Clinic
 Hurstville Dental Clinic
 Illawarra Centre for Oral Health (incl. Child Dental Clinic)
 Kiama Hospital Dental Clinic
 Mascot Dental Clinic

Menai Dental Clinic
 Nowra Community Dental Clinic (incl. Child Dental Clinic)
 Port Kembla Hospital Dental Clinic (incl. Child Dental Clinic)
 Rockdale Dental Clinic
 Shellharbour Hospital Dental Clinic (incl. Child Dental Clinic)
 Special Needs Dental Clinic
 Sutherland Hospital Dental Clinic (incl. Child Dental Clinic)
 Ulladulla Community Dental Clinic (incl. Child Dental Clinic)
 Warilla Dental Clinic (incl. Child Dental Clinic)

Third Schedule Facilities

Calvary Health Care
 Gower Wilson Memorial Hospital (Lord Howe Island)
 St Vincent's Hospital
 War Memorial Hospital (Waverly)

Other Services

Aboriginal Health
 Breastscreen NSW South Eastern Sydney Illawarra
 Division of Population Health
 Drug and Alcohol Program
 Falls Prevention Program
 Health and Ageing Research
 Health Promotion Program
 Health Promotion Service
 HIV/AIDs and Related Programs
 Mental Health Service
 Multicultural Health
 Nursing and Midwifery Services
 Oral Health
 Public Health Unit
 Rehabilitation, Aged and Extended Care
 South Eastern Area Laboratory Services (SEALS)
 South Eastern Sydney Illawarra Medical Imaging (SESIAMI)
 Women's Health and Community Partnerships Program

Chief Executive Year in Review

The past twelve months have delivered significant and important changes in the way we deliver health services in South Eastern Sydney and the Illawarra.

These changes have been designed to improve patient care and many are a direct result of the implementation State Government's *Caring Together, the Health Action Plan for NSW* and *Keep them Safe*, the Government's response to the *Special Commission of Inquiry into Child Protection Services in NSW*.

I am encouraged by the commitment of our staff in their ongoing improvements to care – particularly in the areas of mental health, chronic care and in our emergency departments.

I was heartened to see significant growth in our mental health services with new services established at Prince of Wales Hospital, Sutherland, Shellharbour and Wollongong. These services will see greater improvements in the coming year with further developments at Shellharbour and Prince of Wales along with Wollongong and the Sydney Children's Hospital in Randwick.

Our Emergency Departments continue to see increasing numbers of patients. This demand for services brings an ongoing struggle for medical and nursing staffing – particularly in our regional hospitals.

I am pleased to report, our elective surgery waiting lists are showing meaningful improvements with no patients waiting longer than 12 months for surgery. We continue to carry out more operations and are making good progress in meeting all NSW Health waiting time benchmarks.

We have made major inroads into the future planning and direction of our health services with the development of the Area Strategic Plan and Area Clinical Services Plan now complete. In addition to this, the 2010–2015 Strategic Plan and Healthcare Service Plan have been revised. These plans are increasingly important as our health services face greater challenges with the growing population, longer life expectancies and higher levels of chronic disease.

There has been an important focus on infection control procedures and communication for our clinical staff throughout this year. This strategy has made clear improvements to our rates of infection resulting in better care for our patients. We continue to work with our doctors to improve these results further.

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 working with our staff, community partners and volunteers to improve local health services even further.

Terry Clout, Chief Executive

Demographic Summary

South Eastern Sydney and Illawarra Area Health Service covers approximately 6,331 square kilometres.

At the 2006 Census of Population and Housing an estimated 1.17 million people lived in the SESIH Area, accounting for 18% of the NSW population. An additional 750,000 people travel to the Area each day for business, study and recreation.

The Shoalhaven and St George areas have the highest proportion of residents aged over 70 years. Illawarra, Rockdale, Shoalhaven and Sutherland Local Government Areas (LGA) have the highest proportion of children aged less than five years.

The population within the Area is expected to reach 1.4 million by 2031, with people aged 65 years and over projected to grow by 71% from 2006 to 2031.

In 2006 the estimated Aboriginal population of SESIH was 13,129 – 1.2% of the total population. The Shoalhaven LGA has the highest proportion of Aboriginal people, followed by Shellharbour LGA. The highest numbers of Aboriginal people live in the Shoalhaven LGA, followed by Wollongong, Sydney, Randwick and Shellharbour LGAs.

People born overseas comprised 27% (300,577) of the SESIH population in 2006. The major countries of birth for overseas-born residents are, in order, the UK, China, New Zealand, Greece, Italy and Macedonia.

The most frequently reported languages spoken at home after English are, in order, Greek, Cantonese, Mandarin, Arabic, Italian, and Macedonian.

A study from the Census of Population and Housing estimated that there were 4,000 homeless people in SESIH in 2001.

Highlights and Achievements

- SESIH has made great progress with the *Caring Together* recommendations. Working in partnership with the community through a program of consultative forums, SESIH staff have successfully implemented measures to accommodate patients in same gender rooms, improved hand hygiene and delivered a best practice model for managing deteriorating patients.
- Nursing staff now conduct clinical hand over at the patient's bedside giving patients a better understanding of the progress of their care.
- 103 Clinical Support Officers have been appointed to free the nursing and medical staff from clerical duties and spend a more time on clinical care. Support has also been provided to Allied Health staff with an additional 10.3 FTE of clinical Pharmacists and funding for 1FTE for a Pharmacy Educator.
- There has been significant progress in ensuring that patient care is delivered in a supportive environment through the work undertaken to define the organisational values: Teamwork, Honesty, Respect, Excellence, Equity, Caring, Commitment and Courage.
- SESIH has established eight clinical councils ensuring clinicians hold leadership positions and drive improvements in care.
- Consumer Advisory Committees have been formed across the Area. These committees, together with the Area Health Advisory Council, provide an ongoing mechanism for health services to consult with the community.
- In 2009, 71 staff graduated from the SESIH Effective Leadership Program, which provides leadership education in the clinical setting as well as the wider health care system.
- SESIH continues the roll-out of the Essentials of Care Program to enhance the skills of nurses in the delivery of patient care, as well as enhanced support for the implementation of local nursing workforce retention strategies and clinical enhancement programs.
- The PACE (Patient with Acute Condition for Escalation) program has been rolled out across all SESIH facilities. It is designed to provide patients with the best chance of avoiding preventable adverse outcomes in the acute hospital setting.
- SESIH had the highest AHS participation in National Hand Hygiene Audit in NSW, this was a very positive result showing that our staff are absorbing the message of the importance of hand hygiene in everyday patient care.
- SESIH developed Area wide Infection Prevention and Control Standards: *Improving Patient Safety: Standards for Reducing Healthcare Associated Infection*. These standards provide a clear understanding for our staff on exactly what is required to ensure we minimise infection rates.
- Development and implementation of intranet based data entry and reporting programs for clinical governance.
- SESIAHS has seen improvements in key Access performance measures, with all but one triage time performance measure being met, and no patients on the waiting list who have waited longer than 30 days for surgery in the most urgent category. This has been achieved in spite of significant increases in both emergency and elective activity level.
- More efficient management of patients' stays in hospital has been achieved with 94% of elective surgical patients having their surgery on the day of admission – exceeding the 90% benchmark, and a 48% increase in utilisation of Medical Assessment Unit (MAU) beds.
- Subacute Services to admitted and non-admitted patients has increased by greater than 10% over the past two years.

Southern Hospital Network

- Representatives of Illawarra Aboriginal Health organisations signed the Southern Sector Aboriginal Health Partnership with the SESIH, confirming the commitment of each group to work as equal partners on programs and priorities for Aboriginal health care.
- A NSW Health *Keep Them Safe* initiative, the Greater Eastern and Southern Child Wellbeing Unit was established at Wollongong. The unit provides health staff with advice when they have protection or wellbeing concerns about children, young people or unborn babies.
- The expansion of Wollongong Emergency Department commenced to add seven additional bays to treating emergency patients, including a dedicated paediatric treatment room, twelve new short stay beds, and a dedicated Psychiatric Emergency Care Centre.

- A new Linear Accelerator was installed at the Illawarra Cancer Care Centre providing faster and more efficient treatment, using the latest in high-energy radiation technology to kill cancer cells in all radiotherapy treatable cancers.
- Primary angioplasty cardiology services commenced at Wollongong Hospital. Most patients with non-surgical serious heart disease (including heart attack) are now able to be transferred to a dedicated cardiology theatre in Wollongong instead of having to travel to Sydney.
- A home birthing service commenced at Wollongong Hospital and antennal services commenced for women living in the Shoalhaven area.
- The Midwifery and Family Care Centre opened at Shellharbour Hospital, focusing on primary health care, particularly for Aboriginal women and their families. The Aboriginal Maternity and Infant Service is also located in this centre.
- Shellharbour Hospital increased clinics and services, with the installation of a new CT scanner and improved access to services such as cardiac stress testing, bronchoscopy and surgical outpatients.
- Shellharbour Hospital recruited its first Clinical Nurse Consultant, in Respiratory Medicine, improving health outcomes for patients with respiratory disease.
- Shoalhaven Hospital has improved cardiac care with the establishment of echocardiography services and the appointment of an additional VMO Cardiologist, established an Acute Geriatric Service, re-established a limited acute Orthopaedic Service and introduced antenatal services for local women.
- Enhanced cancer services at Shoalhaven through the appointment of Medical Oncology Advance Trainee Registrar at Wollongong.
- Shoalhaven Emergency Services have improved with the commencement of a part time Emergency Physician.
- Bulli Hospital has gained Institute of Medical Education and Training (IMET) Accreditation, enabling the incorporation of four new medical intern positions. Four Advanced Trainees have been appointed to support the interns. These initiatives improved the service and continuity of patient care at Bulli Hospital.
- Port Kembla and Coledale Hospitals were the first small hospital sites in NSW to receive independent accreditation by IMET, for the training of junior doctors.
- Port Kembla has appointed a Clinical Nurse Consultant for Rehabilitation which has enabled the re-establishment of specialist services for rehabilitation patients.
- David Berry Hospital has appointed a Junior Medical officer to the Palliative Care Unit.
- Coledale Hospital established a Clinical Nurse Educator position, for delivery and evaluation of clinical nurse education for all new nursing staff, as well as ongoing education for existing staff.
- Milton/Ulladulla Hospital has appointed two new General Practitioner Registrars who are making a valuable contribution to the hospital emergency and inpatient workloads.

Central Hospital Network

- The Aged Care Assessment Unit (ACAU) at Sutherland Hospital opened an additional two beds which brings the total bed capacity to nine. The ACAU improves care to elderly patients by providing faster access to diagnosis, assessment and management.
- St George and Sutherland Hospitals have introduced a specially designed pregnancy service, SSWInG (St George and Sutherland Weight Intervention Group). The Program aims to reduce the risk of complications for mother and baby by helping women to better manage their pregnancy weight gain.
- Improved radiotherapy services at St George Hospital, following the installation of a new state-of-the-art \$3.5 million linear accelerator. This machine is the third accelerator to be installed in the Radiation Oncology Unit since 2006, with the Unit fully staffed to operate all three linear accelerators.
- St George Hospital, in partnership with the University of NSW, established a Clinical Skills Centre to provide educational hands-on training for clinicians and students, in particular to improve the care of deteriorating patients.

- Sutherland Hospital has received Baby Friendly Accreditation, the third hospital in SESIH, after St George Hospital and the Royal Hospital for Women to receive such recognition. Accreditation shows that hospitals have met the highest standards of evidence-based practice and staff education.
- St George and Sutherland Medical Research Foundation launched a 12-month fundraising Appeal in April 2010 to raise \$750,000 for medical research at St George and Sutherland Hospitals.
- Improved radiology services at St George Hospital, with the installation of a new \$1.1 million Angiography Unit which will provide radiology services to 2,000 patients every year. The new system allows viewing of patient anatomy in a new way, with fusion of CT images and live screening images to assist in conducting technically difficult cases.

Northern Hospital Network

Prince of Wales Hospital

- Work continued on the construction of a new \$8 million state of the art hyperbaric chamber at Prince of Wales Hospital. The new hyperbaric chamber will be the first of its kind in Australia.
- Appointment as Professor of Nursing Research and Practice Development at Prince of Wales Hospital and Sydney Sydney Eye Hospital with the University of Technology Sydney. This position will develop the role of nurses as research users, supporting policy, business and practice development, and also collaboratively establishing a Research and Education Council.
- On 28 August 2009 the Langton Centre celebrated 50 years of continuous operation as a leading alcohol and drug treatment, training and research facility.
- At an estimated cost of \$1.3 million dollars, works to replace slate roofs and repair stone chimneys on the heritage Edmund Blacket Building at the Prince of Wales Hospital continued. Works commenced in 2008 and will be completed in July 2010.

Sydney and Sydney Eye Hospital

- Sydney and Sydney Eye Hospital's Microsurgical Laboratory was commissioned in mid 2009. The second floor of the North Block was refurbished and equipped with operating microscopes, audio video equipment and lecture theatre seating. This provides a state of art facility for micro surgery training, especially in preparing and improving surgical skills of eye and hand registrars.
- The Sydney and Sydney Eye Hospital's Sterilisation Unit underwent extensive renovation to meet the revised sterilising standards required by NSW Health. The Hospital maintained wait list benchmarks during the refurbishment period.

Royal Hospital for Women

- The Royal Hospital for Women (RHW) introduced a new management structure that places decision making closer to where patients receive their care. It has allowed increased the representation that clinicians and other staff have at an executive level.
- Restructuring of the gynaecology outpatients services at the RHW, brought all gynaecological services into one location and providing patients with a 'single front door' to access care. A gynaecology procedure room was established to allow clinicians treat selected patients, instead of using a resource intensive operating theatre.
- The NH&MRC M@NGO (Midwives @ New Group Options) trial being conducted at the RHW is well underway with approximately half of the 2000 women required being recruited. The study's aim is to compare caseload midwifery care or Midwifery Group Practice with standard hospital care for women of all risks.
- The Mothersafe service based at RHW celebrated its 10th anniversary of providing advice to women and healthcare professionals on the potential impact of prescribed or non-prescribed medications on developing babies and those being breastfed.
- The Pregnancy Lifestyle and Nutrition service (PLaN) commenced, providing free advice to women and couples planning a pregnancy, to improve chances of conception and the health of the babies.

Sydney Children's Hospital

- Sydney Children's Hospital (SCH) was awarded the prestigious *Best Performing Principal Referral and Specialist Hospital in the State* award at the 2009 NSW Health Awards.
- In NSW Health's 2009 patient survey parents and carers rated the experience at SCH as one of the best in the State.
- SCH opened its Clinical Trials Unit in 2009 to facilitate trials to improve child health outcomes and increase the number and quality of investigator driven trials.
- A SCH Fellow was awarded the prestigious Gold Medal at the RACP specialist exams for the highest exam result in NSW. This is the second time in two years that a SCH Fellow has received this prestigious award.

NSW Organ and Tissue Donation Service

- The NSW Organ and Tissue Donation Service (OTDS), formerly LifeGift, part of the Australian Red Cross Blood Service (ARCBS), relocated offices close to St George Hospital and became part of SESIAH, on 1 July 2009.
- Ten hospital based Medical Directors and 19 expert Nursing staff, in both rural and metropolitan areas were appointed, to improve the identification of potential donors and provide family support.
- The NSW OTDS saw an increase in organ donors from 57 donors in 2008 to 69 in 2009, the highest recorded level since 1994. These donors transformed the lives of 215 seriously ill people in NSW.
- The Service will bring together all aspects of organ and tissue donation for transplantation in NSW including Tissue Banks, the Lions NSW Eye Bank, NSW Bone Bank Sydney Heart Valve Bank.

South Eastern Area Laboratory Service (SEALS)

- South Eastern Area Laboratory Service (SEALS) has implemented LEAN methodology into the workflow of its Central Specimen Reception (CSR) Department at Randwick resulting in an average 15-25 minute reduction in turnaround time, allowing more rapid results to requesting doctors.
- The SEALS Home Collection service was expanded into the SESIH Central Network in October 2009, bringing the pathology blood specimen collection service to more chronically ill, elderly or infirm people in their homes.
- SEALS have provided electronic access to patient's test results, to more than 400 external medical practitioners in the SESIH Northern and Central Network catchments. Following the successful initiative in the Illawarra, it will greatly improve timeliness and accessibility of SEALS pathology reports throughout SESIH.
- SEALS recently completed a tender for the replacement of major Clinical Chemistry and Haematology equipment throughout its laboratory network.

South Eastern Sydney Illawarra Area Medical Imaging Service (SESIAMI)

- The South Eastern Sydney Illawarra Area Medical Imaging Service (SESIAMI) has ensured that all Radiology imaging for SESIH is now accessible on-line over the Area network and remotely. Implemented in conjunction with eMR, gives a fully integrated suite of functions between radiology and the eMR for the whole Area.
- SESIAMI has managed the installation of a new 3Tesla Magnetic Resonance system at St George Hospital. Scans are now provided in-house, meaning round-the-clock access to MRI service for neurological, cardiac and spinal patients.
- SESIAMI has successfully re-equipped three old angiography suites at St George, Wollongong and Randwick Hospitals with vital technology to be ready for the next ten years. The new machines produce high resolution images of arteries and organs to assist in diagnosing and treating illnesses.

Table 1. Trends in the representation of EEO Groups¹

EEO Group	Benchmark or target	% OF TOTAL STAFF ²				
		2006	2007	2008	2009	2010
Women	50%	76%	76%	76%	76%	77%
Aboriginal people and Torres Strait Islanders	2.6% ³	1%	1%	1%	1%	1%
People whose first language was not English	19%	19%	20%	20%	19%	20%
People with a disability	12%	2%	2%	2%	2%	2%
People with a disability requiring work-related adjustment	7%	1%	0.5%	0.4%	0.4%	0.4%

Table 2. Trends in the distribution of EEO Groups⁴

EEO Group	Benchmark or target	DISTRIBUTION INDEX ⁵				
		2006	2007	2008	2009	2010
Women	100	91	91	91	91	92
Aboriginal people and Torres Strait Islanders	100	85	84	82	82	85
People whose first language was not English	100	97	98	99	100	100
People with a disability	100	94	97	96	94	93
People with a disability requiring work-related adjustment	100	102	103	103	102	98

Note: Information for the above tables is provided by the Workforce Profile Unit, Public Sector Workforce Branch, Department of Premier and Cabinet.

1 Staff numbers are as at 30 June. **2** Excludes casual staff. **3** Minimum target by 2015. **4** A distribution index of 100 indicates that the centre of 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 is the case for other staff. The more pronounced this tendency is, the lower the index will be. An index more than 100 indicates that the EEO group is less concentrated at the lower salary levels. **5** Excludes casual staff.

Equal Employment Opportunity

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

A range of initiatives have been undertaken in 2009–10 to develop and implement initiatives to attract and support staff from EEO groups. These include:

- The commencement of two Aboriginal School Based Traineeships in Allied Health Assistance in partnership with Warrigal Employment and Project Murra.
- The development of culturally appropriate promotional materials for Aboriginal job seekers and development of information to assist managers of Aboriginal staff and Aboriginal staff in workplace relations.
- Support for two undergraduate nurses and three undergraduate midwives in the Aboriginal cadet program in 2009–10.

- Participation in research undertaken by IRIS Research on behalf of the Illawarra Aboriginal Community Based Working Group to investigate the nature of the predicted job growth in the community services and health industry in the Illawarra area, and to find out from the local Aboriginal community their views on any barriers to those wishing to pursue employment in this industry.
- The development of information packages to assist overseas and interstate health professionals, many of who are from Culturally and Linguistically Diverse backgrounds, in relocating to Australia to work at SESIH.
- The provision of relocation assistance and support for overseas trained health professionals relocating to SESIH, many of who are from Culturally and Linguistically Diverse backgrounds.
- The development of an orientation program and Orientation Information hub for International Medical Graduates, many of who are from Culturally and Linguistically Diverse backgrounds.
- The inclusion of a compulsory unit 'Working effectively with culturally diverse clients and co-workers' in the qualification undertaken by 100 Clinical Support Officers.

Planned Activities and Outcomes for 2010–11

- Continued support for the four Aboriginal cadets continuing in the Nursing Cadetship program and implementing strategies to increase the number with further recruitment underway.
- The development and implementation of processes to improve EEO data collection and reporting
- The implementation of the Department of Health Cultural Respect Training.
- The opportunity for staff to gain qualifications at the Certificate IV and Diploma level in Indigenous Environmental Health and Aboriginal and Torres Strait Islander Primary Health (Community Care)
- The implementation of the Break Through mentoring program to provide support to unemployed Aboriginal youth in the La Perouse/Botany areas.
- Support for Aboriginal staff in accessing management training.

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

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Sydney South West

Area Health Service

Elizabeth Street, Liverpool
Locked Bag 7017
Liverpool BC NSW 1871

Telephone: 9828 5700

Facsimile: 9828 5769

Website: www.sswahs.nsw.gov.au

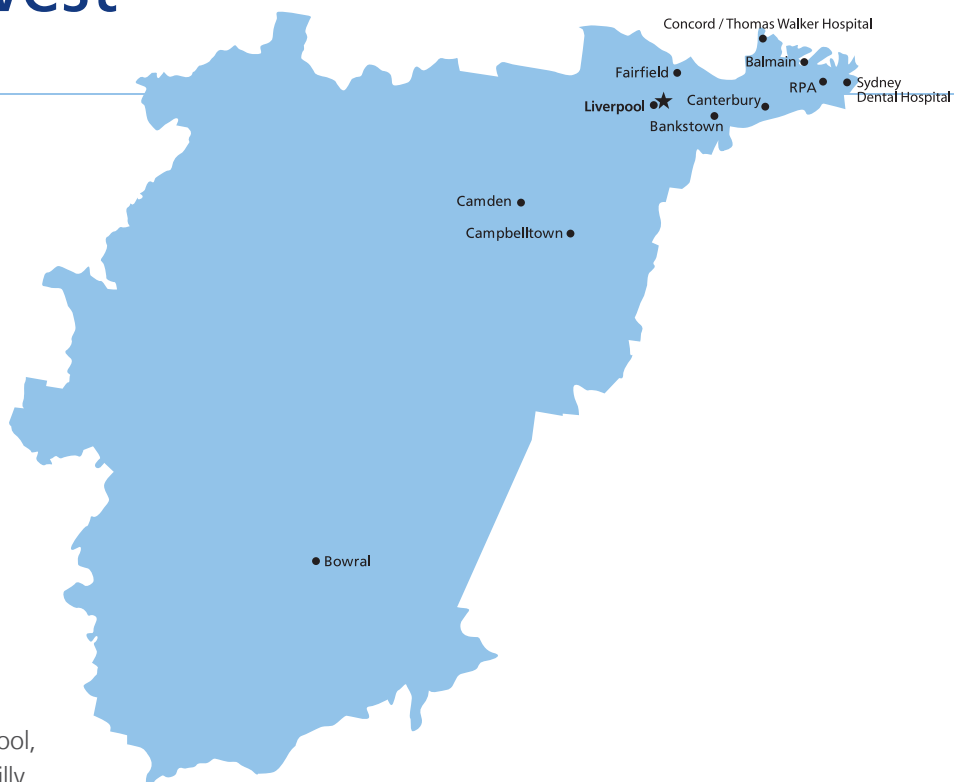
Business hours: 8.30am-5.00pm,

Monday to Friday

Chief Executive: Mike Wallace

Local Government Areas

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



Public Hospitals

Balmain Hospital

Bankstown-Lidcombe Hospital

Bowral and District Hospital

Braeside Hospital

Camden Hospital

Campbelltown Hospital

Canterbury Hospital

Carrington Centennial Hospital

Concord Repatriation General Hospital

Fairfield Hospital

Liverpool Hospital

Royal Prince Alfred Hospital

Sydney Dental Hospital

Thomas Walker Hospital

Community Health Centres

Bankstown – The Corner Youth Health Service

Bankstown Community Health Centre

Bigge Park Centre

Bowral Community Health Centre

Cabramatta Community Health Centre

Campbelltown – Traxside Youth Health Service

Campbelltown Community Health Centre

– Sexual Health Clinic

Camperdown – Community Nutrition

Camperdown – Eastern and Central Sexual Assault Service

Camperdown – Sexual Health Central

Camperdown – Youthblock Health and Resource Service

Camperdown Child, Adolescent and Family Health Services

Canterbury Child, Adolescent and Family Health Service

Canterbury Community Health Centre

Canterbury Community Nursing Service

Canterbury Multicultural Youth Health Service

Concord Community Nursing Service

Croydon – Community Paediatric Physiotherapy Services

Croydon Child, Adolescent and Family Health Service

Croydon Community Health Centre

Croydon Community Nursing Service

Fairfield Community Health Centre

Fairfield Liverpool Youth Health Team (FLYHT)

Hoxton Park Community Health Centre

Ingleburn Community Health Centre

Liverpool Community Health Centre

Lurnea Aged Day Care

Marrickville – Community Nursing Service

Marrickville – Migrant Health Team

Marrickville Child, Adolescent and Family Health Service

Marrickville Community Health Centre

Miller – Mission Australia

Miller – The Hub

Miller Health Centre

Moorebank Community Health Centre

Narellan Community Health Centre

New Berrima

Newtown – The Sanctuary

Prairiewood Community Health Centre

Redfern – Community HIV/AIDS Allied Health
Redfern – Community Nursing
Redfern – Mental Health Service
Redfern Community Health Centre
Rosemeadow Community Health Centre
Wollondilly Community Health Centre

Child and Family Health

Ashfield	Glebe/Ultimo
Balmain	Greenacre
Belmore	Hilltop
Cabramatta	Homebush
Camden	Lakemba
Camperdown	Leichhardt
Campsie	Liverpool
Canley Heights	Macquarie Fields
Chester Hill	Marrickville
Chiswick	Mittagong
Concord	Moss Vale
Croydon	Mt Pritchard
Drummoyne	New Berrima
Dulwich Hill	Padstow
Earlwood	Panania
Fairfield	Redfern
Fairfield Heights	Roselands
Five Dock	Summer Hill
Georges Hall	

Oral Health Clinics

Bankstown Child Oral Health Clinic
Bowral Oral Health Clinic
Canterbury Oral Health Clinic
Concord Oral Health Clinic
Croydon Oral Health Clinic
Fairfield Oral Health Clinic
Ingleburn Oral Health Clinic
Liverpool Adult Oral Health Clinic
Marrickville Oral Health Clinic
Narellan Oral Health Clinic
Rosemeadow Oral Health Clinic
Royal Prince Alfred Oral Health Clinic
Sydney Dental Hospital
Tahmoor Oral Health Clinic
Yagoona Adult Oral Health Clinic

Third Schedule Facilities

Braeside Hospital
Carrington Centennial Care
Karitane
NSW Service for the Treatment and Rehabilitation
of Torture and Trauma Survivors (STARTTS)
Queen Victoria Memorial Home
Tresillian Family Care Centres

Other Services

Department of Forensic Medicine
Sydney South West Pathology Services

Chief Executive Year in Review

Sydney South West Area Health Service was able to achieve significant results and celebrate many highlights over the past 12 months. These were made all the more commendable as staff during that time were also responding to and managing the challenges of the Pandemic (H1N1) 2009 influenza – one of the busiest periods for our hospitals in recent memory.

Without doubt, the hard work and medical expertise of our staff throughout the Pandemic saved many lives. I was immensely proud when these efforts were recognised at the 2009 NSW Health Awards as intensive care staff from Royal Prince Alfred (RPA) and Liverpool Hospitals won the Director-General's special Excellence Award.

At the peak of the Pandemic, RPA's newly launched Extra-Corporeal Membrane Oxygenation (ECMO) Medical Retrieval Service was in high demand. The machines were dispatched to recover the most serious patients with severe respiratory failure from across the state and bring them back to the ICU. The machines were then able to duplicate the function of the patient's lungs to help give them time to recover.

During this very busy time, the Area Health Service also made significant progress with the implementation of *Caring Together: The Health Action Plan for NSW* – the State Government's response to the Garling Enquiry.

More than 80% of the recommendations have been achieved or substantially achieved.

The Between the Flags standardised system for early recognition of the deteriorating patient has been successfully implemented in all facilities. The Essentials of Care Program, which focuses on the patient experience, communication and clinician teamwork has also commenced in each facility. All of the 113 Clinical Support Officer personnel have been recruited to support the administrative workload of clinicians on the wards.

Construction of the \$390 million redevelopment of Liverpool Hospital Stage 2.1 continues to progress well and is on target to accommodate the first patients in the new building in November 2010. When completed, the redevelopment and its state-of-the-art facilities will meet the future healthcare needs of the state's fastest growth region.

This is the largest capital works project for the Area Health Service this year and will see almost 40 departments move into the new facilities by the end of 2010. The refurbishment of the current Clinical Services Building will commence as departments of the Hospital vacate existing locations.

Construction work also began on the Ingham Health Research Institute which will become a major research facility for Sydney's South west. The IHRI is a partnership between the local community, Sydney South West Area Health Service, the University of New South Wales and the University of Western Sydney. The facility will not only lead to improvements in the health of the local population but will also contribute more broadly to knowledge about health, medicine and health services in Australia and internationally.

The Area Health Service also completed construction and redevelopment of the \$9.8 million Redfern Health Centre, which brings together for the first time a range of services, such as community health nursing, community mental health, harm minimisation program, community HIV/AIDs and heterosexual HIV/AIDS service, (Pozhets) under the one roof.

The Health Centre, through integrating community, drug and alcohol and mental health services, represents a major step forward to proactively addressing the social and health needs of the local community.

Construction work also began on the site of the new Lifehouse at RPA cancer centre. The Centre will operate in partnership with the Area Health Service with strategic directions aligned with the priorities of The Cancer Institute NSW. The integrated centre will see cancer services provided by Lifehouse and cancer research and education delivered in collaboration with RPAH and the University of Sydney.

Throughout the year, several clinical service plans were also developed and implemented to set the future direction of the Area Health Service in addressing the needs of its population, including:

The Aboriginal Health Plan – features more than 100 initiatives aimed at closing the health gap between Aboriginal and non-Aboriginal people in the region.

The Disability Health Plan improves access to services and health care for people with a disability and helps ensure disabled people receive the same quality of services and health outcomes as other members of the community. Priorities for action include:

- Improving physical access.
- Developing accessible information about services.
- Improving health care to people with a disabilities.
- Promoting positive community attitudes.
- Enhancing staff training and disability awareness.
- Increasing employment of people with disabilities.
- Improving complaints and feedback procedures.

The Maternity Services Plan provides women with greater birth choices, including increased availability of maternity care options such as GP Antenatal Shared Care programs, Midwifery-led models and community-based antenatal clinics.

It was with great pleasure that all facilities across Sydney South West Area Health Service achieved their targets for elective surgery for 2009–10.

Having all our patients receive their surgery within the clinically appropriate timeframe is a great achievement.

This achievement and the others highlighted for 2009–10 are thanks to the continued commitment and hard work of our dedicated staff to whom I am extremely grateful.

Mike Wallace, Chief Executive

Demographic Summary

Sydney South West Area Health Service was formed as a legal entity on 1 January 2005 and is currently the most populous area health service in NSW, with approximately 20% 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.

With areas projected for both substantial new land release for residential development and medium density urban infill, SSWAHS continues to be one of the fastest growing regions in the State. Its population is projected to increase by 16% over the next ten years, reaching 1.5 million people by 2016. In the decade 2010–2020, the population in SSWAHS can expect to increase by 24,000 people per annum.

SSWAHS is the most ethnically diverse area health service in Australia, with 40% of the population speaking a language other than English at home. This is most notable in Fairfield and Canterbury, where over 60% of the population do not speak English at home. A high proportion of new migrants to Australia, including refugees, choose to settle in Sydney's south west.

There is considerable variation between LGAs in the proportion of the population identifying as Aboriginal, which is highest in Campbelltown, Wollondilly, Marrickville and Liverpool.

SSWAHS has some of the most disadvantaged communities in NSW. Fairfield is the fourth most disadvantaged LGA in NSW. At a local level the degree of disadvantage is considerable. Canterbury, Bankstown, and Campbelltown LGAs were also included in the most disadvantaged quintile group in NSW. A total of nine suburbs in SSWAHS are in the 30 most disadvantaged suburbs in NSW and in the 15 most disadvantaged suburbs in metropolitan Sydney (Socio-Economic Indexes for Areas 2006 Australian of Bureau Statistics).

The Area's population is also growing by around 20,000 births per annum, representing more than 22% of all births in NSW. SSWAHS contains areas with some of the highest fertility rates in the state, with some suburbs well above the state average of 1.81 births per woman, including Bankstown (2.16), Canterbury (2.07), Camden and Liverpool (2.05), and Campbelltown (1.93) (Australian of Bureau Statistics, 2007).

Area-wide, there are approximately 260,000 children (aged 0 to 14 years) who account for 20% of the SSWAHS population.

The LGAs with the largest number of children aged 14 years and under are: Macarthur (Campbelltown, Camden and Wollondilly LGAs) 57,359; Liverpool 41,869; Fairfield 39,710; Bankstown 38,299 and Canterbury 26,967.

LGAs with the highest proportion of people aged 85 years and over are Ashfield, Burwood, Wingecarribee and Strathfield. Area-wide, there are almost 16,000 people over the age of 85 (1.0% of the population). Hospital data indicates that SSWAHS residents over the age of 65 years used 48% of all acute hospital bed days for SSWAHS residents in 2008–09 (NSW Health Flow-Info V10.02010). The number of people aged 65 years and over is projected to increase by 36% by 2016, when they will represent 13% of the SSWAHS population.

Highlights and Achievements

- A new Metabolic Rehabilitation Clinic providing a comprehensive multi-disciplinary program to help patients lose weight and maintain weight loss opened at Camden Hospital. An After-Hours General Practice Clinic opened at Canterbury Hospital.
- SSWAHS, in consultation with Elton Consulting, launched the Healthy Urban Development Checklist (HUD), in response to the growing recognition of the links between the built environment and health, particularly chronic diseases.
- Bankstown-Lidcombe Hospital unveiled a new \$2.575 million Magnetic Resonance Imaging (MRI) Scanner, the most powerful and advanced system of its kind, allowing radiologists and clinicians to diagnose and treat patients more quickly and effectively.
- A new Youth Health Clinic opened at Fairfield-Liverpool Youth Health Service to provide marginalised, at risk young people who are refugees and new arrivals to Australia an access point to health services.
- The \$390 million redevelopment of Liverpool Hospital continued which, when completed, will provide state-of-the-art facilities and meet the future healthcare needs of the state's fastest growth region.

- Surgeons at RPA performed Australia's first percutaneous tricuspid valve replacement procedure, which allowed a heart patient to return home 24 hours after the life-saving procedure rather than spending up to five months recovering in hospital. The procedure has been performed only twice before in the world. Researchers at Concord Hospital's ANZAC Research Institute and the University of Sydney identified the cause of a disorder that degenerates motor nerves in men, raising the potential of new treatments.
- The AHS launched the Aged Care Triage Service (ACT), a telephone support line to assist in the care of people in residential aged care facilities, developed as part of the Government's *Caring Together: The Health Action Plan for NSW*.
- Liverpool and Macarthur Cancer Therapy Centres (CTCs) were awarded the prestigious Premiers Award for Innovation in Clinical Trials at the NSW Premier's Awards for giving local cancer patients access to cutting edge therapies through clinical trials. Concord Hospital opened a gymnasium to host world-first international research trials into the benefits of physical activity for cancer patients.
- The Centre for Education and Research on Ageing (CERA) based at Concord Hospital was recognised as one of the world's leading ageing healthcare institutions when it was selected to be an international collaborating centre of the International Association of Gerontology and Geriatrics (IAGG). RPA researchers, in conjunction with the Heart Research Institute, lead breakthrough research into the role male sex hormones play in repairing the effects of cardiovascular disease such as heart attacks.
- SSWAHS launched its 2010–2015 Aboriginal Health Plan, which contains more than 100 initiatives aimed at closing the 17-year health gap between Aboriginal and non-Aboriginal people in the region, home to one of the largest urban Aboriginal populations in NSW.
- SSWAHS, The Aboriginal Medical Service Redfern (AMS), Babana Aboriginal Men's Group and the Tharawal Aboriginal Corporation signed a Memorandum of Understanding with the common goal of reducing the Aboriginal smoking rate by 5% over the next three years. Community awareness campaigns on National Sorry Day held across 10 hospitals, incorporating dozens of multi-coloured plastic feet lining Hospital entrances to symbolically represent the long track home for members of the Stolen Generation.
- SSWAHS' Boomerangs Parenting Program, which provides emotional support and guidance to indigenous parents, won a NSW Health Aboriginal Health Award. SSWAHS launched the Prevent Diabetes *Live Life Well* program, which targets Aboriginal communities in Sydney's south west. Brenda Freeman, Aboriginal Social and Emotional Wellbeing Worker for the Campbelltown Community Mental Health Centre, won the Indigenous Mental Health category of the 2009 Mental Health Matters Awards.
- A dedicated Aboriginal oral health clinic opened at the Sydney Dental Hospital as part of a \$6 million program aimed at improving access to dental services for Aboriginal people throughout NSW.
- Fairfield Hospital launched the *Bare Below the Wrist* campaign to encourage medical and nursing staff not to wear jewellery while treating patients. RPA and Liverpool Intensive Care, Perfusion and Cardiothoracic staff were presented with the Director General's special Excellence Award at the 2009 NSW Health Awards for their role in the treatment and care of patients throughout the Pandemic (H1N1) 2009 influenza. Community awareness campaigns on hand hygiene and vaccination in preventing the spread of influenza were held across nine hospitals. At Liverpool, signs were erected and hand hygiene stations installed to remind visitors of the clean hands save lives message.
- RPA Aboriginal Liaison Midwife, Sister Alison Bush, was inducted into the NSW Health Aboriginal Health Awards Hall of Fame in recognition of her commitment over the past 40 years to improving the health outcomes of Aboriginal mothers and babies across Australia.
- RPAH hosts seminar to raise awareness and provide information on the common health conditions of Australian men as part of International Men's Health Week. The launch of Liverpool Multicultural Health Service's Pit Stop program, an innovative program that applies the concept of regular mechanical tune ups to men's own health, proves to be an outstanding success.

Table 1. Trends in the representation of EEO Groups¹

EEO Group	Benchmark or target	% OF TOTAL STAFF ²				
		2006	2007	2008	2009	2010
Women	50%	74%	75%	75%	75%	74%
Aboriginal people and Torres Strait Islanders	2.6% ³	1%	1%	1%	1%	1%
People whose first language was not English	19%	34%	35%	35%	36%	36%
People with a disability	12%	3%	3%	3%	3%	3%
People with a disability requiring work-related adjustment	7%	1%	0.7%	0.6%	0.6%	0.6%

Table 2. Trends in the distribution of EEO Groups⁴

EEO Group	Benchmark or target	DISTRIBUTION INDEX ⁵				
		2006	2007	2008	2009	2010
Women	100	90	89	89	90	90
Aboriginal people and Torres Strait Islanders	100	75	75	74	72	69
People whose first language was not English	100	92	92	92	92	92
People with a disability	100	102	101	102	103	100
People with a disability requiring work-related adjustment	100	97	99	97	99	99

Note: Information for the above tables is provided by the Workforce Profile Unit, Public Sector Workforce Branch, Department of Premier and Cabinet.

1 Staff numbers are as at 30 June. **2** Excludes casual staff. **3** Minimum target by 2015. **4** A distribution index of 100 indicates that the centre of 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 is the case for other staff. The more pronounced this tendency is, the lower the index will be. An index more than 100 indicates that the EEO group is less concentrated at the lower salary levels. **5** Excludes casual staff.

Equal Employment Opportunities

Equal Employment Opportunity (EEO) concerns ensuring the workplace is free from all forms of harassment and discrimination, and 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 believes equity is a fundamental right of every employee, and 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 Area continues to promote the principles and practices of Equal Employment Opportunity in its application of conditions of employment, relationships in the workplace, the evaluation of performance and the opportunity for training and career development.

Implementation of Aboriginal and Torres Strait Islander workforce strategies continues. The focus is on recruiting increasing numbers of Aboriginal and Torres Strait Islander staff and providing training, especially through traineeships. This approach has been particularly successful at Campbelltown hospital.

The Aboriginal Healthwise Careers Fairs have continued with our local high schools and have seen enthusiastic student interest in thinking about a career in health.

Our Aboriginal Employment website was launched in 2009–10.

Work continues with Job Support to provide work experience opportunities for people with a disability.

A review of our training program *Work Effectively With Culturally Diverse Clients and Co-Workers* has been completed.

Planned Activities and Outcomes for 2010–11

- Continue to implement our Aboriginal workforce strategies, including development of further traineeship opportunities and working with community groups and schools to encourage Aboriginal people to consider a career in health.
- Expand the opportunities for people with a disability to pursue a career in health.

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

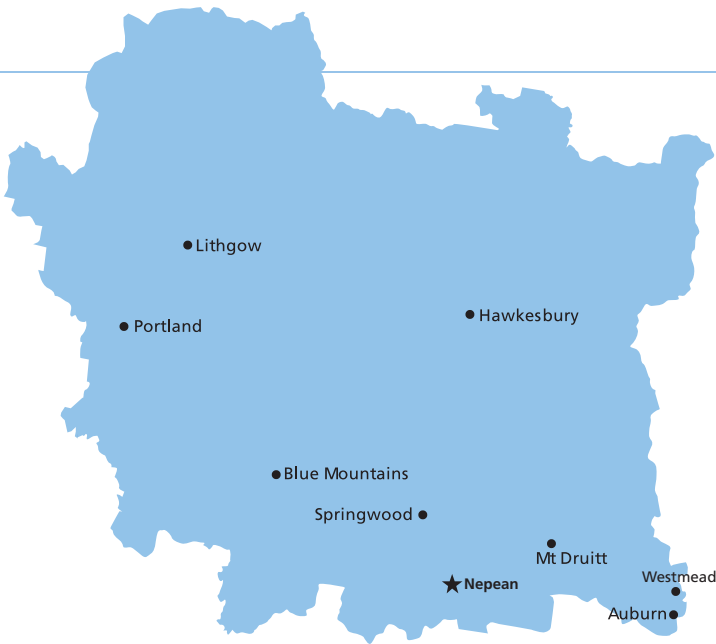
General creditors > 45 days as at the end of the year	114
Net cost of services	115
Major funding initiatives	116
Initial cash allocations	117

Workforce

Workforce planning	
– non-casual staff separation rate	101
Multicultural Policies and Services Program	192–198

Service Delivery Levels

Infectious disease notifications	269–270
Public hospital activity levels	271–272
Mental Health Act – Acute and non-acute inpatient care utilisation	276–278



**Cnr Derby and Somerset Streets,
Kingswood
PO Box 63
Penrith NSW 2751**

Telephone: 4734 2120

Facsimile: 4734 3737

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

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

Chief Executive: Heather Grey

Local Government Areas

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

Public Hospitals

Auburn Hospital
Blacktown Hospital
Blue Mountains District Anzac Memorial Hospital
Cumberland Hospital
Hawkesbury Hospital
Lithgow Integrate Health Services
Lottie Stewart Hospital
Mt Druitt Hospital
Nepean Hospital
Portland Tabulam Health Centre
Springwood Hospital
St Joseph's Hospital
Westmead Hospital

Community Health Centres

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

Child and Family Health

Glenbrook	Richmond
Katoomba	Springwood
Mt Druitt	St Marys
Penrith	Windsor

Oral Health Clinics

Auburn Oral Health Clinic
Blacktown Oral Health Clinic
Katoomba Oral Health Clinic
Lithgow Oral Health Clinic
Mt Druitt Oral Health Clinic
Nepean Oral Health Clinic
Richmond Oral Health Clinic
Springwood Oral Health Clinic
St Marys Oral Health Clinic

Third Schedule Facilities

Governor Phillip Nursing Home
Tresillian Wentworth Family Care Centre

Other Services

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

Chief Executive Year in Review

As the new Chief executive I have pleasure in presenting the Sydney West Area Health Service (SWAHS) achievements in 2009–10. In a year of significant speculation and change it is the dedication of the hardworking staff and volunteers across the service that continued to deliver excellent care and service to patients and clients.

Congratulations to everyone for receiving such positive feedback in the 2010 Patient's Perspectives on NSW Public Hospitals report showing 95% of day only patients and 90% of overnight patients surveyed rated their overall care as good, very good or excellent. The survey provides invaluable feedback about how patients and their families experience care and will help our hospitals to further improve services.

With the introduction of the *Caring Together: The Health Action Plan for NSW* we have made great leaps towards implementing many of the recommendations including:

- implementing the *Between the Flags* program where more than 6,000 staff have completed awareness training aimed at identifying and responding to patients who may be deteriorating

- introduction and roll out of the Patient Safety Handover Checklist to all our wards and facilities
- introducing the Advanced Medical Planning Policy and information resources
- the adoption and introduction of new hand hygiene policies and systems
- the investment in strategies to lessen the impact of hospital acquired infections
- roll-out of three-way phones in seven emergency departments for use by the HCIS.

Health promotion continues to provide valuable education and information to the community with 89 schools participating in the *Live Life Well@School* program, 160 childcare services implementing the *Munch & Move* program, and more than 1,200 participants in the *Fit & Strong – 65 & Beyond* challenge. Training has also started for over 200 health professionals for *Promoting Healthy Kids* project and the *Keeping Koori Kids Smoke Free* campaign was launched.

A number of major capital works have been completed and new technology introduced such as the completion of Nepean Sterilisation Department upgrade, Westmead's opening of the Cardiac Catheterisation Laboratory, new Renal Dialysis Unit and Clinical School at Auburn, opening of the Rouse Hill HealthOne Clinic and new Computed Tomography (CT) Scanner at Blacktown. Work has commenced on the HealthOne Clinic at Auburn and the East Block wing redevelopment at Nepean. The area continues to experience record levels of patient demand for services and the associated increases in the cost of delivery them. Collectively the area health service has worked hard to review and adapt how care is provided to meet these changing community needs and to ensure public funds are used effectively and responsibly.

It is with great appreciation I would like to acknowledge our volunteers, donors and fundraising groups who work tirelessly to make a difference to the comfort and care of patients and clients of Sydney West. In my short time as the Chief Executive of SWAHS I have been impressed by the commitment of all staff to our primary goal of providing quality care for our patients and look forward to the year ahead as we work towards the establishment of the Local Hospital Networks.

Heather Gray, Chief Executive

Demographic Summary

Sydney West Area Health Service (SWAHS) consists of both urban and semi-rural areas, covering almost 9,000 square kilometres. The AHS is responsible for providing primary and secondary health care for people living in the Auburn, Blacktown, Blue Mountains, Hawkesbury, The Hills Shire, Holroyd, Lithgow, Penrith and Parramatta local government areas (LGAs) and tertiary care to residents of the Greater Western Region.

The estimated resident population of SWAHS in 2010 is 1,164,477, which includes a substantial Aboriginal community. The Darug, Gundungarra and Wiradjuri people are acknowledged as the traditional owners of the land covered by the AHS. The number of people identifying as Indigenous in the Census has been increasing in recent years. The official figure reached 16,629 in 2006 although this is widely regarded as an underestimate. The larger indigenous communities reside in Blacktown and Penrith. The indigenous population is younger than the wider SWAHS community with 57.5% under 25 years of age.

The largest proportion of pre-school aged children (less than five years) are in the Blacktown and Auburn LGAs (8-9% of the population in 2010). At the other end of the spectrum, the LGAs of Lithgow (11.5%) and Blue Mountains (9.6%) have the highest proportion of older residents aged 70 years and over. In the period 2010 to 2020, the proportion of the population aged less than 10 years is expected to remain steady (from 14.4% to 14.6%), while the proportion of older residents will increase from 7% to 9%.

Births to existing residents contributed 18,496 persons in 2008, with the highest total fertility rate occurring in Blacktown (2.5 per woman) followed by Auburn with 2.4 per woman. 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% of whom entered under the refugee visa subclass. The LGAs of Blacktown, Auburn, Parramatta and Holroyd were the main recipients of these new settlers in SWAHS.

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

The increasing populations of older people, culturally diverse communities and new arrivals engender new and unique challenges in health care planning, service delivery and access to specialised care.

Based on the Socio-Economic Indexes for Area (SEIFA) 2006, Index of Socio-economic Disadvantage, SWAHS has LGAs at both ends of the spectrum. 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 levels of unemployment. At the opposite end are LGAs with scores over 1,000, suggesting least disadvantage, including 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 (777.0 and 777.2 per 100,000 respectively) and significantly higher for females (531.8 and 515.8 per 100,000 respectively). The major causes of death were circulatory diseases, cancers, respiratory diseases and injury and poisoning. A similar pattern existed for (premature) deaths among residents aged less than 75 years. Although the rate was slightly higher among males in SWAHS compared to NSW (319.9 and 325.3 per 100,000 respectively), the difference was not significant. However, the rate among females was significantly higher in SWAHS than the state average (199.0 and 187.7 per 100,000 respectively).

Highlights and Achievements

- Westmead Hospital is the first hospital in the southern hemisphere to use magnetic guidance catheterisation to treat adults and children with serious heart problems. The \$4.3 million Cardiac Catheterisation Laboratory equipment reduces the need for many patients to have open heart surgery, thereby preventing the need for prolonged hospital stays, lengthy periods of rehabilitation and long term drug therapies.
- September 2009 saw the opening of the new Renal Dialysis Unit at Auburn Hospital providing the SWAHS community with another six chairs for dialysis treatment. This allows 24 renal patients access to dialysis every week in an environment closer to their home. This was translated into five languages.

- Blacktown Hospital upgraded its imaging technology with the introduction of a new Computed Tomography (CT) Scanner in June. Once the Cardiac Catheterisation Laboratory is opened later this year patients with life-threatening heart conditions will be diagnosed and treated almost immediately.
- Nepean Hospital's increased number of Medical Assessment Unit beds by 10 and completed the upgrading of the sterilising department in late 2009. This supports the hospital's \$68 million expansion which commenced construction in May 2010. The new East Block wing redevelopment completion is expected in 2012.
- Commenced work on the \$15.2 million Auburn Community Health Centre including the new HealthOne Auburn service. The co-location of the new centre with the existing hospital will provide the local community with a comprehensive range of health services on one site. Expected for completion in 2011.
- The Breast Cancer Institute's (BCI) open another five Sunflower Clinics at Myer in Castle Towers, Westpoint Blacktown and Penrith Plaza as well as Clinics based at Blue Mountains and Mt Druitt Hospitals. The free digital mammography service to women 50 years and over aims to improve access to breast screening programs. The images from screening done through the clinics are transmitted to BCI at Westmead Hospital where they are read by radiologists.
- A comprehensive Dermatology Clinic Centre has been completed in June 2010 at Westmead Hospital.
- Commenced the implementation of infrastructure requirements to support rollout of Picture Archiving Computer system (known as PACS) and Radiology Information System at Westmead Hospital to enable electronic capture and reporting of x-ray and other radiology procedures. This is planned to go live later in 2010.
- SWAHS opened its second HealthOne Clinic at Rouse Hill which builds on the commitment of shared care with local GPs to provide more co-ordinated care for people with chronic and complex health conditions.
- Nepean Hospital installed a new Positron Emission Tomography (PET)-CT scanner, one of seven in NSW. This new imaging technology will dramatically improve Radiologist and Oncologists ability to diagnose and treat cancer and heart attack patients.
- Auburn Hospital welcomed 24 student doctors into its brand new clinical school in February. The school is part of an innovative partnership between the University of Notre Dame Australia, School of Medicine Sydney and SWAHS.
- Improvements to the Patient Safety Handover Checklist continue to be identified and implemented with the introduction of the online learning module available in January 2010. It is an interactive tutorial which teaches nurses and midwives how to use the Patient Safety Handover Checklist designed to help nurses and midwives provide safe care to all patients.
- Continue to implement NSW 'Between the Flags' Program including:
 - Introduced a standardised clinical communication framework for Sydney West called ISBAR to assist with accurate and timely communication across clinical teams, with clinical handover practices, transfer of care and the delivery or escalation of care.
 - Rollout standard observation chart across all hospitals to facilitate recognition and earlier management of a patient who may be deteriorating.
 - Introduced standardised clinical protocols to assist staff better identify when to request a clinical review or make a rapid response call.
- SWAHS commitment to Multicultural Policies and Services Program was demonstrated by improved communication amongst the culturally and linguistically diverse community.
 - Rolled out three-way phones in seven emergency departments for use by the Health Care Interpreter Service (HCIS) in response to the *Caring Together: The Health Action Plan for NSW*.
 - Developed all the education resources and trained Bilingual Community Educators in Healthy Eating for the Whole Community (13 languages) and Get to Know the Australian Aged Care System (16 languages).
- Parramatta Chest Clinic and NSW Refugee Health developed an educational DVD to assist refugees identify services provided by the clinic, tests and treatment of TB. This was translated into five languages.

- The highly sought after Walking with Carers in SWAHS booklet was launched in August providing a comprehensive collection of practical information for carers including contacts for hospital, community services, respite support and carer payments.
- SWAHS Mental Health Network is one of the two HASI pilot sites within NSW funded under the Housing and Accommodation Support Initiative (HASI) to support for ten eligible Aboriginal individual/families. HASI is designed to assist people with mental health problems/ disorders requiring accommodation support to participate in the community, maintain successful tenancies, improve their quality of life and most importantly to assist in their recovery from mental illness.
- Aboriginal Health now provide a mobile risk factor screening and referral outreach service. This mobile service will identify health risks and early signs of illness and disease for Aboriginal people earlier to help improve their access to health advice, early intervention and treatment services. The new Mootang Tarimi Service, meaning 'Living Longer' will be screening at sports events and festivals throughout SWAHS.
- Launched the Keep Koori Kids Smoke Free campaign targeting the Aboriginal community with the key messages around environmental tobacco smoke (ETS) otherwise known as passive smoking and why it is harmful to kids and how to reduce their exposure.
- Nepean Hospital's Falls and Fracture Clinic is one of five clinics in the world to offer a unique balance retraining technique to prevent falls in older people. The clients of the clinic have reduced their risk of falling by 65%.
- *Fit & Strong – 65 & Beyond Challenge* run, with over 1,200 participants taking part. The Challenge raises awareness among older people about what they can do to stay well, independent and reduce their risk of fall injury.
- *Promoting Healthy Kids Project* launched. Training provided to over 200 health professional to improve capacity to promote nutrition and physical activity and address overweight and obesity in children.

- *Live Life Well* in Lithgow Community Healthy Lifestyle Challenge run with over 1,100 participants from the Lithgow community (7.2% of the adult population).
- 89 local schools participating in *Live Life Well@ School*, a program to get more students more active more often and improve their eating habits.
- 160 childcare services participated in *Munch & Move*. Training provided to over 170 childcare workers. Over 11,000 families exposed to healthy lifestyle messages for children and families.
- Westmead Hospital's Cancer Care Centre (WCCC) is the first, and only, cancer care centre in NSW to be awarded international accreditation by the European Society for Medical Oncology (ESMO) for providing integrated cancer and palliative care services.
- SWAHS was recognised as a leader in the NSW Public Sector in risk management for implementing the SWAHS Manual Handling Program. The team won the Occupational Health and Safety (OHS) Risk Management Award category at the prestigious NSW Treasury Managed Fund (TMF) Risk Management Awards.

Equal Employment Opportunities

Some key achievements of the Sydney West Area Health Services Equal Employment Opportunities initiatives during 2009–10 were:

Aboriginal and Torres Strait Islander People

- During the 2009–10 financial year, SWAHS employed an Aboriginal person under the NSW Aboriginal Nursing Cadetship Program. The Area now employs a total of eight Aboriginal Nursing Cadets under this program
- The Population Health Unit also provided a two year Traineeship to an Aboriginal person.
- The Area's Aboriginal Employment Strategy titled *Walking Together – Careers for Aboriginal People in SWAHS 2008-2013* remains current, with recruitment activity likely to increase over the coming year.

Table 1. Trends in the representation of EEO Groups¹

EEO Group	Benchmark or target	% OF TOTAL STAFF ²				
		2006	2007	2008	2009	2010
Women	50%	76%	76%	75%	76%	75%
Aboriginal people and Torres Strait Islanders	2.6% ³	1%	1%	1%	1%	1%
People whose first language was not English	19%	30%	30%	32%	31%	30%
People with a disability	12%	4%	3%	3%	3%	3%
People with a disability requiring work-related adjustment	7%	1%	0.6%	0.5%	0.5%	0.5%

Table 2. Trends in the distribution of EEO Groups⁴

EEO Group	Benchmark or target	DISTRIBUTION INDEX ⁵				
		2006	2007	2008	2009	2010
Women	100	88	88	87	88	87
Aboriginal people and Torres Strait Islanders	100	88	88	89	86	88
People whose first language was not English	100	93	93	92	94	94
People with a disability	100	102	102	102	102	101
People with a disability requiring work-related adjustment	100	101	99	99	96	93

Note: Information for the above tables is provided by the Workforce Profile Unit, Public Sector Workforce Branch, Department of Premier and Cabinet.

1 Staff numbers are as at 30 June. **2** Excludes casual staff. **3** Minimum target by 2015. **4** A distribution index of 100 indicates that the centre of 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 is the case for other staff. The more pronounced this tendency is, the lower the index will be. An index more than 100 indicates that the EEO group is less concentrated at the lower salary levels. **5** Excludes casual staff.

People with Disabilities

- During 2009–10 SWAHS continued its focus on better meeting the needs of staff with a disability, and improving employment opportunities for people in the broader community. For the second consecutive year, SWAHS celebrated International Day of People with a Disability through an awards ceremony, recognising services that have excelled in their work with people with a disability; and recognising a member of staff with a disability as an Ambassador for the celebration. Consultations have been held with staff and with volunteers with a disability to gain a better understanding as to how SWAHS has supported them and where other improvements could be made.
- Learning and Development Services, in consultation with relevant stakeholders, completed a disability training plan which has been endorsed by the SWAHS Disabilities Planning Committee. Staff induction materials have been amended to increase new employees' awareness of their disability-related rights and responsibilities. Extensive consultation with a number of specialty disability education service providers to determine the best

education delivery model for SWAHS staff has also been undertaken and final recommendations regarding training delivery have been drafted for consideration by the above committee. There has also been a 'Frequently Asked Questions' information sheet developed for managers and employees on the concept of 'reasonable adjustment to the workplace'.

- SWAHS partnered with a non-government training agency specialising in the work placement of young people with intellectual disabilities. This partnership has seen young people on transition to work programs move to employment with SWAHS with four young people employed at Westmead Hospital in Food Services and Health Information Management Services. This initiative was established to increase the presence of people with a disability in the workplace and also to improve the culture of the organisation to better support people with a disability. It is the understanding of SWAHS that this permanent employment following transition to work placements is the first time an AHS/hospital has so employed people through this type of work transition.

People whose First Language was not English

- SWAHS continued to be above the benchmark for employing people whose first language was not English. In 2009–10 it was estimated that 30% of the workforce spoke a language other than English as their first language, slightly less than the previous year. This is due to a number of reasons including the diversity of local communities from which our employees are recruited (The Australian Bureau of Statistics Census 2006 indicated that 29% of the population speak a first language other than English); recruitment of professionals from overseas; and the existence of targeted positions in SWAHS for people of non-English speaking background to improve access to health services (for example bilingual community educators).

Women

- In 2009–10, 75% of the SWAHS workforce were female, which was 25% above the NSW 50% benchmark. This is typical of the health care sector in general, where the single largest occupational group is nursing most of who are female.

Planned Activities and Outcomes for 2010–11

- In May 2010 the NSW Department of Health wrote to all NSW Area Health Services, seeking Expressions of Interest to participate in a new Aboriginal Allied Health Cadetship Program. SWAHS subsequently lodged an Expression of Interest and recruitment under this Program will occur in 2010–11.
- In 2010–11 much of the work undertaken for people with disabilities will continue, including implementation of the staff training program through the development of online and face-to-face training. This training will be pivotal to continuing the Area's improvements in the creation of supportive work place culture.

- It is proposed that each of the major facilities in SWAHS will establish transition to work programs following the successful implementation of programs at Westmead Hospital in Food Services and at the Health Information Management Services. It is also proposed that a wide range of disability employment agencies will be canvassed to engage with the respective hospitals so that a wide pool of people with a disability can be engaged.

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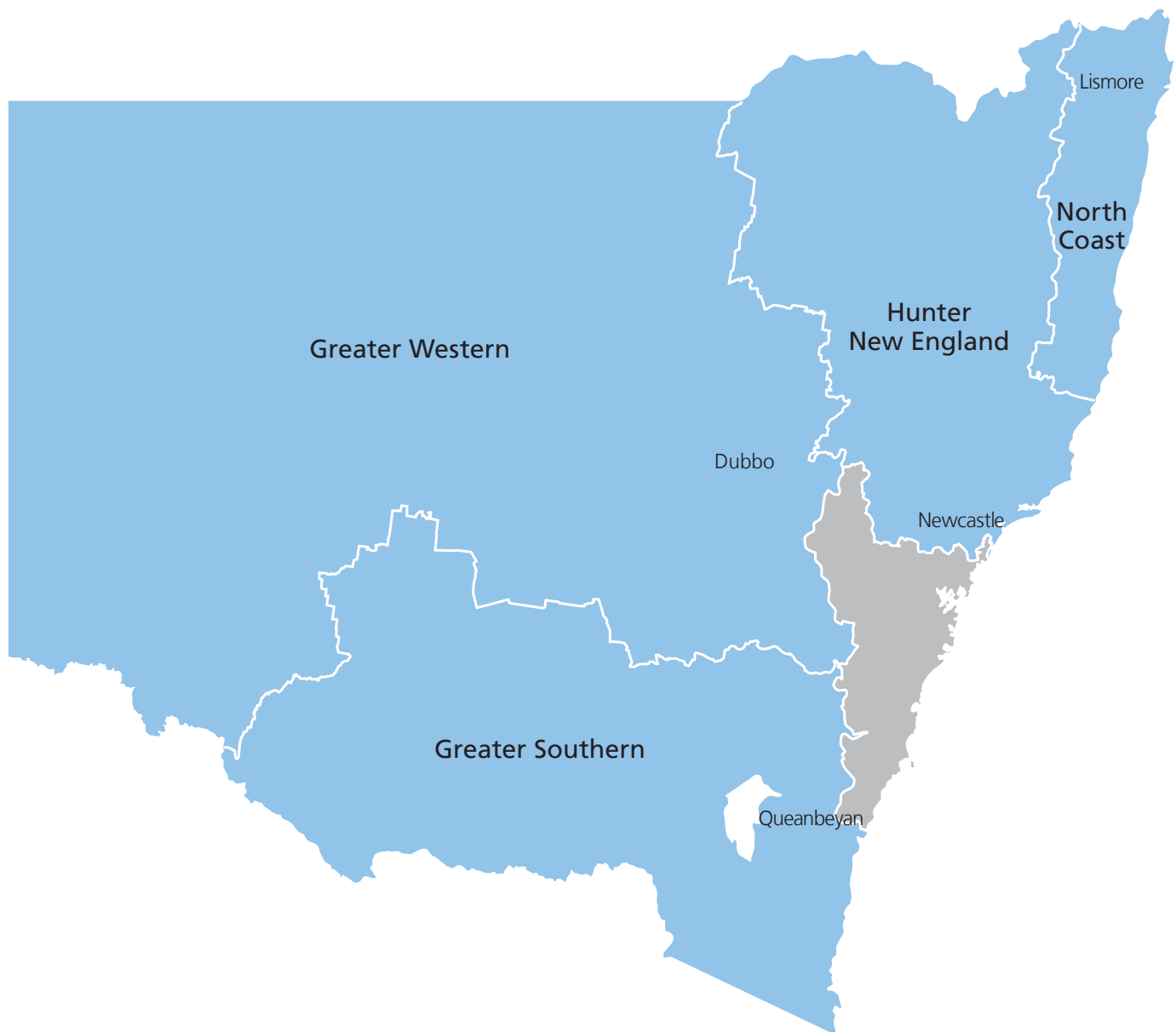
Workforce planning – non-casual staff separation rate	101
Multicultural Policies and Services Program	192–198

Service Delivery Levels

Infectious disease notifications	269–270
Public hospital activity levels	271–272
Mental Health Act – Acute and non-acute inpatient care utilisation	276–278

Rural

Area Health Services





**Corner Erin and Collett Streets,
Queanbeyan
PO Box 1845
Queanbeyan NSW 2620**

Telephone: 6933 9100
Facsimile: 6299 6363
Website: www.gsahs.nsw.gov.au
Business hours: 8.30am-5.00pm,
Monday to Friday

Chief Executive: Dr Maggie Jamieson (Acting)

Local Government Areas

Albury, Bega Valley, Berrigan, Bland, Bombala, Boorowa, Carrathool, Conargo, Coolamon, Cooma-Monaro, Cootamundra, Corowa, Deniliquin, Eurobodalla, Greater Hume, Greater Mulwaree, Griffith, Gundagai, Harden, Hay, Jerilderie, Junee, Leeton, Lockhart, Murray, Murrumbidgee, Narrandera, Palerang, Queanbeyan, Snowy River, Temora, Tumberumba, Tumut, Upper Lachlan, Urana, Yass Valley, Young, Wagga Wagga and 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 and District Hospital
Tocumwal Hospital
Tumberumba Multi-Purpose Service
Tumut District Hospital
Urana Multi-Purpose Service
Wagga Wagga Base Hospital
West Wyalong Hospital
Yass District Hospital
Young District Hospital

Public Nursing Homes

Barham Hospital
Gundagai Hospital
Hay Hospital
Hillston Hospital
Lockhart Hospital
Tocumwal Hospital

Community Health Centres

Adelong Community Health Centre
Albury Community Health Centre
Ardlethan Community Health Centre
Barellan Community Health Centre
Barham Community Health Centre
Barmedman Community Health Centre
Batlow Community Health Centre
Bega Valley Community Health Centre
Berrigan Community Health Centre
Boorowa Community Health Centre
Captains Flat Community Health Centre
Cooma Community Health Centre
Coleambally Community Health Centre
Cootamundra Community Health Centre
Corowa Community Health Centre
Crookwell Community Health Centre
Culcairn Community Health Centre
Darlington Point Community Health Centre
Deniliquin Community Health Centre
Eden Community Health Centre
Eurobodalla Community Health Centre
Finley Community Health Centre
Goulburn Community Health Centre
Griffith Community Health Centre
Gundagai Community Health Centre
Hay Community Health Centre
Henty Community Health Centre
Hillston Community Health Centre
Holbrook Community Health Centre
Jerilderie Community Health Centre
Jindabyne Community Health Centre
Junee Community Health Centre
Karabar Community Health Centre
Leeton Community Health Centre
Lockhart Community Health Centre
Mathoura Community Health Centre
Moama Community Health Centre
Moulamein Community Health Centre

Murrumburrah-Harden Community Health Centre
Narooma Community Health Centre
Narrandera Community Health Centre
Queanbeyan Community Health Centre
Talbingo Community Health Centre
Tarcutta Community Health Centre
Temora Community Health Centre
The Rock Community Health Centre
Tocumwal Community Health Centre
Tooleybuc and Early Childhood
Tumbarumba Community Health Centre
Tumut Community Health Centre
Ungarie Community Health Centre
Urana Community Health Centre
Wagga Wagga Community Health Centre
Weethalle Community Health Centre
West Wyalong Community Health Centre
Yass Community Health Centre
Young Community Health Centre

Child and Family Health

Child and Family Services are provided at all GSAHS Community Health Centres.

Oral Health Clinics

Albury	Moruya
Berrigan	Narrandera
Cooma	Pambula
Cootamundra	Queanbeyan
Deniliquin	Temora
Goulburn	Tumbarumba
Griffith	Tumut
Hay	Wagga Wagga
Hillston	West Wyalong
Jerilderie	Yass
Junee	Young
Leeton	

Third Schedule Facilities

Mercy Health Service, Albury
Mercy Care Centre, Young

Chief Executive Year in Review

In 2009–10 Greater Southern AHS has made considerable progress in achievement of its goals and strategic priorities as documented in the annual Area Performance Plan. A number of these achievements are detailed later in this report.

Considerable resources have been dedicated to embedding *Caring Together* strategies and recommendations with good progress made across Area health facilities. GSAHS has made significant advances on hand hygiene, clinical handover and early recognition of the deteriorating patient (*Between the Flags*) programs.

I would like to take this opportunity to extend my deep appreciation to all the staff, clinical and non-clinical, who perform their roles under quite frequently difficult and demanding circumstances but nevertheless manage their responsibility for delivering clinically safe and quality patient care with professionalism and dedication.

I also thank the volunteers and others who give their time to the Area Health Service including the members of the Area Health Advisory Council, led by Dr Ian Stewart, all the members of the Local Health Service Advisory Committees in the many communities of Greater Southern, and the various volunteer fundraising groups, for their enthusiasm and commitment to the provision of health services in our area.

I speak for all our health services in acknowledging the vital contribution of the members of the various hospital auxiliaries who work tirelessly to raise funds to provide equipment, furniture and fittings that increase the quality of care able to be provided to patients, and that go such a long way towards making our hospitals more comfortable for patients and their families and carers.

Dr Maggie Jamieson (Acting), Chief Executive

Demographic Summary

GSAHS covers an area of 166,000km 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% 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 around 4,500 full time equivalent staff in a range of clinical and non-clinical roles.

Highlights and Achievements

- In 2009–10 GSAHS provided around 26,241 operations in the 12 months ended 30 June 2010 (4.6% increase on 2008–09). Of the two types of surgery (booked and emergency), in that 12 month period GSAHS provided 5,924 emergency operations (7.3% increase on 2008–09). In our emergency departments across the Area, 227,185 (1.9% increase) patients were attended initially in EDs, and of those, 29,097 (1.4% increase) patients were admitted to wards.
- GSAHS came very close to achieving Commonwealth triple zero targets for booked surgeries, with only a very small number of outstanding cases remaining. Achievement of the Commonwealth's target was important not only because it means that all patients' booked surgeries have been completed, but that patients are receiving their care in a timely manner.
- Partnership with Charles Sturt University to develop a program to assess and improve school readiness in Aboriginal children in Wagga Wagga.
- Implemented a leadership development program for Aboriginal health team leaders and program co-ordinators.
- Commenced implementation of the 48-hour followup program for Aboriginal people.
- World No Tobacco Day – GSAHS developed a World No Tobacco Day 2010 Facebook page to raise awareness of the harmful effects of tobacco advertising in all its forms on women globally and to give smokers information, links and support on how to go about quitting.

- Physical Activity Leader Network including Tai Chi and Community Exercise classes now 154 classes with 125 active leaders across rural communities.
- Keep Them Safe – Children and Young People Wellbeing Program – 2009–10 achievements included: co-ordinator appointed; managers and staff completed training sessions, mandatory reporting guidance tool and training information posted to intranet; Out of Home Care co-ordinator appointed; increased interagency work taking place.
- Establishment of Hospital Clinical Councils – Wagga Wagga, Griffith, and Goulburn established, and smaller sites grouped regionally in the Western Sector, Central Sector and Bega Valley Clinical Councils. According to their hospital size and geographic representation, Clinical Councils have members representing doctors (VMOs, staff specialists, GPs), nurses, community and allied health professionals, health service managers, community members (Area Health Advisory Council and Local Health Service Advisory Committee members), GSAHS Directors of Medical Services, Directors of Nursing and Midwifery, Patient Safety and Quality Managers, and Mental Health managers.
- GSAHS is rolling out the Severe Chronic Disease Management Program. Formal partnerships and service level agreements have been made with Divisions of General Practice and four Divisions are employing liaison clinicians to provide support to general practices for co-ordinated client care. A model of care for the Severe Chronic Disease Management Program has been developed and there is good initial engagement of community health staff with the program. A web-based database has been developed to track and evaluate clients' involvement.
- Australian Council on Healthcare Standards (ACHS) awarded all GSAHS Western Sector health facilities with four years' (full) accreditation under its core accreditation program, EQUiP (Evaluation and Quality Improvement Program). ACHS accreditation is a formal process to ensure delivery of safe, high quality health care based on standards and processes devised and developed by health care professionals for health care services. It is public recognition of achievements by the health care organisation of requirements of national health care standards. The surveyors noted the very good systems in place and commended the Western Sector on cohesive team work that was highly evident.
- eMR implementation has commenced with the first site live in May 2010 and another five sites currently undergoing implementation.
- The NSW Health Director-General, Professor Debora Picone, AM, commenced her National Health Reforms 'Listening Tours' in GSAHS. Along with GSAHS Area Health Advisory Council Chair, Dr Ian Stewart, and GSAHS Acting Chief Executive Dr Maggie Jamieson three meetings were convened, in Goulburn, Wagga Wagga and Queanbeyan, to discuss the National Health Reforms. Though at short notice, a broad representation of Area Health Service stakeholders attended, from health services managers, medical and nursing staff including VMOs, allied and community health service, Area Health Advisory Council and Local Health Service Advisory Committee members.
- A particular highlight of this year's International Nurses Day celebration was the awarding of a prestigious new Statewide scholarship to GSAHS CNC Palliative Care Margaret Dane, one of four scholarship winners, at NSW Parliament House on 12 May. The scholarship, named after NSW's first Chief Nursing Officer, Judith Meppem, provides up to \$12,000 to each winner or ongoing education and development.
- GSAHS is addressing the rural staff shortage and healthcare crisis with a number of education and training programs. One of these, the Rural Allied Health Assistants Project, won the prestigious 'National Accolades for Excellence' – a new awards program for the nationally focused Community Services and Health Industry Skills Council. Students still at school can commence in a Certificate III, then move to employment and training in Certificate IV then to the new Bachelor of Health and Rehabilitation Science through Charles Sturt University – all without leaving their communities.
- GSAHS has sponsored several candidates in Aboriginal cadetship programs for students undertaking the Bachelor of Nursing course. Two people who completed the course last year are employed in graduate programs – one at Wagga Health Service and one at Queanbeyan Health Service. Currently we have Nursing & Midwifery cadets studying and participating in the program at Albury and Griffith. Griffith Health Service leads the way with three current cadets, two completing the Bachelor of Nursing at Charles Sturt University, and our first Endorsed Enrolled Nurse cadet studying at Riverina TAFE in Griffith.

- GSAHS formally graduated the 2009 Clinical Leadership Cohort in April 2010. The event celebrated the achievements and talent of 12 graduates from the GSAHS Clinical Leadership Program. A diverse range of clinical process improvement projects was identified and implemented in 2009. Some have completed while others are still in progress. All the projects have a patient safety and/or enhanced service delivery focus.

Equal Employment Opportunities

GSAHS has updated its implementation plan for the 2008–2012 EEO Management Plan. The implementation plan is addressed to all GSAHS managers and Workforce Development Unit and describes strategies to achieve the designated EEO outcomes of:

- A sound information base. A key implementation strategy is the current development of a staff survey to be carried out later in 2010 and promoting EEO principles to all staff.

- Employees' views are heard. The key strategy is inclusion of an EEO standing agenda item on the Joint Consultative Committee meeting agenda.
- EEO outcomes are included in agency planning. EEO and diversity management issues will be included in all planning templates.
- Fair policies and procedures, and a workplace culture displaying fair practices and behaviours.
- Needs-based programs for EEO groups, and improved employment access and participation by EEO groups. Key strategies include the identification of positions across GSAHS suitable for cadetships/traineeships for employees from EEO groups, and the encouragement of EEO target group employees to have the opportunity to participate in leadership and management development programs.
- Managers and employees informed, trained and accountable for EEO.
- A diverse and skilled workforce.

Table 1. Trends in the representation of EEO Groups¹

EEO Group	Benchmark or target	% OF TOTAL STAFF ²				
		2006	2007	2008	2009	2010
Women	50%	83%	83%	83%	83%	83%
Aboriginal people and Torres Strait Islanders	2.6% ³	2%	2%	2%	2%	2%
People whose first language was not English	19%	6%	6%	6%	5%	6%
People with a disability	12%	7%	6%	5%	5%	5%
People with a disability requiring work-related adjustment	7%	2%	1.5%	1.3%	1.3%	1.1%

Table 2. Trends in the distribution of EEO Groups⁴

EEO Group	Benchmark or target	DISTRIBUTION INDEX ⁵				
		2006	2007	2008	2009	2010
Women	100	91	91	90	92	93
Aboriginal people and Torres Strait Islanders	100	85	84	80	81	78
People whose first language was not English	100	117	118	114	115	114
People with a disability	100	108	109	109	107	102
People with a disability requiring work-related adjustment	100	110	109	113	109	108

Note: Information for the above tables is provided by the Workforce Profile Unit, Public Sector Workforce Branch, Department of Premier and Cabinet.

1 Staff numbers are as at 30 June. **2** Excludes casual staff. **3** Minimum target by 2015. **4** A distribution index of 100 indicates that the centre of 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 is the case for other staff. The more pronounced this tendency is, the lower the index will be. An index more than 100 indicates that the EEO group is less concentrated at the lower salary levels. **5** Excludes casual staff.

Planned Activities and Outcomes for 2010–11

Key objectives for 2010–11 relate to:

- Managing activity within budget allocations
- Achieving improvements in population health and mental health
- Improving permanent recruitment of rural medical and nursing staff
- Working with NSW Health to deliver initiatives outlined in the Commonwealth's National Health Reform agenda
- Continuing to embed recommendations from *Caring Together*
- Improving clinical practice and clinical leadership across GSAHS.

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	114
Net cost of services	115
Major funding initiatives	116
Initial cash allocations	117

Workforce

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Multicultural Policies and Services Program	192–198

Service Delivery Levels

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Public hospital activity levels	271–272
Mental Health Act – Acute and non-acute inpatient care utilisation	276–278



Hawthorn Street, Dubbo
PO Box 4061
Dubbo NSW 2830

Telephone: 6841 2222

Facsimile: 6841 2230

Website: www.gwahs.nsw.gov.au

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

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 and Unincorporated Far West.

Public Hospitals

Balranald District Hospital
Baradine Multi-Purpose Service
Bathurst Base Hospital
Blayney Multi-Purpose Service
Bloomfield Hospital
Bourke Multi-Purpose Service
Brewarrina Multi-Purpose Service
Broken Hill Base Hospital
Canowindra Soldiers' Memorial Hospital
Condobolin District Hospital
Cowra District Hospital
Cobar District Hospital
Collarenebri Multi-Purpose Service
Coolah Multi-Purpose Service
Coonabarabran District Hospital
Coonamble District Hospital

Dubbo Base Hospital
Dunedoo Multi-Purpose Service
Eugowra Memorial Hospital
Forbes District Hospital
Gilgandra Multi-Purpose Service
Grenfell Multi-Purpose Service
Gulargambone Multi-Purpose Service
Gulgong District Hospital
Lake Cargelligo Multi-Purpose Service
Lightning Ridge Multi-Purpose Service
Molong District Hospital
Mudgee District Hospital
Narromine District Hospital
Nyngan Multi-Purpose Service
Oberon Multi-Purpose Service
Orange Base Hospital
Parkes District Hospital
Peak Hill Hospital
Rylstone Multi-Purpose Service
Tottenham Multi-Purpose Service
Tullamore Multi-Purpose Service
Trangie Multi-Purpose Service
Trundle Multi-Purpose Service
Warren Multi-Purpose Service
Wellington Hospital
Walgett Hospital

Public Nursing Homes

Peg Cross Memorial Nursing Home

Community Health Centres

Balranald Community Health Centre
Bathurst Community Health Centre
Binnaway Community Health Clinic
Blayney Community Health Centre
Bourke Community Health Centre
Broken Hill Community Health Centre
Canowindra Community Health Centre
Collarenebri Community Health Centre
Condobolin Community Health Centre
Cudal Community Health Centre
Cumnock Community Health Centre
Dubbo Community Health Centre
Dunedoo Community Health Centre
Eugowra Community Health Centre
Forbes Community Health Centre
Gilgandra Community Health Centre
Gooloogong Community Health Centre

Grenfell Multipurpose Health Service
Grenfell Community Health Centre
Hill End Community Health Centre
Lake Cargelligo Community Health Centre
Lightning Ridge Community Health Centre
Manildra Community Health Centre
Mendooran Community Health Centre
Menindee Community Health Centre
Molong Community Health Centre
Mudgee Community Health Centre
Narromine Community Health Centre
Nyngan Community Health Centre
Oberon Community Health Centre
Orange Community Health Centre
Peak Hill Community Health Centre
Quandialla Community Health Centre
Rylstone Community Health Centre
Sofala Community Health Centre
Tottenham Community Health Centre
Trundle Community Health Centre
Tullamore Community Health Centre
Tullibigeal Community Health Centre
Walgett Community Health Centre
Wilcannia Community Health Centre
Woodstock Community Health Centre
Yeoval Community Health Centre

Other Services

Bathurst Mental Health Services
Bourke Mental Health and Counselling Services
Brewarrina Aboriginal Medical Service
Broken Hill Child and Family Health Centre
Broken Hill Magistrates Early Referral Into Treatment Program (MERIT)
Cowra Mental Health Services
Curran Centre Community Mental Health Services
Dareton Mental Health and Counselling Services
Enngonia Health Outpost
Forbes Mental Health Services
Kandos Early Childhood Centre
Lightning Ridge Mental Health
Mudgee Mental Health
MERIT (Magistrates Early Referral Into Treatment Program)
Incorp. RAD (Rural Alcohol Diversion Program)
Parkes Mental Health Services
Pooncarie Outpatients Clinic
SHIPS (Satellite Housing Integrated Programmed Support)
Wentworth Community Nursing Service

Oral Health Clinics

Balranald Dental Clinic
Bathurst Community Dental Clinic
Broken Hill (Morgan Street) Dental Clinic
Cowra Child Dental Clinic
Dubbo Community Dental Clinic
Forbes Child Dental Clinic
Mudgee Community Dental Clinic
Orange Community Dental Clinic
Parkes Child Dental Clinic
Wentworth Dental Van

Third Schedule Facilities

St Vincent's Private Hospital
Lourdes Hospital

Chief Executive Year in Review

The key priorities for the Greater Western Area Health Service in 2009–10 were to:

- Make significant progress implementing the *Caring Together* program.
- Expand services and clinical networks to increase the sharing of clinical expertise and improve access to services.
- Further develop clinical and business partnerships with other organisations.
- Improve the efficiency and productivity of the organisation.

The major focus for improving the quality of services was implementing the *Caring Together* program to improve the safety and satisfaction of the patient experience and provide additional support to clinicians caring for patients. Key achievements included:

- The Essentials of Care program.
- The team nursing model of care including bedside handover.
- An enhanced focus on patient nutrition, wound care and pressure ulcer management.
- Enhanced leadership and management programs for nurses.

- Nurse Practitioner and Transitional Nurse Practitioner appointments at Menindee, Parkes, Wanaaring, Walgett and in Chronic disease care.
- 80% retention of new Registered Nurses.
- 82% retention of Enrolled Nurses.
- Introduction of the Between the Flags – Keeping Patients Safe program.

A central goal of the organisation is to ensure there are appropriate and well resourced facilities in communities across the Area. It is further intended that these facilities network with each other, as well as other partner organisations', to share available expertise and technology. Major achievements included:

- Start of construction on Multipurpose Health Services at Eugowra, Coonamble and Balranald.
- Opening of Health One at Molong and Rylstone.
- Finalisation of the Area's Disability Action Plan.
- Introduction of the subacute care strategy for elderly and rehabilitation patients.

Relationships with other organisations are vital to the delivery of health care in our communities. Some key partners include divisions of General Practice; AMS' and other Aboriginal community controlled organisations; Royal Flying Doctor Service; Tertiary Education institutions; community service and support providers and more. Some key gains this year included:

- Collaboration with Outback Division General Practice on early intervention and health promotion initiatives in Bourke, Brewarrina, Walgett, Colerenebri, Cobar, Lightning Ridge and Goodooga.
- Expansion of Breastscreen services to Aboriginal communities in collaboration with Bila Muuji.
- Crunch and Sip program- a healthy weight school based initiative – 81 schools registered and 35 certified this year across the AHS.
- Live Life Well @ School: a healthy weight school based initiative – 47 schools have participated which is 31.5% of eligible schools in the AHS. Target for 2009–10 was 30%.
- Sales to Minors- compliance testing has occurred in 80 retail outlets.

- Promotion of H1N1 vaccination clinics and working with Aboriginal Medical Services in some communities to provide H1N1 immunisation to those not able to access a GP.
- *Chopped Liver*, the Aboriginal hepatitis C health promotion initiative returned to NSW promoted and funded through Greater Western AHS. Chopped Liver was shown in three correction facilities in Dubbo, Wellington and Brewarrina, creating a NSW first.
- Development and implementation of models for rapid response during a pandemic in partnership with health services and others including flu clinics transport and distribution of antivirals, laboratory specimen, quarantine and isolation packs.
- Development of key partnerships with sectors within health and with partner organisations to implement a pandemic response.

Managing costs and improving productivity were major challenges in order to meet key performance targets within budget. Some highlights included:

- Establishment of a five year Asset Strategic Plan informed by current public health policy and local clinical services plans.
- Establishment of a Business Unit for Medical Imaging and Breastscreen.
- Upgrading of Neonatal Resuscitation equipment in the eight procedural hospitals.
- Upgrade of Operating Theatre equipment at Cowra and Parkes Hospitals.
- Introduction of Episode Funding based budgets at the four Base Hospitals.
- Implementation of an Electronic Medical Record (eMR) in Broken Hill and Orange, with further roll-out scheduled for Bathurst, Dubbo and Mudgee in early 2010–11.
- Introduction of new technology for Picture Archiving and Communication System (PACS) and Radiology Information System (RIS) across the AHS. This will significantly improve the availability of specialist opinion on imaging tests, especially for people in smaller and more remote communities.
- Roll-out of a redesigned rostering system which will promote safety and quality patient care.

The past year has been one of significant achievement by Greater Western AHS in the interest of the communities we seek to serve. I commend all members of the AHS for their commitment to achieving excellent health care and public service to the people of the greater west of NSW.

Danny O'Connor, Chief Executive

Demographic Summary

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

While it is the biggest NSW health service in terms of landmass, it is the smallest in terms of population, covering approximately 290,000 people.

There are a total of 45 health services providing inpatient services in the Greater Western Area Health Service. 20 of these are Multipurpose Services (MPSs). Currently three of the community non-acute hospitals – Coonamble, Balranald and Eugowra – are being redeveloped as MPS services and will be commissioned in 2010.

Lourdes is an Affiliated Health Service, managed by Catholic Health Care that provides services under a service level agreement with Greater Western AHS. These include inpatient and outpatient rehabilitation, geriatric evaluation management and palliative care services. It also provides a range of community health services including primary care nursing services and outreach services.

There are a total of 64 Community Health Centres, 20 are stand alone facilities (that is they do not have associated inpatient services) and eight are in separate locations from the inpatient facilities.

Highlights and Achievements

- The Essentials of Care program started in six units within the Area health Service with a further 10 sites to join the program by December 2010.
- Either bedside clinical handover and/or team nursing model in place at 25 (51%) facilities across the Area Health Service.
- A Nurse Practitioner was appointed in Menindee and four additional transitional NPs also appointed in Parkes Emergency, Wanaaring Primary Health Care, Walgett Health Service and in Chronic care.
- The Area Health Service continues to actively attract Aboriginal Nursing/Midwifery Undergraduate cadets, with an additional three cadets recruited to Dubbo, Coonabarabran and Broken Hill in 2010.
- Nursing vacancies has improved from 122 fte to 85 fte vacancy.
- The first Asset Strategic Plan for the Greater Western Area Health Service was completed in 2009–10 providing a comprehensive management plan for capital and minor works across the Area Health Service for the future.
- Completion of the refurbishment of Ward 19 for Mental Health Services on the Bloomfield site in Orange. This is the first completed work for the redevelopment of the new Orange Health Service.
- Implementation of an Electronic Medical Record (eMR) eMR is the foundation of an electronic medical record replacing paper-based patient records. The system is now live in Broken Hill and Orange and is scheduled for go-lives in Bathurst, Dubbo and Mudgee by the end of September 2010.
- A new Business Unit for Medical Imaging and Breastscreen has been established and will commence operations on the 1st July 2010.
- Expansion of Breastscreen services has provided increased access to Aboriginal communities. This has occurred through active participation in Bila Muuji Aboriginal Health meetings and further development of links with local Aboriginal Medical Services and the provision of mobile screening at those sites.
- Construction of three new Multipurpose Health Services for the communities of Eugowra, Coonamble and Balranald with relocation from existing Hospitals to take place in the early part of 2010–11 financial year.
- Molong Health One officially opened in December 2009. It is an initiative of Cabonne Shire Council, Greater Western AHS and NSW Department of Health. The facility brings together general practitioners, community health workers, allied health professionals and other health related workers.
- Blayney HealthOne provides a single location for the community of Blayney's' primary health care needs opening its doors in November 2009; its first consumer evaluation demonstrates over whelming satisfaction with the new facility and services provided.

- Outback Health Program – Working in partnership with Outback Division General Practice to deliver early intervention and health promotion initiatives in Bourke, Brewarrina, Walgett, Collerrenabri, Cobar, Lightning Ridge and Goodooga.
- The Dubbo Aged Care Assessment Team program aims to improve service delivery and access as well as create a better experience for Aboriginal aged clients by establishing an indigenous specialist worker within the Aged Care Assessment team Dubbo.
- Crunch and Sip program- a healthy weight school based initiative – 81 schools registered and 35 certified this year across the AHS.
- Social marketing project for Measure Up, a small grants program taken up by 22 sites across the AHS to run a range of activities in healthy weight for the target population of 25-50 year olds. A nutrition package is being developed as well to support staff in communities without or with little access to nutrition support.
- Smoke Free Forum for Local Government – Smoke free environments – 14 Councils attended and five councils have implemented smoke free policy.
- Implementation of PHREDSS, the Public Health Realtime Emergency Data Surveillance System that flags higher than usual attendance in Emergency Departments for specific diseases or issues. This enables rapid investigation and response as required.
- Promotion of H1N1 vaccination clinics and working with Aboriginal Medical Services in some communities to provide H1N1 immunisation to those not able to access a GP.
- Chopped Liver, the Aboriginal hepatitis C health promotion initiative returned to NSW promoted and funded through Greater Western AHS. Chopped Liver was shown in three correction facilities in Dubbo, Wellington and Brewarrina, creating a NSW first.
- Following the important work and achievements at Dubbo Base Hospital with the pilot project for the early recognition and management of patient deterioration, Greater Western AHS has played an important role in the state-wide implementation of the Clinical Excellence Commission program, *Between the Flags – Keeping Patients Safe*.
- Installation of NSW Health Award winning Mental Health Emergency Care Rural Access Project (MHECRAP). This project provides emergency consultation and assessment for mental health patients in rural and remote facilities across the Area.
- The Bathurst Respiratory Coordinated Care Program started seeing clients with chronic respiratory diseases in January 2009. This has resulted in a decrease in the number of hospital admissions following enrolment to the program.
- Broken Hill Health Service gained Australian Council of Healthcare Standards (ACHS) accreditation in November 2008. This was the first time that Broken Hill Health Service has met the requirements set by ACHS.
- An early discharge program for post natal women is underway at Broken Hill Health Service.
- The Dubbo Base Hospital has introduced a program to allow mothers and their babies to bond better after birth. Under this initiative, a midwife attends each elective caesarean birth and remains with a new mother and her well newborn baby until the mother and baby are transferred back to the postnatal ward.
- A new staff specialist general surgeon commenced at Dubbo Base Hospital in April 2010 and will provide outreach services in the future to remote towns such as Bourke.
- The redevelopment of Dubbo's Physiotherapy Department Fracture Clinic has seen waiting times reduced from 80 minutes to just 20 minutes on average.
- The establishment of Senior Clinical Councils at Dubbo, Bathurst, Orange and Broken Hill directly involves all senior doctors in decision-making activities.
- Building of the new Orange Health Service facility is well underway and due for completion mid 2011.
- The Orange Health Service Medical Assessment unit commenced in April 2010. This unit will support patients who require extensive clinical assessment to admitted to this unit and reduce the demand on the Emergency Department.
- The appointment of a Clinical Nurse Specialist for Organ and Tissue Donation in Orange is creating awareness locally for the need and opportunity of Organ and Tissue donation.

- Intensive Care Service Clinical Nurse Consultant appointed at Orange Health Service and Supporting Dubbo, Bathurst and Broken Hill Services.
- The Coolah MPS Advisory Committee successfully lobbied to have improvements made to the Coolah staff accommodation.
- The Coonabarabran Health Council was successful in obtaining a grant for the Australian Better Health Initiative to run a local Measure-Up Campaign called the *Coona Can Measure Up*.
- A Memorandum Of Understanding was signed between Coonamble Health service and the Coonamble Shire Council for the delivery of Health promotion Services.
- A very successful Drought Expo was held in May 2010 at Dunedoo and MERV, the Greater Western Area Health Service men's van made an appearance. The day was a combined effort with other organisations such as Centrelink. The community were able to access up to date information and have a health screen as well.
- Refurbishment of the Exterior of the Grenfell MPS in early 2010.
- A Transitional Nurse Practitioner for the Emergency Department has commenced at Parkes Emergency Department.
- A Mudgee Community Health Nurse Unit Manager was successful in gaining a Innovative Nursing Scholarship for \$10,000 from Nursing and Midwifery Office for the program WHIM- Workplace Health in Mudgee.
- Refurbishment of Room for cancer sufferers at Narromine Health Service with funds from Narromine Cancer Support Group. Donations received from Hospital Auxiliary, Lions Club, 25 Club and Health Service Fundraisers and many community members and grateful relatives.
- Rylstone HealthOne – now has Mental Health, speech Pathology, dietician, GP clinic four afternoons per week, Breast Care Nurse, Women's health, Diabetic educator.
- The completion and opening of Wandering Garden at rear of Trangie Health Service.
- Measure up program at Tullamore saw participation in the Steps component where participants started walking from Tullamore to Taree and ended up walking half way around Australia.
- Four renal chairs at Walgett are expected to be functional by end of July 2010.
- Establishment of a permanent Aboriginal Health Education Officer at Warren Health Service.
- The recently completed Dareton Primary Health Care Dental Clinic commenced operation providing a new service to clients in the Wentworth LGA. The clinic provides an adult dental service one day per week.
- Building of the new University Dental and Oral Health Centre in Dubbo has commenced. This joint initiative between the Area Health Service, Charles Sturt University and the University of Sydney will provide expanded modern and up to date accommodation for the existing public dental service in Dubbo and will provide enhanced opportunities for (dental) student placements in Dubbo.
- There has been ongoing success promoting water fluoridation. Menindee water supply is now fluoridated. There is progress toward fluoridating the water supplies at Wilcannia, Balranald and Bourke.
- The AHS StEPS Program (Statewide Eyesight Preschool Screening Program) has achieved 84% screening rate for children aged 4years. This is above the State average.
- The Child Wellbeing Unit for the Western region has been established and commenced operation in January 2010. The Unit provides guidance to health staff to appropriately assess children who may be at risk of harm.
- The Safe Families Initiative has been established in Wilcannia and Lightning Ridge in partnership with Human Service Agencies and the Sexual Assault Service. This focuses on community development within Aboriginal communities.
- The Centre for Rural and Remote Health Education (CRRE) is a new structure for the delivery of education across Greater Western Area Health Service that has been establishment as an integrated, multidisciplinary education centre representing a new approach to education and training across the Greater Western AHS.

Table 1. Trends in the representation of EEO Groups¹

EEO Group	Benchmark or target	% OF TOTAL STAFF ²				
		2006	2007	2008	2009	2010
Women	50%	79%	80%	81%	81%	80%
Aboriginal people and Torres Strait Islanders	2.6% ³	4%	5%	5%	32%	5%
People whose first language was not English	19%	2%	2%	2%	50%	3%
People with a disability	12%	3%	3%	2%	41%	2%
People with a disability requiring work-related adjustment	7%	1%	1.0%	0.9%	0.6%	0.8%

Table 2. Trends in the distribution of EEO Groups⁴

EEO Group	Benchmark or target	DISTRIBUTION INDEX ⁵				
		2006	2007	2008	2009	2010
Women	100	90	91	92	93	94
Aboriginal people and Torres Strait Islanders	100	82	79	80	98	88
People whose first language was not English	100	126	120	113	98	106
People with a disability	100	102	100	99	97	98
People with a disability requiring work-related adjustment	100	108	108	106	107	99

Note: Information for the above tables is provided by the Workforce Profile Unit, Public Sector Workforce Branch, Department of Premier and Cabinet.

¹ Staff numbers are as at 30 June. ² Excludes casual staff. ³ Minimum target by 2015. ⁴ A distribution index of 100 indicates that the centre of 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 is the case for other staff. The more pronounced this tendency is, the lower the index will be. An index more than 100 indicates that the EEO group is less concentrated at the lower salary levels. ⁵ Excludes casual staff.

Equal Employment Opportunities

Some key achievements of the Greater Western Area Health Services Equal Employment Opportunities initiatives during 2009–10 were:

Aboriginal Employment

- The Greater Western AHS Aboriginal Employment Strategy 2008–2011 (AES) was launched and the implementation processes began in 2008. This strategy is in alignment with the State Government Aboriginal Employment document *Making It Our Business* and the key result areas within – Recruitment, Skills Acquisition and Career Development, Retention, Cultural Education, and Community Engagement. While the AES, and achievement against the priority themes, requires further review, progress has been made in many areas.
- A review of the Aboriginal Health Workforce was undertaken to identify existing AHW vacancies; review workforce to Aboriginal population ratios; and opportunities for recruitment, workforce enhancement and additional trainees.
- A review of AHW State/National workforce standards/trends, position descriptions, and feedback from across the workforce was undertaken to inform a new structure, develop standardised roles and a scope of practice. A standard position description for Aboriginal Hospital Liaison Officers was the first to be developed following this review and work is progressing towards all relevant positions.
- The second cohort of the Aboriginal Health Worker Trainees Certificate IV commenced in April/May 2010. Other education/employment achievements have been made in the areas of Administration, Mental Health and Environmental Health; within the assessment/ recognition of prior learning and gap training for the Certificate IV Aboriginal and Torres Strait Islander Primary Health Care (Community Care) in partnership with TAFE Western; and the creation of permanent positions for Aboriginal people (for example the conversion of a CDEP position at Narromine).
- The development of an Aboriginal Health Worker Professional Profile (similar to that of the Enrolled Nurses) that includes; scope of practice, supervision and competency review has been commenced to support ongoing implementation of the qualification,

outline the role and scope of practice for AHW's and prepare for future National/State registration.

- GWAHS, through the Aboriginal Health Management Team, has developed an action plan to implement the NSW Aboriginal Health Impact Statement and Guidelines (PD2008_082), including application to recruitment and workforce enhancement and use of the declaration and checklist.
- An action plan for review of compliance with the COAG Working Group on Indigenous Reforms Indigenous Workforce Strategies has been developed and will be progressed throughout the remainder of 2010.
- In relation to achieving the Aboriginal workforce target ratios, cultural issues have been identified as a potential barrier. *Caring Together* funding under the Just Culture banner has been obtained to investigate the nature, extent, causative factors and possible solutions to this problem, with the view to promoting retention, recruitment and productivity of the Aboriginal workforce. The anticipated outcome of this work is a positive culture package for implementation across the Area Health Service. It will comprise a complementary suite of strategies aimed at prevention, recognition and management of negative aspects of workplace culture.

Planned Activities and Outcomes for 2010–11

EEO Plan

A Greater Western Area Health Service Equal Employment Opportunity Management Plan (2009–2013) has been developed. The Plan includes 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, for example 50% of women in leadership roles and Aboriginal people comprising 8.5% 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 and a staff survey will be incorporated into the review and development of opportunities for improvement in the area of employment for people with disabilities, including 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:

Financial

General creditors > 45 days as at the end of the year	114
Net cost of services	115
Major funding initiatives	116
Initial cash allocations	117

Workforce

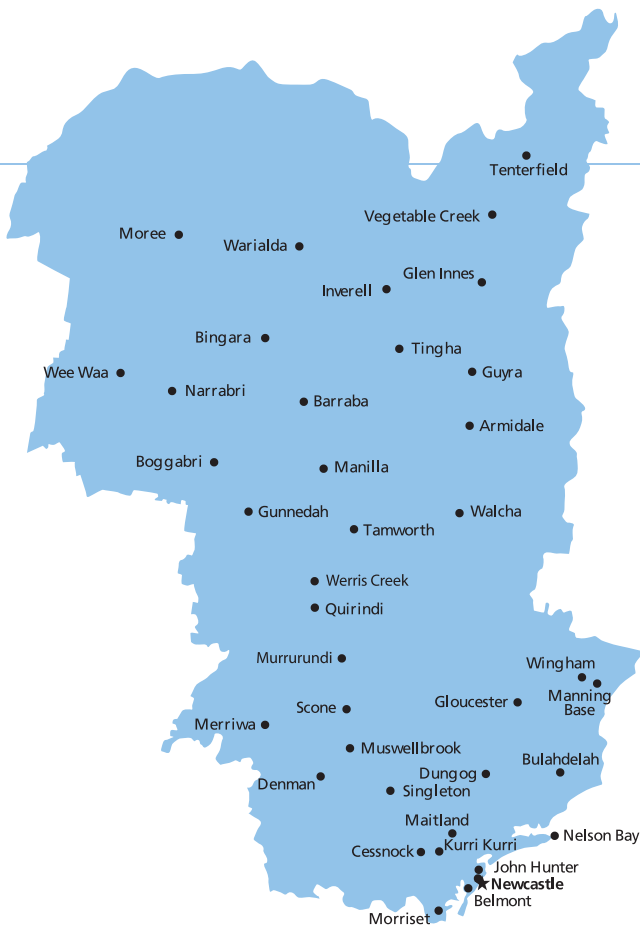
Workforce planning – non-casual staff separation rate	101
Multicultural Policies and Services Program	192–198

Service Delivery Levels

Infectious disease notifications	269–270
Public hospital activity levels	271–272
Mental Health Act – Acute and non-acute inpatient care utilisation	276–278

Hunter New England

Area Health Service



Lookout Road, New Lambton Heights Locked Bag 1, New Lambton 2305

Telephone: 4921 3000

Facsimile: 4921 4969

Website: www.hnehealth.nsw.gov.au

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

Chief Executive: Dr Nigel Lyons

Local Government Areas

Armidale Dumaresq, Cessnock, Dungog, Glenn 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 and Walcha.

Public Hospitals

Armidale Hospital
Barraba Multi Purpose Service
Belmont Hospital
Bingara Multi Purpose Service
Boggabri Multi Purpose Service
Bulahdelah Community Hospital
Cessnock Hospital

Denman Multi Purpose Service
Dungog Community Hospital
Emmaville – Vegetable Creek Multi Purpose Service
Glen Innes District Hospital
Gloucester Soldiers Memorial Hospital
Gunnedah District Hospital
Guyra Multi Purpose Service
Inverell District Hospital
James Fletcher Hospital
John Hunter Hospital
John Hunter Children's Hospital
Kurri Kurri Hospital
Manilla Hospital
Merriwa Multi Purpose Service
Moree Hospital
Morisset Hospital
Murrurundi Community Hospital (Wilson Memorial)
Muswellbrook Hospital
Narrabri Hospital
Quirindi Community Hospital
Rankin Park Centre
Royal Newcastle Centre
Scone Hospital (Scott Memorial)
Singleton Hospital
Tamworth Hospital
Manning (Taree) Hospital
Tenterfield Community Hospital
The Maitland Hospital
Tingha Multi Purpose Service
Tomaree Community Hospital,
Walcha Multi Purpose Service
Wialda Multi Purpose Service
Wee Waa Community Hospital
Werris Creek Community Hospital
Wingham Community Hospital

Public Nursing Homes

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

Community Health Centres

Armidale Community Health Centre
Ashford Community Health Centre
Barraba Community Health Centre
Beresfield Community Health Centre
Bingara Community Health Centre
Boggabilla Community Health Centre
Boggabri Community Health Centre
Bulahdelah Community Health Centre
Bundarra Community Health Centre
Cessnock Community Health Centre
Clarencetown Community Health Centre
Denman Community Health Centre
East Maitland Community Health Centre
Forster Community Health Centre
Glen Innes Community Health Centre
Gloucester Community Health Centre
Gresford Community Health Centre
Gunnedah Community Health Centre
Guyra Community Health Centre
Gwabegar Community Health Centre
Harrington Community Health Centre
Hawks Nest/Tea Gardens Community Health Centre
Inverell Community Health Centre
Kurri Kurri Community Health Centre
Manilla Community Health Centre
Merriwa Community Health Centre
Moree Community Health Centre
Mungindi Community Health Centre
Murrurundi Community Health Centre
Muswellbrook Community Health Centre
Narrabri Community Health Centre
Nelson Bay Community Health Centre
Newcastle Community Health Centre
Nundle Community Health Centre
Pilliga Community Health Centre
Premer Community Health Centre
Quirindi Community Health Centre
Raymond Terrace Community Health Centre
Scone Community Health Centre
Singleton Community Health Centre
Stroud Community Health Centre
Tambar Springs Community Health Centre
Tamworth Community Health Centre
Taree Community Health Centre
Tenterfield Community Health Centre
Toomelah Community Health Centre
Toronto (Westlakes) Community Health Centre

Uralla Community Health Centre
Walcha Community Health Centre
Walhallow Community Health Centre
Wallsend (Western Newcastle) Community Health Centre
Warialda Community Health Centre
Wee Waa Community Health Centre
Werris Creek Community Health Centre
Windale (Eastlakes) Community Health Centre

Child and Family Health

Anna Bay	Morriset
Belmont	Raymond Terrace
Charlestown	Stockton
Edgeworth	Salamander Bay
Hamilton	Toronto
Kotara	Wallsend
Lambton	Waratah
Mallabula	Windale
Maryland	Woodrising
Medowie	
Merewether	

Oral Health Clinics

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

Third Schedule Facilities

Calvary Mater Newcastle

Other Services

Hunter New England Health has seven Area Clinical Networks and 31 Clinical Streams to link staff from across the Area together build staff capacity and improve service delivery to ensure equitable provision of high quality, clinically effective care. The seven Clinical Networks include Aged Care and Rehabilitation Children Young People and Families Cancer Women's Health and Maternity Mental Health and Drug and Alcohol Critical Care and Emergency Services and Vascular.

Chief Executive Year in Review

Hunter New England Health (HNE Health) is committed to building healthier communities by delivering excellence in healthcare.

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. In particular, we made significant progress implementing *Caring Together: The Health Action Plan for NSW*, which enabled us to employ hundreds of new staff across the Area and make many improvements to deliver better care for patients.

Major capital works commenced at several locations, including a new 20-bed sub-acute mental health unit at James Fletcher Hospital in Newcastle. This unit will provide transitional care and intensive short-term rehabilitation for people with mental illness and is on track for completion in July 2010.

Work also began on construction of the new Narrabri District Health Service, a \$41.7 million project and partnership between the Commonwealth and NSW governments. Planning also commenced for a new Multi Purpose Service at Werris Creek, and works are in planning for HealthOne facilities at Quirindi, Raymond Terrace, Manilla and Forster/Tuncurry.

Several communities benefited from new services, including a new paediatric rheumatology service at John Hunter Children's Hospital and a new public breast reconstructive surgery at Calvary Mater Newcastle.

The availability of these services in Newcastle is a major milestone for patients who previously had to travel to Sydney for treatment.

This year, Hunter New England Health's commitment to providing the best possible quality of care was recognised in a number of ways. We scored highly in the 2009 NSW Health Patient Survey, with more than 90% of patients who responded to the survey rating the care they received in our facilities as good, very good or excellent. I am proud that we have once again performed so strongly in this annual survey, which is a positive reflection on the work our staff are doing every day in facilities across the Area.

Individuals and teams from Hunter New England Health were well represented in a number of state and national awards. We won two awards at the 2009 NSW Aboriginal Health Awards, 10 of 25 categories at the 2009 NSW Health Awards, two 2009 Premier's Awards, and an Australian Council of Healthcare Standards' 2009 Quality Improvement Award. Recognition at this level allows us to gauge our performance against our peers and is a fantastic effort from all concerned.

Hunter New England Health has a reputation for setting the standard in pandemic planning and we have continued to maintain a strong focus in this area. This work, together with a proactive communication strategy targeting good hygiene practices and seasonal influenza vaccination, proved very beneficial this year enabling us to manage the impact of H1N1 Influenza while continuing to provide normal services over the busy winter period.

As the health service that cares for the State's largest percentage of Aboriginal and Torres Strait Islander people, improving their health outcomes is a key focus for all staff. This year, we continued our Cultural Respect Training Program to help staff build their capacity to deliver culturally appropriate and effective services for the Aboriginal community; and continued to focus on our Partnership Agreement with Aboriginal community-controlled health services to progress the HNE Health Aboriginal Health Plan.

We also placed framed copies of Hunter New England Health's own Sorry Statement in all HNE Health hospitals and health services, as a tangible sign of regret and sympathy for past actions and policies and a symbol of our commitment to true reconciliation.

This year has been a successful, challenging and rewarding period for HNE 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 2010–11.

Dr Nigel Lyons, Chief Executive

Demographic Summary

The Hunter New England Area Health Service head office is located in Newcastle and a regional office is located in Tamworth.

HNE 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.

The health service covers a geographical area of over 130,000 square kilometres and serves a population of approximately 840,000 people, including approximately 20% of the State's Aboriginal population.

Its public health facilities includes two tertiary referral hospitals, four rural referral hospitals, 20 community hospitals and Multi Purpose Services, 13 district health services and 55 community health centres, together with a number of mental health and aged care facilities.

Highlights and Achievements

- Made significant progress implementing *Caring Together: The Health Action Plan for NSW*.
- Won 10 of the 25 categories at the 2009 NSW Health Awards, including Best Overall Performance by an Area Health Service.
- Seven individuals and projects were named as finalists in the 2009 NSW Aboriginal Health Awards. The *Shake a Leg Health Promotion* took top honors in the Strengthening Aboriginal Families and Children category, while the HNE Health Aboriginal Employment Program won the Excellence in Workforce category. Shake A Leg was also named as one of the top three finalists in the NSW Regional Achievement and Community Awards.
- Two HNE Health projects took top honors at the 2009 Premier's Awards, where a total of five HNE Health projects were competing across the seven categories. The *Clinical Outreach Program* Implementation won the category for Project Delivery – Making it Happen; and HNE Health and Calvary Mater Newcastle's *'Postcards Reduce Repeat Suicide Attempts'* won the Succeeding Through Innovation category.
- Singleton Health Service's *No Barriers* multidisciplinary discharge project won the Health Care Performance Indicators category at the Australian Council of Healthcare Standards' 2009 Quality Improvement Awards.
- Scored highly in the 2009 NSW Health Patient Survey, with 92.6% of patients surveyed across the HNE Health region rating their care as good, very good or excellent.
- Implementation of the HealthOne program across the Area progressed with works in planning at Quirindi, Raymond Terrace, Manilla and Forster/Tuncurry.
- Progressed the staff accommodation capital works program with completion of refurbishments at Quirindi and Murrurundi, commencement of construction at Gloucester, and planning completed for Muswellbrook.
- Planning commenced for development of a new Multi Purpose Service at Werris Creek.
- Construction commenced on a new \$8.91 million, 20-bed sub-acute mental health unit at James Fletcher Hospital in Newcastle.
- Work began on the construction of the new Narrabri District Health Service. The \$41.7 million project is a partnership between the Commonwealth and NSW governments.
- Preliminary works began and tenders were called for the construction of a new building on the Rankin Park campus to house the Hunter Medical Research Institute.
- A new medical skills training facility was established in the grounds of John Hunter Hospital.
- Significant renovation works were carried out within John Hunter Children's Hospital including facilities for paediatric allied health services, an emergency department waiting area for paediatric patients, and new palliative care facilities funded by the Nicholas Trust.

- Improvements were made to mental health safe assessment rooms in emergency departments across the Area with works completed at Tamworth, Armidale and John Hunter hospitals. Planning is underway for safe assessment rooms at a number of other sites.
- Work continued on the \$10 million redevelopment of The Maitland Hospital's front entry and emergency department. The project is on track for completion in late 2010.
- Continued planning for the redevelopment of Tamworth Health Service campus.
- A Development Application to build a GP Super Clinic in the grounds of Gunnedah Health Service was approved. The \$6 million project was facilitated by \$4.8 million in Federal Government funding and substantial local private contribution.
- Federal funding was announced for a \$41.6 million Regional Integrated Cancer Centre to be built in the grounds of Tamworth Hospital.
- Completed the rollout of the Picture Archiving and Communication System / Radiology Information System, making HNE Health the first Area Health Service in NSW to have a fully digital imaging service in all facilities.
- A new Paediatric Rheumatology Service opened at John Hunter Children's Hospital.
- A new public breast reconstructive surgery service commenced at Calvary Mater Newcastle. The service is a joint initiative of Calvary Mater Newcastle and HNE Health.
- The Hunter Institute of Mental Health was awarded the inaugural grant under the new NIB foundation national grants program to deliver its Partners in Depression program across Australia. The Institute will receive \$1 million over next three years.
- Framed copies of HNE Health's own Sorry Statement to Aboriginal and Torres Strait Islander people were displayed in all Hunter New England Health hospitals and health services.
- Commitment to our Aboriginal Employment Strategy resulted in 2.1% of our workforce being comprised of Aboriginal and Torres Strait Islander people, with several units achieving the HNE Health benchmark of 2.6%.

Equal Employment Opportunities

Hunter New England Health continues to work hard towards increasing employment opportunities for Aboriginal and Torres Strait Islander people, people with a disability and people from a non-English speaking background. During the reporting period, some of the challenges faced included recruitment restrictions and a transition of approximately 1,500 staff to Health Support Services. However, we continue to monitor, develop and encourage people in disadvantaged groups to participate fully in staff development programs and career progression.

Hunter New England Health also takes a proactive approach to eliminate bullying, harassment and discrimination in the workplace. Initiatives such as Cultural Respect programs, Respectful Workplace training and Code of Conduct requirements all contribute to this goal.

- Aboriginal and/or Torres Strait Islander staff were surveyed in September 2009 to gain an understanding of issues and suggested improvements within the Aboriginal and/or Torres Strait Islander workforce.
- Six Aboriginal and/or Torres Strait Islander staff have been trained in Mediation Resolution, a five day program covering topics such as policy analysis, debriefing and up-skilling.
- Two Aboriginal senior staff completed a five day intensive mentoring program to provide internal mentoring to Aboriginal staff.
- An Aboriginal EAP Counsellor was appointed.
- Since 2007, 624 managers have attended a two day Cultural Respect workshop. In addition, 69 Aboriginal and/or Torres Strait Islander employees have attended a program which explains the workshop content to ensure appropriate awareness of workshop content, discussion of risk assessment and identification of resilience.
- Aboriginal and/or Torres Strait Islander people who exit Hunter New England Health are now contacted directly from the Aboriginal Employment and Equity Unit requesting exit survey data. The initiative was implemented to better identify and understand any cultural workforce issues and develop retention strategies to overcome any identified barriers.

Table 1. Trends in the representation of EEO Groups¹

EEO Group	Benchmark or target	% OF TOTAL STAFF ²				
		2006	2007	2008	2009	2010
Women	50%	76%	77%	78%	78%	79%
Aboriginal people and Torres Strait Islanders	2.6% ³	2%	2%	2%	2%	2%
People whose first language was not English	19%	5%	7%	9%	8%	9%
People with a disability	12%	3%	3%	3%	3%	3%
People with a disability requiring work-related adjustment	7%	1%	0.9%	0.7%	1.0%	1.0%

Table 2. Trends in the distribution of EEO Groups⁴

EEO Group	Benchmark or target	DISTRIBUTION INDEX ⁵				
		2006	2007	2008	2009	2010
Women	100	88	86	87	86	83
Aboriginal people and Torres Strait Islanders	100	81	81	80	78	77
People whose first language was not English	100	118	112	108	111	111
People with a disability	100	99	98	96	99	96
People with a disability requiring work-related adjustment	100	96	96	95	102	99

Note: Information for the above tables is provided by the Workforce Profile Unit, Public Sector Workforce Branch, Department of Premier and Cabinet.

1 Staff numbers are as at 30 June. **2** Excludes casual staff. **3** Minimum target by 2015. **4** A distribution index of 100 indicates that the centre of 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 is the case for other staff. The more pronounced this tendency is, the lower the index will be. An index more than 100 indicates that the EEO group is less concentrated at the lower salary levels. **5** Excludes casual staff.

- Hunter New England Health has developed an Equity and Diversity Strategy to demonstrate its commitment to promoting an equitable and diverse workforce culture. The strategy is in its final stages of approval and is expected to be launched in the first quarter of the new financial year.
- In the current report period, Hunter New England Health has recruited 68 Aboriginal and/or Torres Strait Islander employees, 33 people with a disability and 214 people from a non-English speaking background. Those employees that have completed apprenticeships during the reporting period have continued in full time employment.
- Support continues for eight staff on the Disabled Apprentice Program (DAP). Two of the apprentices who completed their apprenticeships in this reporting period have been accepted into the next stage of the NSW Training Awards.
- Work experience placements commenced for 17 people from a non-English speaking background, one person with a disability and six Aboriginal and/or Torres Strait Islander students.
- Aboriginal Employment and Equity Unit called for submissions and sponsored 13 women to attend the Regional Women's Leadership Forum 2010 to promote further career progression and networking opportunities.
- Hunter New England Health has signed a Commonwealth Agreement to appoint 100 Aboriginal and Torres Strait Islander people in the next two years.
- Hunter New England Health appointed eight Aboriginal Nurse Cadets during the reporting period.

Planned Activities and Outcomes for 2010–11

For the 2010–11 financial year, Hunter New England Health will need to consider increased skills shortages and the impact of the ageing workforce by developing and implementing systems and policy that accommodate staff that includes those that have traditionally experienced disadvantage in employment.

With the development of the Equity and Diversity Strategy, our workforce will recognise that an equitable and culturally diverse employee base underpins excellence in service delivery to patients in our health service. We are proud of the achievements we have made in increasing the people in disadvantaged groups in the workforce profile and we continue to develop strategies to raise awareness and culturally progressive workforce employment strategies.

- Two Cultural Co-ordinators employed by Hunter New England Health will roll-out Aboriginal Cultural Respect training beginning July 2010.
- The Area will launch an Equity and Diversity Strategy and develop a communication strategy for effective delivery to managers.
- Deliver area wide in-house Disability Awareness Program. Review and measure outcomes.
- Continue to support Draft Disability Employment Strategy and develop Non-English Speaking Background Employment Strategy.
- Continue to be Gold Sponsor for the Hunter Indigenous Jobs Market.
- Continue to make donations to Westlake's NAIDOC Committee and The University of Newcastle's Indigenous Scholarship fund.
- Quarantine one position for an Aboriginal or Torres Strait Islander staff member as part of the Syndicated Leaders Program and two positions as part of the Clinical Leadership Program.
- Attend Hunter Aboriginal Public Sector Conference 2010, which is a new forum resulting in a two day conference in September 2010. Thirty positions available for Hunter New England Health staff to encourage career progression.
- Develop pathways to encourage more external applicants to participate in Certificate III in Health Administration Program and Certificate IV in Primary Health Care for Aboriginal and Torres Strait Islander staff.
- In-house Women's Networking Forum planned for delivery in November 2010. Submissions will be called for, including career progression pathways, mentoring program, networking opportunities.

Area Health Service Statements and Reports

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Service Delivery Levels

Infectious disease notifications	269–270
Public hospital activity levels	271–272
Mental Health Act – Acute and non-acute inpatient care utilisation	276–278

North Coast

Area Health Service

Hunter Street, Lismore
Lismore NSW 2480

Telephone: 6620 2100
Facsimile: 6620 7088
Website: www.ncahs.nsw.gov.au
Business 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 and Tweed Shire.

Public Hospitals

Ballina District Hospital
Bellinger River District Hospital
Bonalbo Health Service
Byron District Hospital
Casino and 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 and District War Memorial Hospital
Murwillumbah District Hospital
Nimbin Multi Purpose Service
Port Macquarie Base Hospital
The Campbell Hospital, Coraki
The Tweed Hospital
Urbenville Multi Purpose Service
Wauchope District Memorial Hospital

Community Health Centres

Alstonville Community Health Centre
Ballina Community Health Centre
Bangalow Community Health Centre
Banora Point Community Centre Centre
Bellingen Community Health Centre
Bonalbo Community Health Centre



Byron Bay Community Health Centre
Camden Haven Community Health Centre
Casino Community Health Centre
Coffs Harbour Community Health Centre
Coraki Community Health Centre
Dorrigo Community Health Centre
Evans Head Community Health Centre
Grafton Community Health Centre
Iluka Community Health Centre
Kempsey Community Health Centre
Kingscliff Community Health Centre
Kyogle Community Health Centre
Lismore Adult Health Centre
Lismore Child and Family Health Centre
Macksville Community Health Centre
Maclean Community Health Centre
Mullumbimby Community Health Centre
Murwillumbah Community Health Centre
Nimbin Community Health Centre
Port Macquarie Community Health Centre
South West Rocks Community Health Centre
Tweed Heads Community Health Centre
Urbenville Community Health Centre
Wauchope Community Health Centre
Woolgoolga Community Health Centre

Oral Health Clinics

Lismore

Other Services

Aboriginal Health

Drug and Alcohol

Mental Health

Sexual Health

Violence, Abuse, Neglect and Sexual Assault

Chief Executive Year in Review

During a challenging 2009–10 year, much was achieved. Additional clinical services were introduced, various major capital works projects were successfully progressed and clinical information technology was rolled out. The Government response to the Garling Report, entitled *Caring Together*, including various quality improvements, was implemented. Initiatives to promote good health and wellness were expanded. The feedback received from patients about North Coast health services in response to formal survey questions was very positive.

There were three main objectives being pursued through the introduction of additional clinical services. These were to expand existing hospital services to cope with the extra demands of a growing and ageing population, to provide alternatives to hospital services and to provide entirely new services that did not previously exist in a particular locality.

Each of these objectives was achieved. Patient demand was better met through expanding Hospital services. The Tweed and Port Macquarie Base Hospitals opened more beds for longer periods than previously, so enabling more patients to be treated. These extra beds were complemented by the appointment of Clinical Initiatives Nurses to work in The Tweed, Grafton Base and Port Macquarie Base Hospital Emergency Departments. At each of the large Hospitals more booked Surgery Patients were treated, which meant by 30 June 2010, there were no patients waiting over the benchmark times for their surgery.

Alternative to admission, Hospital in the Home type services are made up of three categories of community health services, being Community Packages (Compacs), Transition Aged Care Services (TACS) and Community Acute and Post Acute Services (CAPACS). Each of these types of services expanded and together they took some pressure off the major hospitals. North Coast Area Health

Service (NCAHS) now supplies the largest number of Compacs to its residents, for the first time TACS were provided in Port Macquarie and CAPACS places were expanded in the Coffs Harbour/Clarence Network. Also good health practices were promoted through the One Car Less Program with its emphasis on increased exercise, by a further roll out of the Smoke-Free Health Care initiative to include NCAHS Inpatient Mental Health Units and via several targeted programs to promote better health practices within various North Coast Aboriginal communities.

Various new services were established in different localities. At Lismore Base Hospital a Cancer Care Centre, which included a Radiotherapy Service, and a Cardiac Catheter Laboratory were opened. At the existing Port Macquarie and Coffs Harbour Cancer Care Centres an Ultravoltage Superficial Machine service was commenced to treat skin cancers. Medical Assessment Units, which speed up the recovery of patients with particular types of medical conditions, through the provision of more intense treatment, were developed at Port Macquarie, Coffs Harbour and Lismore Base Hospitals. Throughout the NCAHS a new more proactive treatment and support regime for severe chronic disease patients was developed with the enrolment of patients commenced. The DonateLife Program was established to better support Organ and Tissue donation. This Commonwealth funded program has enabled NCAHS to appoint a Medical Specialist and two Clinical Nurse Specialists to better promote and support Organ and Tissue donation.

A number of key capital works projects were progressed with some being completed. An upgrade of the Port Macquarie Base Hospital Emergency Department, bunkers to accommodate the Ultravoltage Superficial Machines in Port Macquarie and Coffs Harbour, assembly and calibration of a second Linear Accelerator in Coffs Harbour, new Cancer Centre and Cardiac Catheter Laboratory in Lismore and an Express Care Clinic at The Tweed Hospital were all completed. At Grafton Base Hospital the development of three new Operating Theatres and a major upgrade of the Emergency Department and an Express Care Clinic at the Coffs Harbour Base Hospital have commenced and are well advanced.

Information Technology was improved by the rollout of the Electronic Medical Record (EMR), which was completed, so each Hospital can now record its Emergency Department Patient data electronically. It has taken a little time for Staff to adapt to the EMR but is

now being accepted as an advance that will bring many benefits to patient care in the future. Also the Picture Archiving Computer System/Radiology Information System was introduced into the Radiology Department at Coffs Harbour Base Hospital. Over the next twelve months it will be rolled out to most other Hospitals in NCAHS. It will enable scans to be read on a computer screen and transferred electronically, so they can be read remotely from where the scan was taken. Considerable preparation has been undertaken to soon introduce a new Human Resource Information System.

The *Caring Together* Response to the Garling Report recommendations was progressively implemented. This has meant introducing a range of changes, which have made Hospitals more friendly and responsive to patient needs, while improving the quality of services and patient safety. The recommendations aimed to provide better supervision of junior staff, clinical leadership from the Nurses in Charge, improved teamwork, including bedside handovers involving the patients and the appointment of extra clinical and clinical support staff. In particular, more Medical and Pharmacy Staff have been appointed to the major Hospitals.

Special focus has been given to greater engagement of clinical staff in decision-making, implementation of additional measures to reduce bullying and harassment and the introduction of the *Between the Flags* Program to better identify and respond to patients, whose condition deteriorates, while they are in hospital. The effective implementation of the *Caring Together* initiatives has been subject to extensive audit which found that mostly, NCAHS is implementing the changes in a positive manner.

In the most recent NSW Health Patient Survey, North Coast Patients gave the Clinical Staff who care for them, a big vote of confidence. The Bureau of Health Information, which analysed the Survey data, stated that more services within NCAHS received high ratings from patients than in any other Area. Our highest priority is to satisfy our patients and it is pleasing this is occurring to a significant extent. We must keep our focus on better satisfying our patients' needs.

This has all transpired in a year, when NCAHS has also undertaken a significant restructure of its administrative, corporate and support services. In the previous two years, NCAHS incurred budget deficits. Therefore, in 2009–10 it completed a major restructuring of its Staffing levels to better align the number of Staff employed with the budget. This was achieved while the amount of clinical services delivered was expanded. As a consequence, a much better financial result was achieved. The hard work of Staff and

Managers that went into achieving this result is acknowledged. A key outcome has been the introduction of much better systems to monitor staffing levels and expenditure.

The Area Health Advisory Council (AHAC) again made a major contribution to the operation of the Area Health Service. Apart from providing its regular helpful advice and feedback to NCAHS Managers, it has made a major contribution to our planning. Firstly, assisted by the NCAHS Planning Unit and seconded Clinicians, it participated in a major review of each NCAHS acute Hospital, in response to recommendation 117 of the Garling Report. Arising from this review a report was submitted to the NSW Department of Health. Following on from this analysis, the AHAC, Planning Unit and other Clinicians then set about producing an Area Health Care Services Plan 2010–2015, which will guide the development of North Coast Clinical Service over the next five years.

NCAHS Managers, Clinicians and the AHAC have also been assisted by other community advisory and support bodies, including Network Health Participation Forums, Auxiliaries, Pink Ladies and Service Clubs, whose contributions are welcomed and warmly acknowledged. As well, formal clinical advice has been received from the NCAHS Nursing, Allied Health and Clinical Councils, which is also appreciated.

During the second half of 2009–10, considerable changes were proposed as part of the National Health Reforms. These changes will be supported by more clinical staff, acute and sub-acute beds and alternative to admission services, which will be funded by the Commonwealth.

In addition, the Commonwealth will fund Emergency Department and Operating Theatre equipment upgrades within all Areas and on the North Coast a second Linear Accelerator, Positron Emission Tomography (PET) and Magnetic Resonance Imaging (MRI) Scanners at Lismore Base Hospital, an MRI Scanner at Coffs Harbour Health Campus and a second Linear Accelerator at Port Macquarie Base Hospital. By the end of 2009–10, NCAHS had commenced work to implement all of these changes. When these changes are completed, NCAHS will have the most comprehensive Cancer Service in Regional Australia.

In closing I would like to thank NCAHS Staff and Managers, the Area Executive, AHAC Chair, Ms Hazel Bridgett and the very many people and organisations who support NCAHS for their tremendous contribution, which has meant that high quality services have been and continue to be provided to our patients and clients.

Chris Crawford, Chief Executive

Demographic Summary

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. Therefore, when planning for specific services, 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 7% to 511,146 by 2011. This growth of 1.3% per annum from 2006 to 2011 and 1.2% between 2011 and 2016 – is higher than the rest of NSW, which is expected to grow by 1.1% per annum to 2011 and 1.1% between 2011 and 2016.

The proportion of the population aged 0–14 years is 19.3%, 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%, compared to 24.5 in NSW). NCAHS has the largest proportion of people aged 65 years and over, at 18.4% 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% (101,897) in 2011 and to 23% (122,275) by 2016. The 45–64 age group is also projected to increase slightly, from 28 (134,674) in 2006 to 29% (155,088) by 2016.

In 2006, it is estimated that there were 18,584 Aboriginal people living in the NCAHS, representing 3.8% of the total population and around 12.5% 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% of Aboriginal and Torres Strait Islander communities on the North Coast, compared to 18.9% 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% of the Aboriginal population, compared to 39.2% of the overall NCAHS population.

In 2006, 11% 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 wellbeing. People who are economically disadvantaged experience poorer health than those who are economically advantaged. The NCAHS 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

- North Coast Area Health Service (NCAHS) received very positive feedback from patients regarding many of its services in the most recent Statewide Patient survey.
- All NCAHS hospitals hold current accreditation with the Australian Council on Healthcare Standards (ACHS).
- A new Integrated Cancer Centre and a new Cardiac Catheter Laboratory opened at Lismore Base Hospital (LBH).
- A second linear Accelerator commenced operation at the Coffs Harbour Health Campus (CHHC) Cancer Centre. Funding was announced to develop second Accelerators at LBH and Port Macquarie Base Hospital (PMBH).

- Medical Assessment Units have been established at PMBH, CHHC and LBH.
- The new CHHC Mental Health Rehabilitation Unit was progressively ramped up to its full 20-bed capacity to provide sub-acute care to patients with less acute Mental Illnesses.
- PMBH Emergency Department upgrade and expansion completed.
- Bunkers were built at the CHHC and PMBH Cancer Centres to accommodate Ultraviolet Superficial Machines to treat Skin Cancers.
- Expansion and consolidation of alternative to Hospital admission services, such as Community Acute and Post Acute Care services, Community Packages and Transition Aged Care Services into the umbrella 'Hospital in the Home' service.
- Rollout of the Electronic Medical Record into Hospitals across the NCAHS completed.
- Implementation of the Between The Flags Program to identify and recover deteriorating patients at NCAHS Hospitals occurred.
- NCAHS achieved the best result in NSW for two to eight year olds consumption of two or more serves of fruit per day; 2-15 year olds eating five or more serves of vegetables per day; and 5-8 year olds being sufficiently active.
- Research conducted by the George Institute for International Health has identified RRISK (Reduce Risk; Increase Student Knowledge) as the first and only program to have resulted in a 44% reduction in road crashes for participants. These findings are part of 'DRIVE' the largest study of young drivers ever undertaken in Australia.
- RRISK Program was the 2009–10 winner of the Institute of Public Works Engineers, Australia Award for excellence in road safety.
- NCAHS implemented the National Hand Hygiene Initiative in November 2009, with all 21 Hospitals participating by February 2010. An 11% increase in hand hygiene rates was achieved between November 2009 and February/March 2010.
- Assessment and review of the 21 NCAHS Hospitals in response to Garling Review Recommendation 117 was completed, so that the future direction for their service provision can now be determined.
- 205 NCAHS staff signed a pledge to leave their car at home for at least one work day per week as part of the One Car Less program which aims to improve fitness and protect the environment.
- Since last year, rates for risky alcohol drinking, smoking, over-weightness and obesity for North Coast adults have declined due to a range of health promotion strategies, which NCAHS has pursued.
- Radiology Picture Archiving Computer System/Radiology Information System, which allows scans to be read on a computer screen and transferred electronically, so they can be read remotely, was introduced at CHHC.
- A four-bed stroke unit was opened at CHHC.
- Smoking cessation success was achieved by Bugalwena Aboriginal Medical Service with two cessation programs conducted in 2010 involving 20 participants with a 33% quit rate and a 65% nicotine reduction rate being the outcome.
- Grafton Base Hospital (GBH) Surgical Services and Emergency Department redevelopment commenced.
- Express Community Care Clinic developed at CHHC.
- Falls incidents in NCAHS facilities reduced from 4-5 falls per 1000 bed days to 2.5-3 per 1,000 bed days.
- A number of entries from NCAHS were successful in the NSW Health Quality Awards:
 - The *All Children Being Safe* program won the Promoting Health Award category.
 - *Focus on Home* submission won the Director-General's Encouragement Award.
 - The '*Yellow Envelope*'- Improving Communication between Residential Aged Care Facilities and the Acute Care Settings was a finalist in the Building Partnerships for Health Category.
 - Mister Germ Hygiene and Nutrition Program was a finalist in the Promoting Health category.
- E-Learning expanded with 49 online courses now available. 4382 staff completed their mandatory training requirements online in 2009–10.

- All three NSW Sugar Mills on the North Coast are now Smoke-free, commencing with Harwood then followed by Broadwater and Condong as a consequence of receiving support from the NCAHS Health Promotion team.
- Needle and Syringe Program (NSP) staff in collaboration with peer educators conducted the first Injecting Drug Users (IDU) Forum at Coffs Harbour in July 2009.
- Aboriginal Health Promotion Programs – ‘All Kids Being Safe’, ‘Healing’ and ‘Give Smokes the Flick’ were launched and have been well received by local Aboriginal Communities.
- Aboriginal Chronic Disease Program (Walgan Tilley) initiatives piloted and rolled-out to three Sites.
- New Aboriginal Maternal and Infant Health Strategy Sites, Port Macquarie, Macksville and Grafton opened.
- A Legionella Management Plan was developed by the North Coast Public Health Unit and the local Councils of Bellingen, Coffs Harbour, Nambucca, Kempsey and Port Macquarie-Hastings.
- North Coast Area Health Advisory Council (NC-AHAC) hosted a Clinical and Community Engagement Conference with the theme of Health Services Reform, was attended by Professor Sabina Knight, Commissioner, National Health and Hospitals Reform Commission.
- NC-AHAC introduced breakfast meetings with senior clinicians and management at Base Hospitals on mornings of AHAC visits. These meetings principally canvass feedback on implementation of *Caring Together* (Garling Commission Reform) Recommendations and include presentations from Network Coordinators on local implementation progress.
- NC-AHAC commenced a trial of an e-participation activity seeking input from the community to a series of on-line surveys. There were 360 respondents to the first survey.
- The Telehealth Connecting Critical Care Emergency Department Project was successfully introduced into Emergency Departments across the Coffs Clarence and Hastings Macleay Networks.

Equal Employment Opportunities

Achievements and Activities for 2009–10

- Development of an accessible e-learning Cross-Cultural Awareness program designed to support the workforce in contributing both to the delivering of a more Culturally appropriate service and the creation of a more Culturally sensitive workplace. This program is an adjunct to the existing face to face Cross-Cultural Awareness program that is delivered across the area.
- Supporting two Aboriginal people to undertake placement in the Australian College of Health Service Executives (ACHSE), two year Masters of Health Service Management Program. The students are supported with placements, salary, mentoring and will be hosted by NCAHS for the entire two year program.
- Development of an accessible e-learning program targeting the whole of workforce and designed to support staff in identifying and addressing inappropriate workplace behaviours such as discrimination and harassment.
- Implementation of a school based training program with a priority focus on filling the placements with Aboriginal and Torres Strait Islander.
- Co-ordination and support of Aboriginal Health Education Officers in obtaining Vocational Education Training (VET) sector qualifications in recognition of existing skills and experience.
- Development and implementation of a cultural/communication workshop in conjunction with North Coast GP Training, to support the induction and integration of International Medical Graduates.
- A range of recruitment strategies to actively employ from the EEO groups, including a review of Health Services Vacancies and completion of pre-employment workplace modifications as required.

Table 1. Trends in the representation of EEO Groups¹

EEO Group	Benchmark or target	% OF TOTAL STAFF ²				
		2006	2007	2008	2009	2010
Women	50%	75%	76%	75%	75%	75%
Aboriginal people and Torres Strait Islanders	2.6% ³	3%	3%	3%	3%	3%
People whose first language was not English	19%	3%	5%	5%	5%	4%
People with a disability	12%	4%	29%	5%	5%	4%
People with a disability requiring work-related adjustment	7%	1%	26.7%	1.3%	1.2%	1.0%

Table 2. Trends in the distribution of EEO Groups⁴

EEO Group	Benchmark or target	DISTRIBUTION INDEX ⁵				
		2006	2007	2008	2009	2010
Women	100	93	92	91	91	91
Aboriginal people and Torres Strait Islanders	100	83	84	86	88	84
People whose first language was not English	100	118	115	111	117	114
People with a disability	100	107	100	104	102	101
People with a disability requiring work-related adjustment	100	115	99	98	100	102

Note: Information for the above tables is provided by the Workforce Profile Unit, Public Sector Workforce Branch, Department of Premier and Cabinet.

1 Staff numbers are as at 30 June. **2** Excludes casual staff. **3** Minimum target by 2015. **4** A distribution index of 100 indicates that the centre of 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 is the case for other staff. The more pronounced this tendency is, the lower the index will be. An index more than 100 indicates that the EEO group is less concentrated at the lower salary levels. **5** Excludes casual staff.

Planned Activities and Outcomes for 2010–11

- Establishment and implementation of strategies to support EEO groups and initiatives in the transition to Local Health Networks.
- Maintenance of existing EEO strategies.

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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