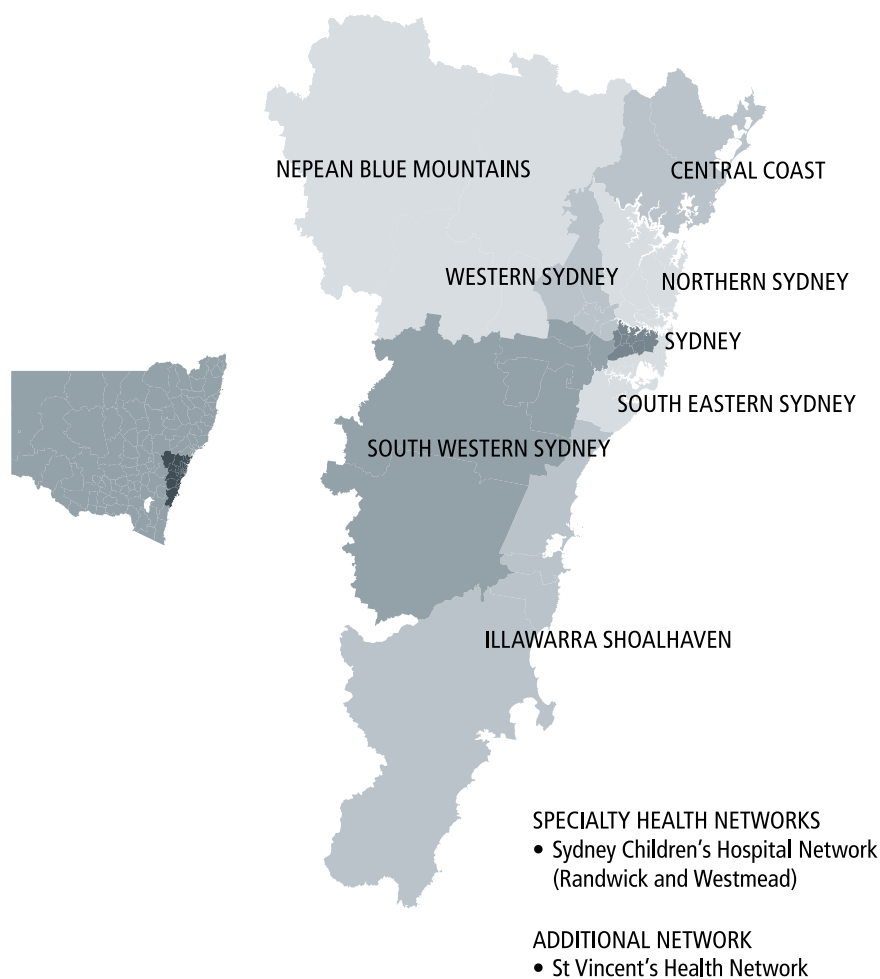


# Metropolitan Local Health Networks

Maps and profiles



# Central Coast

## Local Health Network



**Holden Street, Gosford**  
**PO Box 361**  
**Gosford NSW 2250**

Telephone: 4320 2111

Facsimile: 4320 2477

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

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

Chief Executive: Matt Hanrahan

## Local Government Areas

Gosford and Wyong.

## Public Hospitals

Gosford Hospital  
Long Jetty Healthcare Centre  
Woy Woy Hospital  
Wyong Hospital

## Community Health Centres

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

Wyong Central Community Health Centre  
Wyong Community Health Centre

## Child and Family Health

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

## Oral Health Clinics

East Gosford Child Oral Health Clinic  
Gosford Hospital Oral Health Clinic  
The Entrance Child Oral Health Clinic  
Woy Woy Hospital Oral Health Clinic  
Wyong Hospital Oral Health Clinic

## Other Services

Aboriginal Health  
Acute Post Acute Care (APAC)  
BreastScreen  
Child Protection  
Chronic Care  
Community Nursing  
Drug and Alcohol  
Mental Health  
Sexual Health  
Violence, Abuse, Neglect and Sexual Assault

## Chief Executive's Year In Review

Change has been a predominant theme of the past 12 months and I would like to commend the staff of the Central Coast Local Health Network for the way in which they have embraced changes in health and continued to create opportunities to enhance patient care.

Activity levels across our facilities have continued to increase with Gosford and Wyong Hospital emergency departments treating a combined total of over 109,000 people and 13,479 elective surgery operations performed this year, an increase of 8.3% on the previous year.

As at the 30 June 2011 there were no patients waiting for surgery outside of their clinically recommended time, a significant achievement only possible through the commitment and hard work of staff.

Another highlight for staff and the local community was the commencement of the design phase of several major capital works projects including the \$38.6 million Integrated Cancer Centre which will see public radiotherapy services available on the Central Coast for the first time.

Planning for a 20-bed sub acute facility at Woy Woy Hospital, a 12 place Transitional Care Unit at Long Jetty Healthcare Centre and a refurbishment project to create a 28-bed sub acute medical ward at Wyong Hospital also commenced. These projects will enable us to improve the delivery of health services to meet the specific needs of the community in these locations.

Design work also commenced on the \$4.53 million Integrated Education Centre at Wyong Hospital to support the training of more doctors, nurses and allied health professionals.

In partnership with the University of Newcastle a new podiatry clinic opened at Wyong Hospital providing students with the opportunity to observe and assist in the treatment of high-risk patients and treat some low-risk patients. This exposure to the hospital environment will enhance their learning opportunities and provides a welcome boost for local podiatry services.

A first for the Central Coast was the establishment of a sleep investigation unit at Gosford Hospital to aid in the diagnosis of sleep disorders. The new unit has reduced the need for people to travel outside of the area for these services.

Commitment to improving services was evident following the results of a Statewide patient survey that showed Wyong Hospital as top in the State for excellence in the provision of overall outpatient care while Gosford Hospital came top of its peer group. This feedback is acknowledgement that strategies implemented to improve communication between patients and health professionals are having a positive impact.

A significant change to the way health services operate came about on 1 January when Local Health Networks were established and Governing Councils appointed. Since its establishment the Governing Council has been working hard to strengthen and support local decision-making utilising their collective broad range of clinical and management skills and I look forward to continuing to work with the Governing Council as we progress to a Local Health District and District Board in the new financial year.

Recognising that a comprehensive health service is not restricted to acute hospital settings, the connecting care

program achieved a greater number of patients with chronic disease receiving care than the projected targets. I also look forward to extending and strengthening our partnerships with general practice, NGOs and other community-based organisations and stakeholders to improve the health of our local community through high quality health care.

*Matt Hanrahan, Chief Executive*

## Demographic Summary

Central Coast Local Health Network (CCLHN) is located to the north of metropolitan Sydney and provides healthcare services to an area of just over 1,686 square kilometres. The area extends from the southern shore of Lake Macquarie to the Hawkesbury River and from the eastern NSW coastline to the Great Northern road in the west.

It is estimated that 318,369 people live in the area in 2011, which is 4.4% of the population of NSW. CCLHN is a popular retirement area and up to 5.6% of the NSW population aged over 65 years live in the area. The proportion is significant as older age groups need considerably more health care than the general population. In 2011, just over 18.2% of the CCLHN population were aged 65 or more.

By 2021, the CCLHN population is expected to increase by 11.7% to more than 355,402 people. It is also expected that, by 2021, the population over 65 years will increase by 28.2% to 16,347 people.

The highest growth rates are expected to be in the population aged between 70 and 79 years. By 2021, there will be 5,921 more people aged 70-74 years (an increase of 45%) and 3,502 people aged 75-79 years (an increase of 32.8%) in CCLHN.

CCLHN has a different multicultural profile to many areas of metropolitan Sydney. In 2006, it was estimated that 87.9% of CCLHN residents were born in Australia or are from an English-speaking country and that 90.4% of residents speak English only. Italian, Spanish, German, Greek and Cantonese are the most reported languages other than English spoken in CCLHN.

In 2006, the estimated Aboriginal and Torres Strait Islander population in CCLHN was 6,423, which is 2.1% of the Network's total population. The majority of Aboriginal people reside in Wyong LGA.

Overall death rates and potentially avoidable deaths under the age of 75 years (those deaths that could have been potentially avoided through lifestyle modification, early detection and prolonging life activities) for CCLHN residents are significantly above NSW rates.

In 2006 there were 2,744 deaths from all causes for CCLHN residents. Cancer was the most common overall cause of death in 2006, accounting for just 28.2% of all deaths. For both males and female residents, deaths from lung cancer were significantly higher than for NSW residents overall. Cardiovascular disease was the second most common cause of death; this was attributed to just over 23% of deaths.

## Key Achievements 2010-11

- Wyong Hospital came top in the State for excellence in the provision of overall outpatient care in a Statewide patient survey while Gosford Hospital came top of its peer group.
- Commenced design phase for several capital works projects including: \$38.6 million integrated cancer service at Gosford Hospital; \$12 million 20-bed sub acute facility at Woy Woy Hospital; \$710,000 12 residential place Transitional Care Unit at Long Jetty Healthcare; \$1.2 million refurbishment to create a 28-bed sub acute medical ward and \$4.53 million for an Integrated Education Centre both at Wyong Hospital.
- A new \$900,000 64-slice CT scanner was installed at Wyong Hospital replacing the existing 4-slice CT scanner and \$1.6 million of state-of-the-art equipment replaced Gosford Hospital's existing Cardiac Catheter Laboratory equipment.
- Achieved four year EQuIP accreditation including nine extensive achievements for areas such as ensuring safety management systems are in place for safety of patients, staff, visitors and contractors and evidence of widespread commitment to quality improvement permeating through individuals, units, departments, divisions and management.
- As at 30 June 2011 achieved elective surgery targets of no patients waiting for surgery outside their clinically recommended time.
- Commenced pilot of new models of care in early 2011 at Wyong Hospital Emergency Department to better meet the needs of children and those who present with less critical illness and injury.
- Established a new podiatry clinic at Wyong Hospital in partnership with the University of Newcastle increasing capacity to podiatry services and improving the ability of students to observe high-risk procedures.
- Successful implementation of *Volunteer Feeding Program and Companion Observation Program* at Gosford and Wyong Hospitals to improve the care, health and wellbeing of patients and speed their recovery.

- Implemented strategies to improve patient care in the acute setting including the *Essentials of Care* program in which 68% of units at CCLHN are engaged and a pilot of the Improving Patient and Staff Experience program in several wards at Gosford Hospital.
- Appointment of the Central Coast Local Health Network Governing Council to strengthen and support decision-making at a local level.

## Key Planned Activities and Outcomes 2011-12

- Commence construction of the: \$38.6 million integrated cancer centre at Gosford Hospital; \$12 million 20-bed sub acute facility at Woy Woy Hospital; \$710,000 Transitional Care Unit at Long Jetty Healthcare Centre; \$1.2 million 28-bed sub acute medical ward and \$4.53 million for an Integrated Education Centre both at Wyong Hospital.
- Commence strategic planning process which will include a comprehensive Health Services Plan for the District.
- Finalise the transition from Local Health Network to Local Health District.
- Appoint a new Community Engagement Committee to engage and consult with a broad and diverse range of people and groups in the community and provide feedback to the Chief Executive and CCLHD Board.
- Continue to enhance chronic disease management services through a collaborative approach to care between hospital-based services and community-based services including general practice and those provided by NGOs.
- Commence implementation of NSW Health Nutrition Care Policy and EQuIP five criterion to ensure that the nutritional needs of consumers/patients are met resulting in improved quality and safety of patients' nutritional care.
- Implement *Leading a Positive Culture* training for senior executive and managers in addition to 360 degree personalised feedback.

# Equal Employment Opportunities

## Key Achievements 2010-11

- Disability Plan developed.
- Aboriginal Employees Career/Leadership/Management program established and five participants started in program.
- Aboriginal Workforce Newsletter established and issued quarterly.
- Aboriginal Employees Network group established.
- Aboriginal Secondary Schools program established.
- Carers information and material for staff who are carers promoted via new links on Workforce intranet.

## Key Planned Activities and Outcomes 2011-12

- Increase Aboriginal employment participant numbers through individualised training programs.
- Provide access and support to local community groups to support the education of Aboriginal secondary school student, specifically through SisterSpeak and Ngura.
- Support four Aboriginal network group meetings enabling participation and involvement by Aboriginal employees.
- Establish a more structured approach to Aboriginal culture awareness and competence.
- Established key contacts for potential applicants with disabilities to improve access for people with a disability for employment.
- Improve quality of current employee EEO data and improve future EEO data collection.

Table 1. Trends in the Representation of EEO Groups<sup>1</sup>

EEO Group	Benchmark or target	% OF TOTAL STAFF <sup>2</sup>			
		2008	2009	2010	2011
Women	50%	0	0	0	78.8%
Aboriginal people and Torres Strait Islanders	2.6% <sup>3</sup>	0	0	0	1.7%
People whose first language was not English	19%	0	0	0	6.8%
People with a disability	N/A <sup>4</sup>	0	0	0	2.9%
People with a disability requiring work-related adjustment <sup>5</sup>	1.1% (2011) 1.3% (2012) 1.5% (2013)	0	0	0	0.7%

Table 2. Trends in the Distribution of EEO Groups<sup>6</sup>

EEO Group	Benchmark or target	DISTRIBUTION INDEX <sup>7</sup>			
		2008	2009	2010	2011
Women	100	0	0	0	91
Aboriginal people and Torres Strait Islanders	100	0	0	0	82
People whose first language was not English	100	0	0	0	117
People with a disability	100	0	0	0	98
People with a disability requiring work-related adjustment	100	0	0	0	116

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.** Per cent employment levels are reported but a benchmark level has not been set. **5.** Minimum annual incremental target. **6.** 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 of more than 100 indicates that the EEO group is less concentrated at the lower salary levels. **7.** Excludes casual staff.

\* EEO survey was conducted in June 2011 elicited a low response rate (22%). A distribution index based on an EEO survey response rate of less than 80% may not be completely accurate.

## Government Information (Public Access) Act 2009

Under the *Government Information (Public Access) Act 2009* (GIPA Act) there is a presumption in favour of the disclosure of Government information unless there is an overriding public interest against disclosure.

The Central Coast Local Health Network undertakes reviews of its information on a regular basis and routinely uploads information to its website that may be of interest to the public.

The Central Coast Local Health Network came in to effect on 1 January 2011. The following narrative and report details the GIPA ACT applications received between 1 January 2011 and 30 June 2011.

Central Coast Local Health Network received in total five GIPA ACT applications. Of those five applications, three applications were from members of the public with one application being granted access in full, one application was granted part access and one application the requested information was not held. Of the remaining two applications, one application was received from the media granting access in full and one application was received from not-for-profit organisations or community groups and the requested information was refused in full.

Information, as set out in the required form in Schedule 2 of the *Government Information (Public Access) Amendment Regulation 2010*, relating to the access applications made to the Central Coast Local Health Network during 2010-11 is provided below.

Table A. Number of applications by type of applicant and outcome\*

	ACCESS GRANTED IN FULL	ACCESS GRANTED IN PART	ACCESS REFUSED IN FULL	INFORMATION NOT HELD	INFORMATION ALREADY AVAILABLE	REFUSE TO DEAL WITH APPLICATION	REFUSE TO CONFIRM OR DENY WHETHER INFORMATION IS HELD	APPLICATION WITHDRAWN
Media	1	0	0	0	0	0	0	0
Members of Parliament	0	0	0	0	0	0	0	0
Private sector business	0	0	0	0	0	0	0	0
Not for profit organisations or community groups	0	0	1	0	0	0	0	0
Members of the public (application by legal representative)	0	0	0	0	0	0	0	0
Members of the public (other)	1	1	0	1	0	0	0	0

\*More than one decision can be made in respect of a particular access application. If so, a recording must be made in relation to each such decision. This also applies to Table B.

Table B. Number of applications by type of application and outcome

	ACCESS GRANTED IN FULL	ACCESS GRANTED IN PART	ACCESS REFUSED IN FULL	INFORMATION NOT HELD	INFORMATION ALREADY AVAILABLE	REFUSE TO DEAL WITH APPLICATION	REFUSE TO CONFIRM OR DENY WHETHER INFORMATION IS HELD	APPLICATION WITHDRAWN
Personal information applications#	1	1	0	1	0	0	0	0
Access applications (other than personal information applications)	1	0	1	0	0	0	0	0
Access applications that are partly personal information applications and partly other	0	0	0	0	0	0	0	0

# A personal information application is an access application for personal information (as defined in Clause 4 of Schedule 4 of the Act) about the applicant (the applicant being an individual).

Table C. Invalid applications

REASON FOR INVALIDITY	NUMBER OF APPLICATIONS
Application does not comply with formal requirements (section 41 of the Act)	0
Application is for excluded information of the agency (section 43 of the Act)	0
Application contravenes restraint order (section 110 of the Act)	0
Total number of invalid applications received	0
Invalid applications that subsequently became valid applications	0

Table D. Conclusive presumption of overriding public interest against disclosure: matters listed in Schedule 1 of the Act

	NUMBER OF TIMES CONSIDERATION USED*
Overriding secrecy laws	0
Cabinet information	0
Executive Council Information	0
Contempt	0
Legal professional privilege	0
Excluded information	0
Documents affecting law enforcement and public safety	0
Transport safety	0
Adoption	0
Care and protection of children	0
Ministerial code of conduct	0
Aboriginal and environmental heritage	0

\* More than one public interest consideration may apply in relation to a particular access application and, if so, each such consideration is to be recorded (but only once per application). This also applies to Table E.

Table E. Other public interest considerations against disclosure: matters listed in table to Section 14 of the Act

	NUMBER OF OCCASIONS WHEN APPLICATION NOT SUCCESSFUL
Responsible and effective government	0
Law enforcement and security	0
Individual rights, judicial processes and natural justice	1
Business interests of agencies and other persons	0
Environment, culture, economy and general matters	0
Secrecy provisions	0
Exempt documents under interstate Freedom of Information legislation	0

Table F. Timelines

	NUMBER OF OCCASIONS WHEN APPLICATION NOT SUCCESSFUL
Decided within the statutory timeframe (20 days plus any extensions)	5
Decided after 35 days (by agreement with applicant)	0
Not decided within time (deemed refusal)	0
Total	5

Table G. Number of applications reviewed under Part 5 of the Act (by type of review and outcome)

	DECISION VARIED	DECISION UPHELD	TOTAL
Internal review	0	0	0
Review by Information Commissioner*	0	0	0
Internal review following recommendation under section 93 of Act	0	0	0
Review by ADT	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>

\*The Information Commissioner does not have the authority to vary decisions, but can make recommendations to the original decision-maker. The data in this case indicates that a recommendation to vary or uphold the original decision has been made by the Information Commissioner.

Table H. Applications for review under Part 5 of the Act (by type of applicant)

	NUMBER OF APPLICATIONS FOR REVIEW
Applications by access applicants	0
Applications by persons to whom information the subject of access applications relates (see section 54 of the Act)	0



# Illawarra Shoalhaven

## Local Health Network



**Loftus Street, Wollongong**  
**Locked Bag 8808**  
**South Coast Mail Centre NSW 2521**

Telephone: 4253 4888

Facsimile: 4253 4878

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

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

Chief Executive: Susan Browbank

## Local Government Areas

Kiama, Shellharbour, Shoalhaven and Wollongong.

## Public Hospitals

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

## Community Health Centres

Bulli Community Health Centre  
Cringila Community Health Centre  
Culburra Community Health Centre  
Dapto Community Health Centre  
Helensburgh Community Health Centre  
Jervis Bay Community Health Centre  
Nowra 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

Aboriginal Early Childhood Centre  
Albion Park Early Childhood Centre  
Berkeley Early Childhood Centre  
Bulli Early Childhood Centre  
Corrimal Early Childhood Centre  
Cringila Early Childhood Centre  
Culburra Early Childhood Centre  
Dapto Early Childhood Centre  
Fairy Meadow Early Childhood Centre  
Figtree Early Childhood Centre  
Flinders Early Childhood Centre  
Gerringong Early Childhood Centre  
Helensburgh Early Childhood Centre  
Kiama Early Childhood Centre  
Nowra Early Childhood Centre  
Oak Flats Early Childhood Centre  
Shoalhaven Family Care Cottage  
Shoalhaven Heads Early Childhood Centre  
St Georges Basin Early Childhood Centre  
Sussex Inlet Early Childhood Centre  
Thirroul Early Childhood Centre  
Ulladulla Early Childhood Centre  
Warilla Early Childhood Centre  
Warrawong Early Childhood Centre

## Oral Health Clinics

Bulli Hospital Dental Clinic (incl. Child Dental Clinic)  
Illawarra Centre for Oral Health (incl. Child Dental Clinic)  
Kiama Hospital Dental Clinic (incl. Child Dental Clinic)  
Nowra Community Dental Clinic (incl. Child Dental Clinic)  
Port Kembla Hospital Dental Clinic (incl. Child Dental Clinic)  
Shellharbour Hospital Dental Clinic (incl. Child Dental Clinic)  
Ulladulla Community Dental Clinic (incl. Child Dental Clinic)  
Warilla Dental Clinic (incl. Child Dental Clinic)

## Other Services

Aboriginal Health  
BreastScreen  
Cancer Services  
Carer Support  
Child Protective Services  
Diabetes Service  
Drug and Alcohol Program

Falls Prevention Program  
 Health and Ageing Research  
 Health Promotion Service  
 HIV/AIDs Related Programs  
 Medical Imaging  
 Men's Health  
 Mental Health Service  
 Multicultural Health  
 Nursing and Midwifery Services  
 Palliative Care  
 Pathology (SEALS at Shellharbour, Shoalhaven, Wollongong)  
 Public Health Unit  
 Rehabilitation, Aged and Extended Care  
 Renal Services  
 Research Support.  
 Sexual Health  
 Women's Health and Community Partnerships (Youth and Homelessness)

## Statewide Services

Wollongong Hospital participates in Bone Marrow Transplantation along with selected hospitals across the State.

## Demographic Summary

- Illawarra Shoalhaven Local Health Network (ISLHN) spans 5,620 square kilometres. It extends about 250km along a narrow coastal strip from Helensburgh in the north of the Wollongong Local Government Area (LGA), through Shellharbour and Kiama LGAs, to North Durras in the most southern part of the Shoalhaven LGA.
- At the 2006 Census of Population and Housing, an estimated 370,330 people lived in the ISLHN area which is projected to reach 406,873 by 2016 and 425,136 by 2021.
- The population growth to 2021 will be shared between the LGAs as follows:
  - Wollongong 42% (22,971 additional residents)
  - Shoalhaven 37% (20,019)
  - Shellharbour 17% (9,489)
  - Kiama 4% (2,328).
- The ISLHN has a higher proportion of people aged 85 years and older (16%) when compared to the NSW average (14%).
- Shoalhaven (21%) and Kiama (18%) have the highest proportions of people 85 years and over.
- Children aged less than five years make up 6% of the ISLHN population, similar to the NSW average. The proportion in the Shellharbour LGA is higher (7%).

- The fastest growing age groups between 2006 and 2021, will be the 85 years and over age group (109% increase), and the 70-84 years age group (45% increase).
- Between 2006 and 2021, the ISLHN population aged less than five years is expected to grow by 14%, while numbers of children and young people aged 5-24 years will remain stable. The age group 40-54 years is expected to decrease slightly (-2%).
- In 2006, 8,051 ISLHN residents were Aboriginal and/or Torres Strait Islanders, equating to 2.2% of the total population. More than half the ISLHN Aboriginal population live in the Illawarra (59%). However the Shoalhaven has a higher proportion of Aboriginal residents (3.6%).
- In 2006, 92,346 people were living in the rural Shoalhaven LGA, representing 25% of the ISLHN population.
- Shoalhaven LGA residents are the most socioeconomically disadvantaged, followed by Shellharbour LGA and then Wollongong LGA residents.
- In 2006, an estimated 53,108 Illawarra and 11,161 Shoalhaven residents were born overseas. This equates to 19% of the Illawarra population and 12% of the Shoalhaven population. Of those born overseas, 56% were from non-English speaking countries.

## Chief Executive's Year In Review

The creation of the Illawarra Shoalhaven Local Health Network (ISLHN) in January 2011 heralded the beginning of a new era in the provision of health care services to the people of the Illawarra and Shoalhaven regions. Health reform at a national, State and local level provided the means for a return to local responsibility, and local accountability and decision-making, to enable the health service to ensure it is meeting the needs of the local population.

This time of change has presented the Local Health Network with its own challenges – challenges that are no doubt being encountered across the health system. I take this opportunity to acknowledge the staff, the dedicated nurses, doctors and other health professionals, who through a time of flux, have continued to care for our patients with unwavering dedication and professionalism. I also acknowledge those who work behind the scenes to ensure the smooth day-to-day functioning of the complex systems that make up the health environment, and special thanks go to the many volunteers and carers who give up their time to help support our patients in so many ways.

Following establishment of the Local Health Network, the first task of the Governing Council was production of a Statement of Strategic Intent for the Network – our vision for providing timely and equitable access to high quality care and services. Further, I was pleased to announce the formation of the Network's new Executive team. The early stages of our transition have shown the team's unwavering commitment to delivering quality services in the complex health environment. I look forward to working with the team as we begin to move forward to enact the vision we have for delivering health care in the Illawarra and Shoalhaven regions.

ISLHN has in this financial year embarked on a significant capital works program which is set to deliver \$200 million in enhancements across three hospital sites over the next few years. For example, preliminary works on the \$86 million Elective Surgical Centre at Wollongong Hospital have commenced, which, when complete, will see extensive upgrades to capacity and the level of service provided at Wollongong Hospital. Planning has also commenced for a \$16 million Ambulatory Care Unit and expansion to Wollongong's Emergency Department (ED), which will bring together ambulatory and emergency care in one purpose-built facility. Other projects also in the planning phase include a dedicated teaching and training facility adjacent to Wollongong Hospital, an integrated Cancer Care Centre at Shoalhaven District Memorial Hospital and a third linear accelerator at the Illawarra Cancer Care Centre at Wollongong Hospital. The Shellharbour Hospital campus was in the midst of a \$9.9 million upgrade including completion of a new Renal Unit which doubles capacity from six to 12 chairs. Also at Shellharbour, construction works on a Child and Adolescent Mental Health Unit at Shellharbour were nearing completion, and a \$980,000 power upgrade was completed on the Shellharbour campus to increase the Hospital's capacity to cope with current and future developments.

The opening chapter of the Illawarra Shoalhaven Local Health Network has been a momentous and exciting time. In the new financial year I look forward to the transition to the new governance framework with the District Board led by Professor Denis King OAM and the Clinical Councils. Under their guidance, the organisation will continue developing an integrated health system, investing in contemporary patient-centred models of care, reconfiguring our capital footprint to meet demand and, of course, building the workforce of the future.

*Sue Browbank, Chief Executive*

## Key Achievements 2010-11

- Implementation of Essentials of Care (EOC) - The Illawarra Shoalhaven Local Health Network (ISLHN) has been committed to improving patient safety and outcomes through the implementation of EOC. EOC places a focus on enhancing the experiences of patients, families and carers, as well as staff involved in the delivery of care, by focusing on the essentials of nursing and midwifery care. EOC has supported wards to identify opportunities to evaluate, celebrate and enhance clinical practice. To date 40.7% of wards within the ISLHN have engaged in the EOC program.
- Improvement of clinical handover processes across all clinical services in line with the Garling Recommendations. This has resulted in patient-centred bedside clinical handover in all nursing units, improved handover processes for allied health staff, and implementation of formal handover processes for medical staff.
- Establishment of infrastructure for the Continuing Care Program and subsequent achievement of the 2010-11 targets.
- Appointment of two Nurse Practitioners in Emergency Medicine and Cancer Services.
- Patient safety initiatives - A 15% reduction in serious harm related to inpatient falls was achieved in 2010-11 compared to the previous year. The Local Health Network attributes this result to continued refinement of its Falls Minimisation Program and the commitment of all clinicians to reducing the incidence of falls amongst the inpatient population. In addition, a 70% reduction was achieved in medication incidents involving the anticoagulant Warfarin. This excellent result has highlighted improvements in both prescribing and administration of the drug by medical and nursing staff within the Network.
- Implementation of *Keep Them Safe* initiatives:
- Child Wellbeing Co-ordinator - This position has been pivotal in establishment of the Child Wellbeing Unit referral processes within the Local Health Network.
- Out of Home Care (OOHC) - ISLHN has established an interagency partnership for children being placed in statutory care. The OOHC program has ensured that these children have the appropriate health screening and interventions undertaken whilst in care.
- 16A information exchange - ISLHN are meeting the legislative requirements for the exchange of information between prescribed bodies to facilitate collaboration in the provision of services to vulnerable children, young people and their families.

- Whole of Family Team - *The Keep Them Safe* Whole of Family Team is a NSW Health pilot program aimed at addressing the needs of families where there are complex child protection, mental health and/or drug and alcohol issues. The pilot is being carried out across four sites: Nowra, Newcastle, Gosford and Lismore. The Nowra site commenced seeing clients in December 2010, has received over 60 referrals, and is currently actively working with around 40 families.
- Psychiatric Emergency Care Centre (PECC) - The Wollongong Psychiatric Emergency Care Centre (PECC) located at Wollongong Hospital commenced operation in July 2010. This four bed facility represents a significant innovation in mental health care for people presenting to the Emergency Department with acute mental illness or disorder. The PECC operates within the Emergency Department environment providing an effective and efficient clinical pathway to mental health triage and assessment.
- Significant Occupational Health and Safety (OHS) initiatives - Development of a simple Mandatory Fire Training Booklet for all VMOs and Staff Specialists, and establishment of the Manual Handling Champion Program and related training to reduce the frequency and severity of workplace injuries.
- Financial achievements - Achievement of budget compliance for the 2010-11 financial year. Setting of foundations to enable the LHN to improve its organisational capability to meet the challenges associated with Activity Based Funding and the National Health Reform agenda. Successful completion and progression of planning for a number of capital works projects totaling approximately \$190 million.
- Achievement of '000' surgery targets by ISLHN.
- Initial implementation of the Better Faster Emergency Care Plan.
- Aboriginal Educational Opportunities:
  - Continued support for the five Aboriginal cadets continuing in the Nursing cadetship program and implementing strategies to increase the number with further recruitment to be undertaken.
  - Illawarra Aboriginal AIN to EN training program. This is a partnership model established between ISLHN and Shellharbour TAFE to facilitate the training and employment of Aboriginal People to undertake the role of enrolled nurse in hospital facilities.
- Planning for accreditation of all sites in September/October 2011.
- Increasing the nursing workforce - Implementation of the Nursing Hours provisions of the Public Health System Nurses' and Midwives (State) Award 2011. The nursing hours per patient day calculation has identified that the ISLHD will recruit 72 FTE in 2011-12 to fulfil the requirements of the Award agreement. A comprehensive marketing and recruitment plan has been developed to support the recruitment process.
- Appointment of an Executive Clinical Director, a lead clinician providing a relationship-building role between the Clinical Council and the Executive.
- Enhanced care for patients presenting to our Emergency Departments with sepsis will be achieved through the implementation of the State Sepsis Pathway in conjunction with the Clinical Excellence Commission.
- Alignment of local programs for recognition of the deteriorating patient (PACE) with the Statewide Between the Flags program.
- Reappointment of senior medical staff and realignment of the profile to be more reflective of service needs.
- Preparing the organisation for the Commonwealth's implementation of activity based funding in June 2012.
- Realignment and strengthening financial and corporate governance to the new Local Health District structure and continuing the drive towards a more efficient and sustainable health service.

## Key Planned Activities and Outcomes 2011-12

- Build the Workforce of the Future - Building a Positive Work Environment is a District approach to supporting employees and managers. It optimises employee engagement by creating a positive workplace environment and work relationships to ensure an environment that supports all staff. Key initiatives of the Building a Better Workforce program include increasing leadership capacity across the District and improving management skills to drive a healthy, safe and satisfied workforce culture.
- Publication of a Network-wide Needs Assessment in conjunction with the Illawarra Shoalhaven Medicare Local.

## Equal Employment Opportunities

### Key Achievements 2010-11

The Illawarra Shoalhaven Local Health Network values the diversity of its employees and is committed to the implementation of practices and processes in employment that ensure fairness and equity.

A range of initiatives have been undertaken in 2010-11 to develop and implement initiatives to attract and support staff from EEO groups. These include:

- The commencement of an additional two new Aboriginal School Based Traineeships in Hospital Assistants in partnership with Warrigal Employment and Project Murra.
- Support for three additional undergraduate registered nurses in the Aboriginal Nursing and Midwifery cadet program.
- Working in partnership with Local Aboriginal Community groups and other invested government organisations in the recommendations made by research undertaken by IRIS Research on behalf of the Illawarra Aboriginal Community Based Working Group, to investigate the nature of predicted job growth in the community services and health industry in the Illawarra area. Addressing barriers to employment in this industry, and endeavouring to reduce or eliminate gaps in service delivery.
- Development of educational program and resources for the HealthWise program. The program has been developed to look at a wide range of career opportunities in health, having direct contact with professional staff and overviews of careers including educational requirements, salaries, role clarity, alternative employment pathways and information on how to apply for vacancies.
- Provision of support for, and appointment of, the first Aboriginal Allied Health Cadet in NSW Health in the field of Social Work.

### Key Planned Activities and Outcomes 2011-12

- Continued support for the five 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.
- Implementation of the Department of Health Cultural Respect Training.
- Support for Aboriginal staff in accessing management training.
- Implementation of the HealthWise program to local Aboriginal high school students and job seekers in the local Aboriginal community.
- Continued support for the three Aboriginal School Based Trainees who are participants of Project Murra.
- Increasing the number of Aboriginal Allied Health Cadets in the Network and providing support for duration of the cadetship.

Table 1. Trends in the Representation of EEO Groups<sup>1</sup>

EEO Group	Benchmark or target	% OF TOTAL STAFF <sup>2</sup>			
		2008	2009	2010	2011
Women	50%	0	0	0	78.0%
Aboriginal people and Torres Strait Islanders	2.6% <sup>3</sup>	0	0	0	1.7%
People whose first language was not English	19%	0	0	0	13.4%
People with a disability	N/A <sup>4</sup>	0	0	0	2.7%
People with a disability requiring work-related adjustment <sup>5</sup>	1.1% (2011) 1.3% (2012) 1.5% (2013)	0	0	0	0.8%

Table 2. Trends in the Distribution of EEO Groups<sup>6</sup>

EEO Group	Benchmark or target	DISTRIBUTION INDEX <sup>7</sup>			
		2008	2009	2010	2011
Women	100	0	0	0	90
Aboriginal people and Torres Strait Islanders	100	0	0	0	89
People whose first language was not English	100	0	0	0	111
People with a disability	100	0	0	0	94
People with a disability requiring work-related adjustment	100	0	0	0	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.** Per cent employment levels are reported but a benchmark level has not been set. **5.** Minimum annual incremental target. **6.** 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 of more than 100 indicates that the EEO group is less concentrated at the lower salary levels. **7.** Excludes casual staff.

\* EEO survey was conducted in June 2011 elicited a low response rate (22%). A distribution index based on an EEO survey response rate of less than 80% may not be completely accurate.

## Government Information (Public Access) Act 2009

Under the *Government Information (Public Access) Act 2009* (GIPA Act) there is a presumption in favour of the disclosure of government information unless there is an overriding public interest against disclosure.

The Illawarra Shoalhaven Network came into effect on 1 January 2011.

During the period 1 January 2011 to 30 June 2011, Illawarra Shoalhaven Local Health Network received 13 access applications under the GIPA Act. Of the 13 applications received, 12 have been completed within the reporting period (this includes one application that was subsequently withdrawn) and one application was invalid.

Of the 11 applications completed, 10 were granted full access; one was granted partial access.

One application was granted partial access as the application involved the disclosure of information referred

to in Schedule 2 to the GIPA Act, i.e. information for which there is conclusive presumption of overriding public interest against disclosure (responsible and effective government).

In addition, informal applications for personal Medical Records were processed directly by Hospital Medical Record Departments.

Information, as set out in the required form in Schedule 2 of the *Government Information (Public Access) Amendment Regulation 2010*, relating to the access applications made to the Illawarra Shoalhaven Local Health Network during 2010-11 is provided below.

Table A. Number of applications by type of applicant and outcome\*

	ACCESS GRANTED IN FULL	ACCESS GRANTED IN PART	ACCESS REFUSED IN FULL	INFORMATION NOT HELD	INFORMATION ALREADY AVAILABLE	REFUSE TO DEAL WITH APPLICATION	REFUSE TO CONFIRM OR DENY WHETHER INFORMATION IS HELD	APPLICATION WITHDRAWN
Media	1	0	0	0	0	0	0	1
Members of Parliament	0	0	0	0	0	0	0	0
Private sector business	0	0	0	0	0	0	0	0
Not for profit organisations or community groups	0	0	0	0	0	0	0	0
Members of the public (application by legal representative)	0	1	0	0	0	0	0	0
Members of the public (other)	9	0	0	0	0	0	0	0

\*More than one decision can be made in respect of a particular access application. If so, a recording must be made in relation to each such decision.

This also applies to Table B.

# This does not include 1 Third Party consultation from a Government Department

Table B. Number of applications by type of application and outcome

	ACCESS GRANTED IN FULL	ACCESS GRANTED IN PART	ACCESS REFUSED IN FULL	INFORMATION NOT HELD	INFORMATION ALREADY AVAILABLE	REFUSE TO DEAL WITH APPLICATION	REFUSE TO CONFIRM OR DENY WHETHER INFORMATION IS HELD	APPLICATION WITHDRAWN
Personal information applications#	9	1	0	0	0	0	0	0
Access applications (other than personal information applications)	1	0	0	0	0	0	0	1
Access applications that are partly personal information applications and partly other	0	0	0	0	0	0	0	0

# A personal information application is an access application for personal information (as defined in Clause 4 of Schedule 4 of the Act) about the applicant (the applicant being an individual).

# This does not include 1 Third Party consultation from a Government Department

Table C. Invalid applications

REASON FOR INVALIDITY	NUMBER OF APPLICATIONS
Application does not comply with formal requirements (section 41 of the Act)	1
Application is for excluded information of the agency (section 43 of the Act)	0
Application contravenes restraint order (section 110 of the Act)	0
Total number of invalid applications received	1
Invalid applications that subsequently became valid applications	0

# This does not include 1 Third Party consultation from a Government Department

Table D. Conclusive presumption of overriding public interest against disclosure: matters listed in Schedule 1 of the Act

	NUMBER OF TIMES CONSIDERATION USED*
Overriding secrecy laws	0
Cabinet information	0
Executive Council Information	0
Contempt	0
Legal professional privilege	0
Excluded information	0
Documents affecting law enforcement and public safety	0
Transport safety	0
Adoption	0
Care and protection of children	0
Ministerial code of conduct	0
Aboriginal and environmental heritage	0

\* More than one public interest consideration may apply in relation to a particular access application and, if so, each such consideration is to be recorded (but only once per application). This also applies to Table E.

Table E. Other public interest considerations against disclosure: matters listed in table to Section 14 of the Act

	NUMBER OF OCCASIONS WHEN APPLICATION NOT SUCCESSFUL
Responsible and effective government	1
Law enforcement and security	0
Individual rights, judicial processes and natural justice	0
Business interests of agencies and other persons	0
Environment, culture, economy and general matters	0
Secrecy provisions	0
Exempt documents under interstate Freedom of Information legislation	0

# Application was partially released.

Table F. Timelines

	NUMBER OF OCCASIONS WHEN APPLICATION NOT SUCCESSFUL
Decided within the statutory timeframe (20 days plus any extensions)	12
Decided after 35 days (by agreement with applicant)	0
Not decided within time (deemed refusal)	0
Total	12



Table G. Number of applications reviewed under Part 5 of the Act (by type of review and outcome)

	DECISION VARIED	DECISION UPHELD	TOTAL
Internal review	0	0	0
Review by Information Commissioner*	0	0	0
Internal review following recommendation under section 93 of Act	0	0	0
Review by ADT	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>

\*The Information Commissioner does not have the authority to vary decisions, but can make recommendations to the original decision-maker. The data in this case indicates that a recommendation to vary or uphold the original decision has been made by the Information Commissioner.

Table H. Applications for review under Part 5 of the Act (by type of applicant)

	NUMBER OF APPLICATIONS FOR REVIEW
Applications by access applicants	0
Applications by persons to whom information the subject of access applications relates (see section 54 of the Act)	0

# Nepean Blue Mountains

## Local Health Network



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

Telephone: 4734 2120

Facsimile: 4734 3737

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

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

Chief Executive: Kay Hyman

## Local Government Areas

Blue Mountains, Hawkesbury, Lithgow and Penrith.

## Public Hospitals

Blue Mountains District Anzac Memorial Hospital  
Hawkesbury Hospital  
Lithgow Hospital  
Nepean Hospital  
Portland Tabulam Health Centre  
Springwood Hospital

## Community Health Centres

Cranebrook Community Health Centre  
Hawkesbury Community Health Centre  
Katoomba Community Health Centre  
Lawson Community Health Centre  
Lemongrove Community Health Centre  
Lithgow Community Health Centre  
Penrith Community Health Centre  
Portland Community Health Centre

Springwood Community Health Centre  
St Clair Community Health Centre  
St Marys Community Health Centre

## Child and Family Health

Blue Mountains Child and Adolescent Development Unit  
Tresillian Wentworth Family Care Centre

## Oral Health Clinics

Hawkesbury Oral Health Clinic  
Katoomba Oral Health Clinic  
Lithgow Oral Health Clinic  
Nepean Oral Health Clinic  
Springwood Oral Health Clinic

## Other Services

Drug and Alcohol Services  
Mental Health Services  
Aged Day Care  
Sexual Health  
Population Health  
Nepean Cancer Care Centre

## Demographic Summary

Nepean Blue Mountains Local Health Network (NBMLHN) consists of both urban and semi-rural areas, covering almost 9,179 square kilometres. The LHN is responsible for providing primary and secondary health care for people living in the Blue Mountains, Hawkesbury, Lithgow and Penrith local government areas (LGAs) and tertiary care to residents of the Greater Western Region.

The estimated resident population of NBMLHN in 2011 is 345,564 (Table 1), which includes an Aboriginal community (2.6%). The Darug, Gundungarra and Wiradjuri people are acknowledged as the traditional owners of the land covered by the LHN. The number of people identifying as Indigenous in the Census has been increasing in recent years and is estimated to be 8,825 in 2011, although this is widely regarded as an underestimate. The largest indigenous community resides in Penrith. The indigenous population is younger than the wider NBMLHN community with 55.6% under 25 years of age.

The largest proportions of pre-school aged children (less than five years) in 2011 are in the Penrith (7.9%) and Hawkesbury LGAs (7.5%). At the other end of the spectrum, the LGAs of Lithgow (11.8%) and Blue Mountains (9.7%) have the highest proportions of older

residents aged 70 years and over. In the period 2011 to 2021, the proportion of the population aged less than 10 years is expected to remain steady (from 14.1% to 14.2%), while the proportion of older residents will increase from seven to 10%.

Births to existing residents contributed 5,020 persons in 2009, with the highest total fertility rate occurring in Lithgow (2.2 per woman) followed by Blue Mountains, Penrith and Hawkesbury with 2.1 per woman. Greater density of dwellings in older areas and new arrivals of refugees and other migrants contribute to population growth. In 2010, NBMLHN received 503 migrants, 79% of whom settled in Penrith LGA, the main recipients of these new settlers in NBMLHN.

On Census night in 2006, almost one in 10 of the population reported being born overseas. The most frequently reported countries of birth were UK, New Zealand, Germany, Netherlands, Philippines, India, Malta and USA.

Life expectancy at birth in the LGAs ranged from 76.2 and 78.6 for men and 81.7 and 82.8 for women. The increasing populations of older people foreshadow 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, NBMLHN has LGAs at both ends of the spectrum. Among the most disadvantaged areas in NSW, scoring well below the 1,000 average, was Lithgow (937), characterised by low income and educational attainment, and high levels of unemployment. At the opposite end scoring over 1,000, which suggests least disadvantage, were the LGAs of the Blue Mountains (1,051), Hawkesbury (1,033) and Penrith (1006).

The age standardised death rates for NBMLHN residents for the five year period 2003 to 2007 were comparable to the State average for males (782.0 and 750.1 per 100,000 respectively) and females (537.3 and 501.7 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 men in NBMLHN compared to NSW (317.8 and 311.8 per 100,000 respectively), the difference was not significant. However, the rate among women in NBMLHN was significantly higher than the State average (198.7 and 180.7 per 100,000 respectively).

## Chief Executive's Year In Review

As the new Chief Executive I have pleasure in presenting the Nepean Blue Mountains Local Health Network achievements for 2010-11. Since my appointment in early 2011 I have had the opportunity to visit and talk with many of the dedicated and committed staff who work within the network. I am impressed that, even in times of major reform and change everyone remains focused on our primary goal of providing care for our patients and improving the overall health of our community.

One of the key highlights is the performance for elective surgery. By the end of June 2011 no patients were waiting beyond benchmark time for their surgery - a significant turnaround from the previous year.

I was also pleased to know that in December all our hospitals, Mental Health and Drug and Alcohol services were awarded Australian Council on Healthcare Standards (ACHS) Equip 4 Accreditation. This outstanding achievement again is a reflection of everyone working together to provide the highest quality healthcare.

The network has welcomed its new Executive Management Team and the Nepean Blue Mountains Local Health Network Governing Council - which will become the Local Health District Board. With their leadership, wealth of experience and knowledge we will continue to improve local patient outcomes and respond quickly to issues that impact on the health of our local community.

Nepean Hospital has seen the new East Block and the Nepean Clinical School construction progress rapidly throughout the year. The Chemotherapy Day Ward at the Nepean Cancer Care Centre also received an upgrade which was completed in January 2011.

As we strive for a greener and cleaner environment Blue Mountains District Anzac Memorial and Lithgow Hospitals received significant energy efficient upgrades to lighting and solar energy. Blue Mountains District Anzac Memorial Hospital commenced installation of a 220kw cogeneration plant, which combines electricity, heating and hot water generation in one plant with completion expected in October 2011.

Lithgow Hospital welcomed its first group of final year medical students from the University of Notre Dame. Portland residents can now access pathology services at Portland Tabulam Health Centre without having to travel to Lithgow.

Blue Mountains District Anzac Memorial Hospital expanded the general surgery and gynaecology surgery offered to residents of the Blue Mountains and local health network. The Hospital Auxiliary opened a new shop, a new work

station for the Rehabilitation Team was installed and the patient call system upgraded.

I would like to acknowledge and express great appreciation of all the hard work and enthusiasm of our volunteers, donors and fundraising groups who make a difference to the comfort and care of our patients and clients. With their help the Nepean Hospital's North Block now boasts a 'Healing Garden' located outside the Rehabilitation and Aged Care wing, where everyone can take time out to relax and stimulate their senses.

*Kay Hyman, Chief Executive*

## Key Achievements 2010-11

- Stage one of the \$137.8 million Nepean Hospital Redevelopment commenced in July 2010 with the construction of the new East Block including six additional operating theatres, an Ambulatory Procedures Centre and two new purpose-built 30-bed surgical wards and the refurbishment and expansion of Intensive Care from 19 to 24 beds. At the end of June 2011 all projects were well advanced and on schedule. The expansion of the Oral Health Unit and Integrated Mental Health Unit, also part of this redevelopment, will commence later in 2011.
- At the end of June 2011 no patients were waiting beyond NSW benchmark time for their surgery compared to 1,075 surgery patients who had waited beyond benchmark during the same period in 2010. During the past 12 months 6,807 people received planned surgery.
- In November 2010 Nepean Cancer Care Centre's new linear accelerator which provides external beam radiation treatment, was commissioned and the day chemotherapy treatment unit was upgraded to provide an additional four patient chairs in January 2011.
- Nepean Positron Emission Tomography (PET)-CT Scanner was commissioned in December 2010. The scanner detects some of the most difficult to diagnose cancers such as ovarian cancer and melanoma and can show how well cancer treatments are working.
- Lithgow and Blue Mountain District Anzac Memorial Hospitals had significant power supply upgrades. This included upgrading lighting to be energy efficient and installation of 5Kw photovoltaic solar panels.
- Blue Mountains District Anzac Memorial Hospital commenced installation of a 220Kw cogeneration plant which combines electricity, heating and hot water generation in one plant. Once installation is

complete in October 2011 approximately 50% of the hospital's power requirements will be generated on site.

- Lithgow Hospital also installed 32 solar panels to generate hot water for the hydrotherapy pool and domestic use throughout the hospital.
- Mental Health Services for Nepean Blue Mountains Local Health Network received very positive feedback from the ACHS Equip accreditation program as part of the Royal Australian and New Zealand College of Psychiatry renewal of accreditation of its local training program.
- Health Promotion introduced 64 primary schools to participate in the *Live Life Well@School* Program, 73 child care centres to the *Munch and Move* Workshops, developed *A Healthy Eating and Physical Activity Resource Kit* (THE PAK) for TAFE Children's Services teachers and continued to build on strategic relationships with local councils and TAFEs.
- Public Health continued its annual influenza vaccination program, increased its schools vaccination program to 40 local high schools and developed immunisation resources targeting Aboriginal children and adults.
- Drug and Alcohol services implemented a nurse-led 'One-stop-shop' approach for assessment, management and treatment for Hepatitis C in Opioid Treatment Substitution Clinics across the network.
- Lithgow's local community was the hub of activity with the establishment of the Community Health Centre's *Quit Smoking Service* as well as over 500 residents participating in a four week community *Live Well Lithgow Healthy Lifestyle Challenge* and festival activities. Drug and Alcohol worked with Lithgow community radio to run an awareness campaign highlighting the risks of supplying under 18's with alcohol.
- Primary Care and Community Health (PC&CH) have implemented the NSW Health Building Strong Foundations Aboriginal Child and Family Health program through the Cranebrook Community Health Centre and the Strong Fathers, Strong Families program through the Blue Mountains and Lithgow community health services. In partnership with the Nepean Division of General Practice, and local Aboriginal community agencies PC&CH have also implemented a one day a week dental service at the Katoomba for Aboriginal residents from Lithgow and the Blue Mountains as well as providing Aboriginal outreach workers and a chronic care nurse to assist in assessment and linking Aboriginal clients of GPs and Community Health to specialist services.

## Key Planned Activities and Outcomes 2011-12

- Complete components of Nepean Redevelopment Stage III – East Block (six operating rooms and two wards) completed by February 2012, Oral Health Building Stage I completed by March 2012 and Stage II completed by end of June 2012 (32 chairs in total).
- Commence strategic planning process which will include a comprehensive Health Services Plan for the District.
- Finalise the transition to a Local Health District (LHD), incorporating the services that were previously part of the Transition Office - Western.
- Engage in joint planning activities with our Medicare Local to develop and progress partnership projects.
- In conjunction with our Medicare Local develop a Community Engagement Committee to engage and consult with a broad and diverse range of people and groups in the community and provide feedback both to the Medicare Local, the Chief Executive and Nepean Blue Mountains Local Health District (NBMLHD) Board.
- Continue to enhance chronic disease management services through a collaborative approach to care between hospital-based services and community-based services including General Practice and those provided by Non-Government Organisations.
- Respond to feedback provided in the 2011 *Your Say* Workplace Culture survey by involving staff at all levels of the organisation in developing ways of addressing the identified issues across all facilities of the LHD.
- Reduce bureaucracy in NBMLHD by reducing the layers of management and ensuring responsibility and accountability devolved as close to the patient interface as possible. This will be achieved through training and development for all those holding management responsibility within the LHD.

## Equal Employment Opportunities

### Key Achievements 2010-11

#### Aboriginal and Torres Strait Islander People

- Aboriginal Nursing and Midwifery Cadetships - NBMLHN employed four Aboriginal people in Aboriginal Nursing Cadetships, under the NSW Aboriginal Cadetship Program. One of the four cadets has currently deferred and will return in 2012.
- HSC Human Services Curriculum Framework - In 2011, the new VET in Schools HSC Human Schools Curriculum Framework was introduced. There are currently ninety Year 11 students enrolled and participating in work

placements within the NBMLHN. Of these 90 students two students are of Aboriginal or Torres Strait Islander descent, making course participation by Aboriginal or Torres Strait Islander people 2%.

#### People with disabilities

- For the third consecutive year International Day of People with a Disability was celebrated across the organisation with Nepean Hospital inviting local agencies to participate in a promotion of services.
- Consultations were held with staff and volunteers with a disability to gain a better understanding regarding the positives in their employment/engagement. This process was undertaken to identify the staff's positive experiences and how these could be used to inform ongoing workplace management issues. These consultations produced a report giving clear recommendations and creating opportunities for improvements to be introduced into the employment of people with a disability and for the deployment of volunteers with a disability.
- A staff member was seconded to Learning and Development Services to develop a training package to support staff awareness on disability. It is expected that this Program will be rolled out as a mandatory training requirement for all staff within the organisation.
- Human Resources have developed comprehensive Guidelines for Managers and Employees on Reasonable Adjustment for an Employee with a Disability. This document is accessible on the intranet.
- The Transition to Work program initiative that has incorporated a partnership with some non-government training agencies specialising in the work placement of young people with a disability continued during 2011.
- A temporary Disability Workforce Committee, consisting of members from both Blacktown / Mt Druitt and Nepean Hospital, was established to plan the development and expansion of an Area-wide Work Experience Program for people with a disability. This program will engage with multiple Disability Employment Agencies across the LGAs, giving more opportunity for a variety of participants within the community to undertake work experience within the health service.
- A three year Disability HR Business Plan was developed by HR and a newly established HR role titled 'Disability Employment Services Consultant' (DESC) was formalised to increase the employment of people with a disability.
- Strategies within this Business Plan include: Work Experience, Transition to Work and Traineeship/ Apprenticeship Program initiatives; Disability Awareness and Promotion initiatives; Reasonable Adjustment and accessibility initiatives; Statistical evaluation initiatives; Staff retention initiatives.

#### People whose first language was not English

- WSLHN continued to be above the benchmark for employing people whose first language was not English. 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

- WSLHN continued to be above the benchmark for employing women. This is typical of the health care sector in general, where the single largest occupational group is nursing most of whom are female.

### Key Planned Activities and Outcomes 2011-12

- In 2011, NSW Health has expanded the Cadetships to now encompass Aboriginal Allied Health Cadetships and recruitment is in process for attracting students onto the Cadetship. It is anticipated through a number of marketing strategies that the Aboriginal Allied Health Cadetships will see greater uptake in 2012.
- The Cadetship Co-ordinator is currently working closely with the NSW Health, Nursing and Midwifery Office and other co-ordinators around the State to review and devise effective marketing and recruitment strategies to increase numbers on the Aboriginal Nursing and Midwifery Cadetship.
- In 2011-12 much of the work undertaken for people with disabilities will continue.
- A training package to support staff awareness on disability will be finalised and available for use in the latter months of 2011.
- A promotional plan to encourage use of the Guidelines for Managers and Employees on Reasonable Adjustment for an Employee with a Disability will be developed.
- A formal Work Experience Program will be developed and in its implementation phase by the end of 2011.

Table 1. Trends in the Representation of EEO Groups<sup>1</sup>

EEO Group	Benchmark or target	% OF TOTAL STAFF <sup>2</sup>			
		2008	2009	2010	2011
Women	50%	0	0	0	78.0%
Aboriginal people and Torres Strait Islanders	2.6% <sup>3</sup>	0	0	0	0.9%
People whose first language was not English	19%	0	0	0	17.1%
People with a disability	N/A <sup>4</sup>	0	0	0	3.8%
People with a disability requiring work-related adjustment <sup>5</sup>	1.1% (2011) 1.3% (2012) 1.5% (2013)	0	0	0	0.5%

Table 2. Trends in the Distribution of EEO Groups<sup>6</sup>

EEO Group	Benchmark or target	DISTRIBUTION INDEX <sup>7</sup>			
		2008	2009	2010	2011
Women	100	0	0	0	87
Aboriginal people and Torres Strait Islanders	100	0	0	0	82
People whose first language was not English	100	0	0	0	112
People with a disability	100	0	0	0	102
People with a disability requiring work-related adjustment	100	0	0	0	0

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.** Per cent employment levels are reported but a benchmark level has not been set. **5.** Minimum annual incremental target. **6.** 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 of more than 100 indicates that the EEO group is less concentrated at the lower salary levels. **7.** Excludes casual staff.

\* EEO survey was conducted in June 2011 elicited a low response rate (22%). A distribution index based on an EEO survey response rate of less than 80% may not be completely accurate.

## Government Information (Public Access) Act 2009

The *Government Information (Public Access) Act 2009* (GIPA Act) gives the public new rights to information that are designed to meet community expectations of more open and transparent government. The Act encourages the routine and proactive release of government information, gives members of the public an enforceable right to obtain government information, and only restricts access to government information when there is an overriding public interest against disclosure.

Nepean Blue Mountains undertakes regular reviews of its program for release of government information to identify information held that may in the public interest be made publicly available.

During the period 1 January 2011 to 30 June 2011, Nepean Blue Mountains Local Health Network (NBMLHN) received a total of five new access applications under the GIPA Act. In

addition, due to the dissolution of former Sydney West Area Health Service (SWAHS) and establishment of Nepean Blue Mountains Local Health Network on 1 January 2011, three access applications received by former SWAHS applicable to NBMLHN were carried forward for completion in January – June 2011. Of the eight access applications processed, two were processed as informal release in agreement with the applicant and one application was still being processed at the end of the reporting period. In total, five formal access applications were completed in this reporting period.

During the reporting period, most GIPA applications received by Nepean Blue Mountains Local Health Network (informal and formal) related to incidents/adverse events, staff work performance, asbestos, and waiting list statistics. Of the five formal access applications completed, nil were granted in full, two were granted in part, and three applications were withdrawn by the applicant.

Nepean Blue Mountains Local Health Network received two formal access applications for personal information, two formal access applications from members of parliament and

one access application from the media. One formal access applications required consultation with a party outside Nepean Blue Mountains Local Health Network. In addition, Nepean Blue Mountains Local Health Network dealt with one third party consultation from another agency during the reporting period.

One personal application received by Nepean Blue Mountains Local Health Network during the reporting period was refused in part because the application was for the disclosure of information referred to in Schedule 1 to the GIPA Act, i.e. Information for which there is conclusive presumption of overriding public interest against disclosure (Legal Professional Privilege).

In relation to applications refused in part or in full, other public considerations against disclosure included responsible and effective government (one application) and individual rights, judicial processes and natural justice (one application). Of the two formal access applications decided (excluding withdrawn applications), both (100%) were decided within the statutory timeframe.

Information, as set out in the required form in Schedule 2 of the *Government Information (Public Access) Amendment Regulation 2010*, relating to the access applications made to the Nepean Blue Mountains Local Health Network during 2010-11 is provided below.



Table A. Number of applications by type of applicant and outcome\*

	ACCESS GRANTED IN FULL	ACCESS GRANTED IN PART	ACCESS REFUSED IN FULL	INFORMATION NOT HELD	INFORMATION ALREADY AVAILABLE	REFUSE TO DEAL WITH APPLICATION	REFUSE TO CONFIRM OR DENY WHETHER INFORMATION IS HELD	APPLICATION WITHDRAWN
Media	0	1	0	0	0	0	0	0
Members of Parliament	0	0	0	0	0	0	0	2
Private sector business	0	0	0	0	0	0	0	0
Not for profit organisations or community groups	0	0	0	0	0	0	0	0
Members of the public (application by legal representative)	0	0	0	0	0	0	0	0
Members of the public (other)	0	1	0	0	0	0	0	1

\*More than one decision can be made in respect of a particular access application. If so, a recording must be made in relation to each such decision. This also applies to Table B.

Table B. Number of applications by type of application and outcome

	ACCESS GRANTED IN FULL	ACCESS GRANTED IN PART	ACCESS REFUSED IN FULL	INFORMATION NOT HELD	INFORMATION ALREADY AVAILABLE	REFUSE TO DEAL WITH APPLICATION	REFUSE TO CONFIRM OR DENY WHETHER INFORMATION IS HELD	APPLICATION WITHDRAWN
Personal information applications#	0	1	0	0	0	0	0	1
Access applications (other than personal information applications)	0	1	0	0	0	0	0	2
Access applications that are partly personal information applications and partly other	0	0	0	0	0	0	0	0

# A personal information application is an access application for personal information (as defined in Clause 4 of Schedule 4 of the Act) about the applicant (the applicant being an individual).

Table C. Invalid applications

REASON FOR INVALIDITY	NUMBER OF APPLICATIONS
Application does not comply with formal requirements (section 41 of the Act)	0
Application is for excluded information of the agency (section 43 of the Act)	0
Application contravenes restraint order (section 110 of the Act)	0
Total number of invalid applications received	0
Invalid applications that subsequently became valid applications	0

Table D. Conclusive presumption of overriding public interest against disclosure: matters listed in Schedule 1 of the Act

	NUMBER OF TIMES CONSIDERATION USED*
Overriding secrecy laws	0
Cabinet information	0
Executive Council Information	0
Contempt	0
Legal professional privilege	1
Excluded information	0
Documents affecting law enforcement and public safety	0
Transport safety	0
Adoption	0
Care and protection of children	0
Ministerial code of conduct	0
Aboriginal and environmental heritage	0

\* More than one public interest consideration may apply in relation to a particular access application and, if so, each such consideration is to be recorded (but only once per application). This also applies to Table E.

Table E. Other public interest considerations against disclosure: matters listed in table to Section 14 of the Act

	NUMBER OF OCCASIONS WHEN APPLICATION NOT SUCCESSFUL
Responsible and effective government	1
Law enforcement and security	0
Individual rights, judicial processes and natural justice	1
Business interests of agencies and other persons	0
Environment, culture, economy and general matters	0
Secrecy provisions	0
Exempt documents under interstate Freedom of Information legislation	0

Table F. Timelines

	NUMBER OF OCCASIONS WHEN APPLICATION NOT SUCCESSFUL
Decided within the statutory timeframe (20 days plus any extensions)	2
Decided after 35 days (by agreement with applicant)	0
Not decided within time (deemed refusal)	0
<b>Total</b>	<b>0</b>

Table G. Number of applications reviewed under Part 5 of the Act (by type of review and outcome)

	DECISION VARIED	DECISION UPHELD	TOTAL
Internal review	0	0	0
Review by Information Commissioner*	0	0	0
Internal review following recommendation under section 93 of Act	0	0	0
Review by ADT	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>

\*The Information Commissioner does not have the authority to vary decisions, but can make recommendations to the original decision-maker. The data in this case indicates that a recommendation to vary or uphold the original decision has been made by the Information Commissioner.

Table H. Applications for review under Part 5 of the Act (by type of applicant)

	NUMBER OF APPLICATIONS FOR REVIEW
Applications by access applicants	0
Applications by persons to whom information the subject of access applications relates (see section 54 of the Act)	0

# Northern Sydney

## Local Health Network



**Reserve Road, St Leonards**  
**PO Box 4007 LPO**  
**St Leonards NSW 2065**

Telephone: 9926 8418

Facsimile: 9926 6025

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

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

Chief Executive: Vicki Taylor

## Local Government Areas

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

## Public Hospitals

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

## Community Health Centres

Berowra Community Health Centre  
Brooklyn Community Health Centre  
Brookvale (Mental Health Outreach)  
Chatswood Community Health Centre  
Cremorne Clinic (Mental Health Outreach)  
Frenchs Forest Community Health Centre

Galston Community Health Centre  
Hornsby Community Health Centre  
Mona Vale Community Health Centre  
Mosman (Aged Care Rehabilitation)  
North Turramurra (Aged Care)  
Pennant Hills Community Health Centre  
Queenscliff Community Health Centre  
Royal North Shore Community Health Centre  
Top Ryde Community Health Centre  
Turramurra (Hillview) Community Health Centre  
Wahroonga (Mental Health Outreach)  
Wiseman's Ferry Community Health Centre

## Child and Family Health

Allambie Heights (Physical Abilities Unit)  
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  
Frenchs Forest Early Childhood Health Centre  
Galston Community Health  
Gladesville Early Childhood Centre  
Harbord Early Childhood Health Centre  
Hornsby Early Childhood Centre  
Hunters Hill Early Childhood Centre  
Lane Cove Early Childhood Centre  
Lindfield Early Childhood Centre  
Manly Early Childhood Health Centre  
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  
West Ryde Early Childhood Centre  
Willoughby Early Childhood Centre  
Wiseman's Ferry Community Health Centre

## Oral Health Clinics

Dee Why Child Oral Health Clinic  
Hornsby Hospital Oral Health Clinic  
Mona Vale Hospital Oral Health Clinic

North Ryde Community Oral Health Clinic  
Royal North Shore Hospital Oral Health Clinic  
Stewart House Child Oral Health Clinic  
Top Ryde Community Oral Health Clinic

## Third Schedule Facilities

Hammond Care Health and Hospitals – Greenwich Hospital,  
Neringah Hospital  
Royal Rehabilitation Centre Sydney

## Other Services

Aboriginal Health  
Acute Post Acute Care (APAC)  
BreastScreen  
Child Protection  
Chronic Care  
Drug and Alcohol  
Mental Health  
Northern Sydney Home Nursing Service  
Richard Geeves Centre – Dementia Day Centre  
Sexual Health  
Violence, Abuse, Neglect and Sexual Assault

## Demographic Summary

Northern Sydney Local Health Network (NSLHN) provides health services in an area covering just over 900 square kilometres. The area extends north from Sydney Harbour to the Hawkesbury River and from the Northern Beaches area west to the Old Northern Road.

It is estimated that 839,699 people lived in the area in 2011, which is 11.7% of the population of NSW and 15.2% of those aged 85 years or more. The range is significant because older age groups need considerably more health care than the general population.

By 2021, the population is estimated to be more than 903,644 people, which will be 11.3% of the NSW population and 13.7% of those aged 85 years or more. In 2021, it is expected that just over 25,992 people will be aged 85 years or over in NSLHN. This will be an increase of 3,844 more people aged 85 years and over (17.4%) in NSLHN.

Over the next decade, the population in NSLHN aged between 70 and 79 years is expected to grow the most. By 2021, there will be 10,065 more people aged 70-74 years (37.5% increase) and 8,028 more people aged 75-79 years (37.7% increase).

Up to 26% of NSLHN residents were born in a non-English speaking country. The country of birth data is also reflected in the language preferences of NSLHN residents. Just over

80% of the population speak only English. Cantonese, Mandarin, Korean, Italian, Japanese, Arabic, German, Spanish, Persian and Greek 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.

In 2006, the estimated Aboriginal and Torres Strait Islander population in NSLHN was 1,895 people, which represented less than 1% of NSLHN's total population.

The mortality rate for NSLHN residents is significantly lower than that of NSW residents, indicating that NSLHN residents have a better health status than residents of NSW overall. In 2006 there were 5,280 deaths from all causes. Cancer was the most common overall cause of death, accounting for 28.2% of all deaths. Cardiovascular disease was the second most common cause of death being attributed to 27.6% of deaths.

Potentially avoidable deaths under the age of 75 years (those deaths that could have been potentially avoided through lifestyle modification, early detection and prolonging life activities) for NSLHN residents are also significantly below NSW rates.

## Chief Executive's Year In Review

The six months from January to end June 2011 was a period of great change for health staff across New South Wales as eight Area Health Services transitioned to 15 Local Health Networks. I am particularly proud of the way in which the staff of Northern Sydney Local Health Network remained committed to providing excellent health care to our patients as they dealt with the changes and inevitable disruptions at their work places.

Change is never easy, but we worked together - and will continue to work together - to ensure that the transition process was as smooth as possible and that the needs of our patients remained the priority in all we did.

In fact, during that period of change and transition we managed to maintain and improve our performance in both Emergency Department and surgical waiting times, with NSLHN facilities regularly performing among the best in the State for the delivery of timely, high quality and safe health care.

Our financial performance improved significantly over the six month reporting period, with the LHN ending the year with a \$4.1 million deficit – less than 1% of the total budget.

Some of the 'bricks and mortar' highlights during the reporting period were the opening of Royal North Shore's Community Health Building - stage one of the \$1.07 billion

redevelopment of the campus, continuing work on the Acute Services Building due for completion in late 2012, the beginning of enabling works for the 64-bed Graythwaite Rehabilitation Centre to be built on the Ryde Hospital campus, approval for an upgrade of the Mona Vale Hospital façade and formal planning for stage one of the Hornsby Ku-ring-gai Hospital development.

We are excited about the opportunities the developments currently underway and those still in the planning phase provide us to plan a more innovative, effective and efficient health service.

We plan to leverage the success of the clinicians and researchers working both within and outside the Kolling Institute to develop an Academic Health centre at the Royal North Shore site in partnership with the University of Sydney and other interested institutions. It will be the first such Academic Health centre in Australia and once established we plan to replicate the model across our other facilities.

I want to acknowledge the support and commitment of the NSLHN executive team and Local Governing Council during these six months. Without them, all that we have achieved and all that we are planning would be impossible.

I believe our people remain our greatest asset and while I do not have room here to identify all those who have done that bit extra than required during the past few months, I do want to mention three - my apologies, I know there are many more.

Midwives Anne Keely and Leonie Hewitt, both Clinical Midwife Specialists at the Ryde Midwifery Group Practice, were joint recipients of the 2011 Australian College of Midwives NSW Midwife of the Year Award, with the judges describing them as "excellent examples of how a midwife can have a powerful, transformational impact on the lives of the women and families they care for".

Marianna Wong, Vocational Co-ordinator with Mental Health Drug and Alcohol, won a 2010 Premier's Award for Individual Excellence in the same ceremony that her VETE (Vocational Educational, Training and Employment) team won the Delivering Services category.

We were all extremely proud of their achievements.

*Vicki Taylor, Chief Executive*

## Key Achievements 2010-11

- Aged Care Rapid Access model of care introduced at Mona Vale Hospital to support the care of the frail elderly by providing improved GP access to geriatricians for rapid community assessment and treatment in the home.
- Royal North Shore Community Health Centre opened to the public, part of the \$1.07 billion RNS Redevelopment project.
- Peak Community Participation Committee established as a sub-committee of the Board.
- Northern Sydney was the first Local Health Network in the State to launch the Adult DETECT program and an interim training package for paediatric patients as part of the Between the Flags initiative.
- Royal North Shore Hospital's four-bed Psychiatric Emergency Care Centre (PECC) commissioned.
- Sounding Board website established on the Internet for people wanting to contact Board Members.
- Purpose-built simulation centre for staff training commissioned at Mona Vale Hospital.
- eASY (electronic Antibiotic Stewardship System) launched at Manly and Mona Vale Hospitals to reduce delays in accessing antibiotics by ensuring streamlined access to an on-call microbiologist.
- Enabling works begin on the Graythwaite Rehabilitation Centre at Ryde Hospital which will deliver a modern 64-bed inpatient unit with direct links to the main hospital for speedy access to emergency, general medicine, and surgical care.
- Unanimous agreement achieved with Royal North Shore clinicians to the inclusion of Women's and Children's services, Burns and Mental Health in the proposed Clinical Services Building.
- Subsidised MBAs (Masters of Business Administration) offered to NSLHN staff.

## Key Planned Activities and Outcomes 2011-12

- Preparation for the transition of staff, patients and services to the new Acute Services Building, due to open in late 2012 as part of the \$1.07 billion Royal North Shore redevelopment.
- Electronic Medical Records (eMR) implementation across NSLHN including FirstNet, SurgiNet, eOrders, clinical documentation and new electronic discharge referral system.
- Commissioning of Manly Hospital's four-bed Psychiatric Emergency Care Centre (PECC).

- Construction of a 12-bed Children and Adolescent Mental Health Service (CAMHS) at Hornsby Ku-ring-gai Hospital.
- Development of a rehabilitation model of care across North Shore Ryde Health Service.
- Construction of an 18-bed Medical Assessment Unit (MAU) at Hornsby Ku-ring-gai Hospital.
- Continuation of work on improving and standardising clinical handover, in particular out-of-hours.
- Senior executives and managers training in 'leading a Positive Culture' continues.
- Formal planning for Stage 1 of the Hornsby Ku-ring-gai Hospital development.
- Review of alternative models for delivery of ward care with a view to basing the multi-disciplinary team around the patient, in line with the Minister for Health's priority that "every decision and every person working in the health system must be focused on the patient".
- Identification and implementation of a single electronic risk register and escalation model for identifying, describing, grading, prioritising and escalating clinical risks.

## Equal Employment Opportunities

### Key Achievements 2010-11

- Network-wide Disability Plan developed.
- Aboriginal Employees Career/Leadership/Management program established.
- Quarterly Aboriginal Workforce Newsletter launched.
- Carers' information and material for staff who are carers promoted via new links on Workforce intranet.

### Key Planned Activities and Outcomes 2011-12

- Establish key contacts for potential applicants with disabilities to improve access to employment for people with a disability.
- Increase Aboriginal employment participant numbers through individualised training programs.
- Establish a more structured approach to Aboriginal culture awareness and competence.
- Improve quality of current employee EEO data and improve future EEO data collection.

Table 1. Trends in the Representation of EEO Groups<sup>1</sup>

EEO Group	Benchmark or target	% OF TOTAL STAFF <sup>2</sup>			
		2008	2009	2010	2011
Women	50%	0	0	0	76.2%
Aboriginal people and Torres Strait Islanders	2.6% <sup>3</sup>	0	0	0	0.4%
People whose first language was not English	19%	0	0	0	19.8%
People with a disability	N/A <sup>4</sup>	0	0	0	1.1%
People with a disability requiring work-related adjustment <sup>5</sup>	1.1% (2011) 1.3% (2012) 1.5% (2013)	0	0	0	0.2%

Table 2. Trends in the Distribution of EEO Groups<sup>6</sup>

EEO Group	Benchmark or target	DISTRIBUTION INDEX <sup>7</sup>			
		2008	2009	2010	2011
Women	100	0	0	0	96
Aboriginal people and Torres Strait Islanders	100	0	0	0	84
People whose first language was not English	100	0	0	0	89
People with a disability	100	0	0	0	95
People with a disability requiring work-related adjustment	100	0	0	0	0

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.** Per cent employment levels are reported but a benchmark level has not been set. **5.** Minimum annual incremental target. **6.** 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 of more than 100 indicates that the EEO group is less concentrated at the lower salary levels. **7.** Excludes casual staff.

\* EEO survey was conducted in June 2011 elicited a low response rate (22%). A distribution index based on an EEO survey response rate of less than 80% may not be completely accurate.

## Government Information (Public Access) Act 2009

The *Government Information (Public Access) Act 2009* (GIPA Act) took effect on 1 July 2010, replacing the Freedom of Information Act 1989 (NSW). The Act applies to all NSW government agencies, including government departments, Ministers and their personal staff, public authorities, public offices, local authorities, courts and persons or entities deemed to be an agency under the regulations.

The Northern Sydney Local Health Network (NSLHN) came into effect on 1 January 2011. The following narrative and report details the GIPA ACT applications received between 1 January 2011 and 30 June 2011.

NSLHN received in total six GIPA ACT applications. Of those, four were from members of the public with one application granted access in full, one granted part access, one refused access in full and one, information was not held. There were two applications from the media, one application granted in part and one withdrawn. Of the six applications, there was one internal review, which was upheld.

Information, as set out in the required form in Schedule 2 of the *Government Information (Public Access) Amendment Regulation 2010*, relating to the access applications made to the Northern Sydney Local Health Network during 2010-11 is provided below.



Table A. Number of applications by type of applicant and outcome\*

	ACCESS GRANTED IN FULL	ACCESS GRANTED IN PART	ACCESS REFUSED IN FULL	INFORMATION NOT HELD	INFORMATION ALREADY AVAILABLE	REFUSE TO DEAL WITH APPLICATION	REFUSE TO CONFIRM OR DENY WHETHER INFORMATION IS HELD	APPLICATION WITHDRAWN
Media	0	1	0	0	0	0	0	1
Members of Parliament	0	0	0	0	0	0	0	0
Private sector business	0	0	0	0	0	0	0	0
Not for profit organisations or community groups	0	0	0	0	0	0	0	0
Members of the public (application by legal representative)	0	0	0	0	0	0	0	0
Members of the public (other)	1	1	1	1	0	0	0	0

\*More than one decision can be made in respect of a particular access application. If so, a recording must be made in relation to each such decision. This also applies to Table B.

Table B. Number of applications by type of application and outcome

	ACCESS GRANTED IN FULL	ACCESS GRANTED IN PART	ACCESS REFUSED IN FULL	INFORMATION NOT HELD	INFORMATION ALREADY AVAILABLE	REFUSE TO DEAL WITH APPLICATION	REFUSE TO CONFIRM OR DENY WHETHER INFORMATION IS HELD	APPLICATION WITHDRAWN
Personal information applications#	1	1	1	1	0	0	0	0
Access applications (other than personal information applications)	0	1	0	0	0	0	0	1
Access applications that are partly personal information applications and partly other	0	0	0	0	0	0	0	0

# A personal information application is an access application for personal information (as defined in Clause 4 of Schedule 4 of the Act) about the applicant (the applicant being an individual).

Table C. Invalid applications

REASON FOR INVALIDITY	NUMBER OF APPLICATIONS
Application does not comply with formal requirements (section 41 of the Act)	0
Application is for excluded information of the agency (section 43 of the Act)	0
Application contravenes restraint order (section 110 of the Act)	0
Total number of invalid applications received	0
Invalid applications that subsequently became valid applications	0

Table D. Conclusive presumption of overriding public interest against disclosure: matters listed in Schedule 1 of the Act

	NUMBER OF TIMES CONSIDERATION USED*
Overriding secrecy laws	0
Cabinet information	0
Executive Council Information	0
Contempt	0
Legal professional privilege	0
Excluded information	0
Documents affecting law enforcement and public safety	0
Transport safety	0
Adoption	0
Care and protection of children	0
Ministerial code of conduct	0
Aboriginal and environmental heritage	0

\* More than one public interest consideration may apply in relation to a particular access application and, if so, each such consideration is to be recorded (but only once per application). This also applies to Table E.

Table E. Other public interest considerations against disclosure: matters listed in table to Section 14 of the Act

	NUMBER OF OCCASIONS WHEN APPLICATION NOT SUCCESSFUL
Responsible and effective government	0
Law enforcement and security	0
Individual rights, judicial processes and natural justice	1
Business interests of agencies and other persons	0
Environment, culture, economy and general matters	0
Secrecy provisions	0
Exempt documents under interstate Freedom of Information legislation	0

Table F. Timelines

	NUMBER OF OCCASIONS WHEN APPLICATION NOT SUCCESSFUL
Decided within the statutory timeframe (20 days plus any extensions)	6
Decided after 35 days (by agreement with applicant)	0
Not decided within time (deemed refusal)	0
<b>Total</b>	<b>6</b>

Table G. Number of applications reviewed under Part 5 of the Act (by type of review and outcome)

	DECISION VARIED	DECISION UPHELD	TOTAL
Internal review	0	1	1
Review by Information Commissioner*	0	0	0
Internal review following recommendation under section 93 of Act	0	0	0
Review by ADT	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>1</b>

\*The Information Commissioner does not have the authority to vary decisions, but can make recommendations to the original decision-maker. The data in this case indicates that a recommendation to vary or uphold the original decision has been made by the Information Commissioner.

Table H. Applications for review under Part 5 of the Act (by type of applicant)

	NUMBER OF APPLICATIONS FOR REVIEW
Applications by access applicants	0
Applications by persons to whom information the subject of access applications relates (see section 54 of the Act)	0

# South Eastern Sydney

## Local Health Network



**Cnr The Kingsway and Kareena Road,  
Caringbah  
Locked Mail Bag 21  
Taren Point NSW 2229**

Telephone: 9540 7756

Facsimile: 9540 8757

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

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

Chief Executive: Terry Clout

## Local Government Areas

Botany Bay, Hurstville, Kogarah, Lord Howe Island, Randwick, Rockdale, Sutherland, Sydney (Sydney East and Sydney Inner Areas only), Waverley and Woollahra.

## Public Hospitals

Prince of Wales Hospital  
Royal Hospital for Women  
St George Hospital  
Sutherland Hospital  
Sydney/Sydney Eye Hospital

## Public Nursing Homes

Garrawarra Centre

## Community Health Centres

Annabel House Dementia Day Care Centre  
Bondi Junction (Mental Health) Community Health Centre  
Caringbah Community Health Centre (Sutherland Hospital Grounds)

Darlinghurst Community Health Centre  
Engadine Community Health Centre  
Hurstville (Mental Health) Community Health Centre  
La Perouse Aboriginal Community Health Centre  
Maroubra (Mental Health) Community Health Centre  
Menai Community Health Centre  
Peakhurst Community Health Centre  
Prince of Wales Community Health Centre  
Rockdale Community Health Centre  
Southcare (Miranda)

## Child and Family Health

Arncliffe Early Childhood Centre  
Bondi Beach Early Childhood Centre  
Brighton Early Childhood Centre  
Bundeena Early Childhood Centre  
Caringbah Early Childhood Centre  
Cronulla Early Childhood Centre  
Double Bay Early Childhood Centre  
Eastgardens Early Childhood Centre (Pagewood)  
Engadine Early Childhood Centre  
Gymea Early Childhood Centre  
Hurstville Early Childhood Centre  
Hurstville South Early Childhood Centre  
Kings Cross Early Childhood Centre (Potts point)  
Kingsgrove Early Childhood Centre  
Kogarah Early Childhood Centre  
Kurnell Early Childhood Centre  
Mascot Early Childhood Centre  
Menai Early Childhood Centre  
Miranda Early Childhood Centre  
Oatley Early Childhood Centre  
Paddington Early Childhood Centre  
Possum Cottage – Sutherland Hospital Grounds  
Ramsgate Early Childhood Centre  
Randwick Early Childhood Centre  
Riverwood Early Childhood Centre  
Rockdale Early Childhood Centre  
Sutherland Early Childhood Centre  
Waverly Early Childhood Centre

## Oral Health Clinics

Chifley Dental Clinic  
Daceyville Dental Clinic  
Hurstville Dental Clinic  
Mascot Dental Clinic  
Menai Dental Clinic  
Prince of Wales Hospital Dental Clinic  
Rockdale Dental Clinic  
Special Needs Dental Clinic, Surry Hills  
Sutherland Hospital Dental Clinic (incl. Child Dental Clinic)

## Third Schedule Facilities

Calvary Health Care (Southern Sector)  
Gower Wilson Memorial Hospital, Lord Howe Island  
(Northern Sector)  
War Memorial Hospital (Northern Sector)

## Other Services

Albion Street Centre (Surry Hills)  
Alexandria Community Outreach Centre  
Darlinghurst Road Centre (Darlinghurst)  
Kirketon Road Clinic (Darlinghurst)  
Kogarah Diagnosis and Assessment Disability Services  
Miranda Breast Screening Unit  
Non Clinical Respite Centre (Bourke Street Sydney)  
Primrose House (Dolls Point)  
St Paul's Street Cottage (Randwick)

## Demographic Summary

SESLHN covers approximately 490 square kilometres. At the 2006 Census of Population and Housing an estimated 794,945 people lived in the SESLHN, accounting for 12% of the NSW population. About 45% of residents live in the Northern Sector (354,701) and 55% in Southern Sector (440,244).

An additional 750,000 people travel to the Network each day for business, study and recreation. The SESLHN has a growing and ageing population which is projected to increase by 12% by 2021 (ie. expected to reach 887,289).

Sutherland LGA has the highest proportion of residents aged 70 years and over with 26%, followed by Randwick LGA with 15%. Sutherland LGA also has the highest proportion of children aged less than five years with over 30%, followed by Randwick with 15%.

Between 2006 and 2021, the fastest growing age groups in the SESLHN will be the 85 years and over age group (52% increase), and the 70-84 years age group (30% increase). Over the same period, the population of children aged 0-4 years is expected to increase by 16%.

In 2006, the estimated Aboriginal and Torres Strait Islander (Aboriginal) population of SESLHN was 5,076 (0.64%) of the total SESLHN population. About 56% live in the Northern Sector. The Botany Bay LGA has the highest proportion of Aboriginal people with 1.7% of the total LGA population, followed by Randwick LGA with 1.2%.

The highest numbers of Aboriginal people live in the Randwick LGA (1,474) followed by Sutherland (1,256), Botany Bay (633) and Rockdale (453) LGAs.

Aboriginal people have a different population age structure to the rest of the SESLHN population. While the non-Aboriginal population of SESLHN is rapidly ageing, Aboriginal peoples are facing increased growth in young age groups, due to higher levels of fertility and mortality. In 2006, 27% of Aboriginal SESLHN residents were under 15 years of age, compared with 16% of non-Aboriginal residents. Persons aged 65 years and over comprised 5.1% of the Aboriginal population and 14% of the non-Aboriginal population.

People born overseas comprised 30% (nearly 244,000) of the total SESLHN population in 2006. About half live in the Northern Sector and half in Southern Sector. Of these, 164,051 (21%) were born in a non-English speaking country. The major countries of birth for overseas-born non-English speaking residents are, in order, China, Greece, Italy, India and Indonesia. The most frequently reported languages spoken at home after English are, in order, Greek, Cantonese, Mandarin, Arabic, Italian, and Macedonian.

The size of the SESLHN over 65 year old culturally and linguistically diverse community is increasing more rapidly than the Australian average.

Each year about 7,500 people migrate from overseas into the SESLHN catchment area.

The majority of newly arrived migrants are aged 18-35 years and largely from China and India. Most new arrivals in SESLHN settle in the St George area. Rapidly emerging communities include people from Bangladesh and Nepal. Those from Bangladesh are predominantly settling in the Northern Sector. Of new arrivals to the Network, 1.3% are refugees, many with complex health needs.

Aboriginal people are consistently more disadvantaged than the non-Aboriginal population. In 2006, the unemployment rate was higher among Aboriginal than non-Aboriginal people across all SESLHN LGAs but one, with the highest Aboriginal unemployment rates in Randwick LGA (15.9%) and Sydney East SLA (15.4%) (as compared to 4.5% and 4.2% for the total populations, respectively).

In 2006, it was estimated that about 23% of NSW's homeless live in the SESLHN, equating to over 6,000 homeless people. More than one in five high risk youth accessing the Inner City Youth Project are Aboriginal.

## Chief Executive's Year In Review

I am delighted to present the South Eastern Sydney Local Health Network's contribution to the NSW Department of Health's 2010-11 Annual Report.

Over the past 12 months South Eastern Sydney services and facilities continued to provide high quality, safe and effective health care to the community in the challenging context of

significant sector reform. Our highly skilled and dedicated employees are to be congratulated for their conscientious contributions towards achieving the organisation's strategic goals and objectives during this testing time of transformation. We are indeed fortunate to have such skilful, caring and committed frontline health professionals and support staff working for our Network in the delivery of world-standard health services.

Our achievements of the past year have occurred against a background of significant and important change in the way we deliver health services in South Eastern Sydney.

The National Health Reforms agreed to in 2010 necessitated major structural change as New South Wales became the first State to adopt the smaller Local Health Network configuration of services and devolved governance model. Further, the new New South Wales Government announced legislative changes which will include the establishment of Local District Boards, the move from Networks to Districts and the disbanding of the Health Reform Transitional Organisations. As a result our support staff have been actively engaged in preparations to ensure a smooth transition to the new arrangements later in 2011.

I am pleased to report we have consistently met our surgical benchmarks in relation to medically reasonable wait times throughout the year. Whilst we have shown significant improvement in delivering timely care in the Emergency Department, meeting key performance indicators remains a significant challenge. Strategies targeted at mitigating, monitoring and managing wait times have been implemented at a number of facilities with promising preliminary results.

We have acknowledged that people living with mental illness require a range of services to strengthen their community engagement and improve their quality of life. In recognition of the significant and growing burden of mental illness in our community, new mental health priority investments have contributed to improving service integration and program delivery.

Another priority area for the Network has been the provision of appropriate cancer care services for the local community. In addition to equipment and facility investments, greater focus has been placed on improving care co-ordination for our patients and carers. This has encompassed the strengthening of information sharing between health care events, making service delivery complementary and timely, and building effective relationships.

The Network has invested heavily in ancillary functions to support service delivery including building on health information systems, enhancing research capacity and

upgrading infrastructure. Several key capital, information systems and infrastructure projects are underway, and others are in the important planning stages.

Over the past year we have continued to augment our clinical governance structures and processes to provide our patients with safe, high quality health care. In particular, our clinical staff are to be commended for the significant inroads made in identifying deteriorating patients and in reducing hospital-acquired infections.

I am proud of our commitment to developing the current and next generation of clinical and administrative leaders demonstrated by the support of numerous leadership development initiatives. Programs supported by the Network include the Effective Leadership Program, Clinical Leadership Program and the Graduate Health Management Program. In making this investment we seek to develop future role models with the drive and enthusiasm for making a difference to the delivery of health services.

To assist in setting the direction of the Local Health Network and to plan the way in which we deliver care into the future, our Strategic and Health Care Services Plans were localised. The documents embed the Network's vision, mission, values, goals, areas of focus and key priorities across our operations and steer our organisation into the future.

Our success in once again meeting the challenges of contemporary health care delivery has been made possible by the skill, commitment and flexibility of all our employees. Our outstanding achievements are testimony to the manner in which our employees have evidenced the organisation's values of Teamwork, Honesty, Respect, Excellence, Equity, Caring, Commitment, and Courage. These attributes are fundamental to our ability to respond to future challenges.

As we reflect on our achievements of the past year, we look forward to building on our strengths, identifying opportunities for improvement and ultimately enhancing the services provided to our local community. Whilst there are many challenges ahead in the changing health landscape, I am confident we will be well positioned under the direction of our new Board and with our exceptional employees to continue to strive for achieving excellence in health service delivery.

*Terry Clout, Chief Executive*

## Key Achievements 2010-11

- An additional two neonatal intensive care cots were opened in the Royal Hospital for Women Newborn Care Centre, bringing the total number of intensive care cots to 16. The Newborn Care Centre is now the largest in NSW with a total of 44 cots. This helps to cement the hospital's position as one of Australia's foremost specialist teaching and research hospitals for women and babies.
- The Network's commitment to the provision of high quality Cancer Services was strengthened by the introduction of the MOSAIQ Oncology electronic medical record system. This supported the safe prescription, dispensing and administration of medication within the Cancer Services Stream. The new system provides a clear, fast and flexible means of documenting patient information throughout the assessment, chemotherapy prescription, dispensing and administration process. Patients accessing Cancer Services also benefitted from the opening of the upgraded Endoscopic Ultrasound Service (EUS) at the Prince of Wales Hospital's Billington Centre. The EUS has enhanced the diagnostic capacity of the hospital's Cancer services, facilitating swifter intervention and allowing multidisciplinary teams involved in Cancer care to develop more accurate care plans that will allow for a smoother patient journey and improved clinical outcomes. Plans are underway to establish similar services for St George and Sutherland Hospitals.
- The Network achieved a 100% five year survival rate for renal transplant patients cared for and managed by the Nephrology/Renal Transplant Service at Prince of Wales Hospital and Sydney/Sydney Eye Hospital.
- At St George Hospital a new \$1.1 million Cardiac Catheter Laboratory was opened which has significantly improved the diagnosis and treatment of patients with Cardiac disorders including acute heart attack in the local area. The new laboratory has also enabled the commencement of the Pre-Hospital Assessment for Primary Angioplasty (PAPA) service from St George Hospital. In addition, a General Medical Unit adjoining the Medical Assessment Unit at St George Hospital was established, providing ongoing care for those patients with complex multisystem diseases. The Unit also provides a clinical liaison service to surgical patients with complex disease.
- At Sutherland Hospital a new Bariatric Service has commenced providing assistance to patients who require surgical management of their obesity.
- The Network continued its support of the Effective Leadership and Clinical Leadership Programs for nursing, midwifery, allied health and other clinical and support services staff. This commitment demonstrates the Network's recognition of the importance of developing current and future leaders in providing of safe and effective health care.
- Clinical safety and quality key performance indicators were established, with direct lines of communication to the Network Executive Team and clinical leadership for monthly review. The Network also hosted an annual patient safety and clinical excellence conference to promote the importance of patient safety, clinical excellence and innovation to its staff. A selection of local projects were showcased to recognise demonstrated improvements in patient care and employees committed to the pursuit of excellence in clinical practice.
- Allied Health Services in the Network were recognised through a number of important initiatives including the instigation of a quarterly Unit Head/Senior Clinician Education and Networking Forum which supports new and emerging allied health leaders and managers. In addition, a new allied health statistical data collection system, Cerner Allied Health, was designed and implemented. The system went live in June 2011 across all allied health departments and was the result of many months of collaborative work between Project Management, Information Services Department, Allied Health, Cerner and NSW Department of Health's Information Services.
- Mental Health Services for young people were enhanced with the development of a new Youth Mental Health team focusing on clients in the 14-24 year old age group. A new component of the service is to screen clients for early signs of emerging psychosis, monitor their mental state and provide support and education to the clients and families. The Youth Mental Health Early Psychosis Program at Bondi Junction developed *the Keeping the Body in Mind* package that delivers individual targeted lifestyle interventions (dietician and exercise physiology based). The Program has hosted a symposium at the Australian and New Zealand Royal College of Psychiatrists Annual Congress 2011 and provided Statewide workshops.
- A purpose-built four bed Psychiatric Emergency Care Centre opened at Prince of Wales Hospital in March 2011, providing short stay care for acute mental health patients presenting to the Emergency Department. Adult Community Mental Health Services in the St George area benefitted from a relocation to the Hospital campus at Kogarah. The new premises provide improved facilities for staff and clients, and the co-location with hospital services results in better quality integration and co-ordination.

## Key Planned Activities and Outcomes 2011-12

- The Royal Hospital for Women will be revisiting the utilisation of space within the hospital grounds to optimise patient care. Services will be rearranged for the co-location of related clinical and support services to enhance the experience of care women receive at the facility.
- The Royal Hospital for Women and the Prince of Wales Hospital will join the Academic Health Science Alliance in association with the University of New South Wales. This alliance will promote clinical research and provide a critical mass of otherwise independent researchers to improve opportunities for funding of clinical research.
- Prince of Wales Hospital Nuclear Medicine Diagnostic Services will be further enhanced through the procurement of new SPECT-CT cameras. The cameras will enrich diagnostic services across the Network, with particular application for epilepsy and childhood cancer patients.
- The service of the new multi-bed Hyperbaric Chamber is due to commence at Prince of Wales Hospital. As the State's only public hyperbaric medicine unit, the new chamber will enhance the service's operations as part of the national public hospitals Hyperbaric network providing state-of-the-art training in Hyperbaric Medicine for Australian and overseas clinicians.
- The Prince of Wales Hospital and Sydney/Sydney Eye Hospital Medical Imaging Department is scheduled to install two flagship dynamic volume CT scanners in late 2011. The scanners will produce advanced 3D data sets which will enhance efficiency, patient safety and clinical outcomes.
- Sutherland Hospital will continue to provide first class services to local residents through improvements such as expansion of the Aged Care Rehabilitation facility. This will include an extension of the Killara Ward with an additional six beds to increase the capacity of the Network in delivering quality aged and sub-acute care services for the ageing population. The local community will also benefit from a high throughput surgical service which will be established for low acuity patients and improve surgical access across the Network.
- Collaboration between Nursing and Midwifery Services, Allied Health and Medicine to review several areas of joint interest; including interprofessional education and training, Food and Nutrition policy implementation, student placements and Health Workforce Australia projects.

- Development and implementation of a Network wide Allied Health Clinical Supervision Policy, Mentoring and Anti-Bullying programs.
- The 24 hour Statewide Mental Health Telephone Access Line is due for launch in November 2011. This will be a single 1800 number for access to Mental Health clinicians to provide initial triage and referral for follow up to appropriate mental health services. South Eastern Sydney Mental Health Services has received enhancement funding for additional clinical staff and communications equipment to enable interface with the State telephone number.
- Construction is scheduled to commence on the 12 bed Mental Health Intensive Care Unit at Prince of Wales Hospital which will provide inpatient services for the most acutely ill mental health patients in a safe environment. Planning will begin for a 16 bed sub acute older persons mental health unit at St George Hospital. This unit will provide appropriate, safe inpatient sub acute care to the over 65 year old population group in a purpose-built facility.

## Equal Employment Opportunities

### Key Achievements 2010-11

South Eastern Sydney Local Health Network 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 2010-11 to develop and implement initiatives to attract and support staff from EEO groups. These include:

- The commencement of two additional Aboriginal School Based Traineeships for Hospital Assistants, in partnership with Warrigal Employment and Project Murra.
- Support for three additional undergraduate registered nurses in the Aboriginal Nursing and Midwifery cadet program.
- Development of educational program and resources for the *HealthWise* program. The program has been developed to look at a wide range of career opportunities in health, having direct contact with professional staff and overviews of careers including educational requirements, salaries, role clarity alternative employment pathways and information on how to apply for vacancies.
- Provision of support for and appointment of the first Aboriginal Allied Health Cadet in NSW Health in the field of Social Work.



## Key Planned Activities and Outcomes 2011-12

In 2011-12 the planned outcomes for EEO include:

- Continued support for the five Aboriginal cadets undertaking 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.
- Support for Aboriginal staff in accessing management training.
- Implement the *HealthWise* program to local Aboriginal High School students and job seekers in the local Aboriginal community.
- Continued support for the three Aboriginal School Based Trainees who are participants of Project Murra.
- Increase the number of Aboriginal Allied Health Cadets and provide support for duration of cadetship.

Table 1. Trends in the Representation of EEO Groups<sup>1</sup>

EEO Group	Benchmark or target	% OF TOTAL STAFF <sup>2</sup>			
		2008	2009	2010	2011
Women	50%	0	0	0	75.4%
Aboriginal people and Torres Strait Islanders	2.6% <sup>3</sup>	0	0	0	1.0%
People whose first language was not English	19%	0	0	0	23.8%
People with a disability	N/A <sup>4</sup>	0	0	0	1.4%
People with a disability requiring work-related adjustment <sup>5</sup>	1.1% (2011) 1.3% (2012) 1.5% (2013)	0	0	0	0.2%

Table 2. Trends in the Distribution of EEO Groups<sup>6</sup>

EEO Group	Benchmark or target	DISTRIBUTION INDEX <sup>7</sup>			
		2008	2009	2010	2011
Women	100	0	0	0	95
Aboriginal people and Torres Strait Islanders	100	0	0	0	74
People whose first language was not English	100	0	0	0	96
People with a disability	100	0	0	0	94
People with a disability requiring work-related adjustment	100	0	0	0	0

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.** Per cent employment levels are reported but a benchmark level has not been set. **5.** Minimum annual incremental target. **6.** 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 of more than 100 indicates that the EEO group is less concentrated at the lower salary levels. **7.** Excludes casual staff.

\* EEO survey was conducted in June 2011 elicited a low response rate (22%). A distribution index based on an EEO survey response rate of less than 80% may not be completely accurate.

## Government Information (Public Access) Act 2009

Under the *Government Information (Public Access) Act 2009* (GIPA Act) there is a presumption in favour of the disclosure of government information unless there is an overriding public interest against disclosure.

The South Eastern Local Health Network came into effect on 1 January 2011.

During the period 1 January 2011 to 30 June 2011, South Eastern Sydney Local Health Network received 15 access applications under the GIPA Act. Of the 15 applications received, 12 applications have been completed within the reporting period (this includes one application that was subsequently withdrawn), one application was determined after the reporting period by agreement with the applicant and two applications were invalid.

Of the 12 applications completed (excluding the one application that was subsequently withdrawn), eight were granted full access; four were granted partial access.

Four applications were granted only partial access because the applications involved the disclosure of information referred to in Schedule 2 to the GIPA Act i.e. information for which there is conclusive presumption of overriding public interest against disclosure (responsible and effective government - two applications; individual rights, judicial processes and natural justice- five applications and business interests of agencies and other persons – one application). More than one decision was made in respect of some applications.

In addition, informal applications for personal Medical Records were processed directly by Hospital Medical Record Departments.

Information, as set out in the required form in Schedule 2 of the *Government Information (Public Access) Amendment Regulation 2010*, relating to the access applications made to the South Eastern Sydney Local Health Network during 2010-11 is provided below.

Table A. Number of applications by type of applicant and outcome\*

	ACCESS GRANTED IN FULL	ACCESS GRANTED IN PART	ACCESS REFUSED IN FULL	INFORMATION NOT HELD	INFORMATION ALREADY AVAILABLE	REFUSE TO DEAL WITH APPLICATION	REFUSE TO CONFIRM OR DENY WHETHER INFORMATION IS HELD	APPLICATION WITHDRAWN
Media	0	1	0	0	0	0	0	1
Members of Parliament	1	0	0	0	0	0	0	0
Private sector business	0	0	0	0	0	0	0	0
Not for profit organisations or community groups	0	0	0	0	0	0	0	0
Members of the public (application by legal representative)	0	1	0	0	0	0	0	0
Members of the public (other)	7	2	0	0	0	0	0	0

\*More than one decision can be made in respect of a particular access application. If so, a recording must be made in relation to each such decision. This also applies to Table B.  
 # This does not include 4 Third Party consultation from a Government Department

Table B. Number of applications by type of application and outcome

	ACCESS GRANTED IN FULL	ACCESS GRANTED IN PART	ACCESS REFUSED IN FULL	INFORMATION NOT HELD	INFORMATION ALREADY AVAILABLE	REFUSE TO DEAL WITH APPLICATION	REFUSE TO CONFIRM OR DENY WHETHER INFORMATION IS HELD	APPLICATION WITHDRAWN
Personal information applications#	7	3	0	0	0	0	0	0
Access applications (other than personal information applications)	1	1	0	0	0	0	0	1
Access applications that are partly personal information applications and partly other	0	0	0	0	0	0	0	0

# A personal information application is an access application for personal information (as defined in Clause 4 of Schedule 4 of the Act) about the applicant (the applicant being an individual).

# This does not include 4 Third Party consultation from a Government Department

Table C. Invalid applications

REASON FOR INVALIDITY	NUMBER OF APPLICATIONS
Application does not comply with formal requirements (section 41 of the Act)	2
Application is for excluded information of the agency (section 43 of the Act)	0
Application contravenes restraint order (section 110 of the Act)	0
Total number of invalid applications received	2
Invalid applications that subsequently became valid applications	0

Table D. Conclusive presumption of overriding public interest against disclosure: matters listed in Schedule 1 of the Act

	NUMBER OF TIMES CONSIDERATION USED*
Overriding secrecy laws	0
Cabinet information	0
Executive Council Information	0
Contempt	0
Legal professional privilege	0
Excluded information	0
Documents affecting law enforcement and public safety	0
Transport safety	0
Adoption	0
Care and protection of children	0
Ministerial code of conduct	0
Aboriginal and environmental heritage	0

\* More than one public interest consideration may apply in relation to a particular access application and, if so, each such consideration is to be recorded (but only once per application). This also applies to Table E.

Table E. Other public interest considerations against disclosure: matters listed in table to Section 14 of the Act

	NUMBER OF OCCASIONS WHEN APPLICATION NOT SUCCESSFUL
Responsible and effective government	2
Law enforcement and security	0
Individual rights, judicial processes and natural justice	5
Business interests of agencies and other persons	1
Environment, culture, economy and general matters	0
Secrecy provisions	0
Exempt documents under interstate Freedom of Information legislation	0

# All the Applications received partial release of requested documents.

Table F. Timelines

	NUMBER OF OCCASIONS WHEN APPLICATION NOT SUCCESSFUL
Decided within the statutory timeframe (20 days plus any extensions)	12
Decided after 35 days (by agreement with applicant)	1
Not decided within time (deemed refusal)	0
<b>Total</b>	<b>13</b>

Table G. Number of applications reviewed under Part 5 of the Act (by type of review and outcome)

	DECISION VARIED	DECISION UPHELD	TOTAL
Internal review	0	0	0
Review by Information Commissioner*	0	0	0
Internal review following recommendation under section 93 of Act	0	0	0
Review by ADT	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>

\*The Information Commissioner does not have the authority to vary decisions, but can make recommendations to the original decision-maker. The data in this case indicates that a recommendation to vary or uphold the original decision has been made by the Information Commissioner.

Table H. Applications for review under Part 5 of the Act (by type of applicant)

	NUMBER OF APPLICATIONS FOR REVIEW
Applications by access applicants	0
Applications by persons to whom information the subject of access applications relates (see section 54 of the Act)	0

# South Western Sydney

## Local Health Network



**Scrivener Street, Warwick Farm**  
**Locked Bag 7279**  
**Liverpool BC 1871**

Telephone: 9828 6000

Facsimile: 9828 6001

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

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

Chief Executive: Amanda Larkin

## Local Government Areas

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

## Public Hospitals

Bankstown-Lidcombe Hospital

Bowral and District Hospital

Camden Hospital

Campbelltown Hospital

Fairfield Hospital

Liverpool 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

Fairfield Community Health Centre  
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  
Miller – Mission Australia  
Miller – The Hub  
Miller Health Centre  
Moorebank Community Health Centre  
Narellan Community Health Centre  
Praiewood Community Health Centre  
Rosemeadow Community Health Centre  
Wollondilly Community Health Centre

## Child and Family Health

Cabramatta  
Camden  
Canley Heights  
Chester Hill  
Earlwood  
Fairfield  
Fairfield Heights  
Georges Hall  
Greenacre  
Hilltop  
Liverpool  
Macquarie Fields  
Mittagong  
Moss Vale  
Mt Pritchard  
Padstow  
Panania  
Roselands

## Oral Health Clinics

Bankstown Child Oral Health Clinic  
Bowral Oral Health Clinic  
Fairfield Oral Health Clinic  
Ingleburn Oral Health Clinic  
Liverpool Adult Oral Health Clinic  
Narellan Oral Health Clinic  
Rosemeadow Oral Health Clinic  
Tahmoor Oral Health Clinic  
Yagoona Adult Oral Health Clinic

## Third Schedule Facilities

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

## Other Services

Aboriginal Health  
Allied Health  
Community Health  
Drug Health  
Mental Health  
Population Health

## Demographic Summary

South Western Sydney Local Health Network (SWSLHN) was formed as a legal entity on 1 January 2011. It is ethnically diverse and is one of the most populous health networks in NSW, with approximately 12% of the NSW population residing within its borders.

SWSLHN covers a land area of 6,243 square kilometres and in 2006 had an estimated residential population of 819,010 residents.

SWSLHN continues to be one of the fastest growing regions in the State, with areas projected for both urban infill and substantial new land release for residential development, particularly in the South West Growth Centre impacting on Liverpool, Camden and Campbelltown.

Its population is projected to increase by 17% over the next ten years, reaching 958,397 million people by 2016. In the decade 2010-2020, the population in SWSLHN can expect to increase by almost 18,000 people per annum.

SWSLHN is the most ethnically diverse health network in NSW, with 32% of the population speaking a language other than English at home. This is the most notable in Fairfield, where more than 70% 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.

The LGAs where the highest proportion of the population identify as Aboriginal are Campbelltown, Wollondilly, Wingecarribee and Liverpool.

The population is growing by approximately 12,000 births per year, representing more than 13% of all births in NSW. SWSLHN contains areas with some of the highest fertility

rates in the State, with all local government areas well above the State average of 1.85 births per woman, including Bankstown (2.15), Wollondilly (2.06), Wingecarribee (2.03) and Camden and Liverpool (2.01) (Australian Bureau of Statistics, 2009).

Across South Western Sydney, there are approximately 196,000 children aged 0-14 years who account for 22% of the SWSLHN population. There are approximately 84,500 people over the age of 65 years (10.3% of the population). Hospital data indicates that SWSLHN residents 65 years and over used 43% of all acute hospital bed days for SWSLHN residents in 2009-10 (NSW Health Flow-Info V10.0 2010).

## Chief Executive's Year In Review

The South Western Sydney Local Health Network, formed in January, has continued to build on the outstanding reputation of the former Sydney South West Area Health Service. The hard work and medical expertise of our staff continues to save many lives and improve the wellbeing of our communities. In 2010-11 all facilities achieved their targets for elective surgery.

As we continue to implement the National Health Reform over the next 12 months, transitioning to Local Health Districts with affiliated Boards, local, patient focused care remains our priority.

We will be developing a final strategic plan in consultation with clinicians, managers, communities, staff, other stakeholders and the Board. Our vision is to provide high quality healthcare services that are equitable and patient focused.

Key elements are a focus on excellence, integrated networks, a positive culture, partnerships, confidence, responsiveness to growth, diversity and change.

South Western Sydney has a number of specialist units which have achieved national and international recognition for service delivery, outcomes and research. Some of those centres of excellence include:

- Radiation Oncology (Liverpool and Campbelltown Hospitals)
- Trauma, Neurosurgery, Gastroenterology, Rheumatology and Brain Injury Services (Liverpool Hospital)
- Upper Gastrointestinal Surgery (Bankstown-Lidcombe Hospital)
- Medical Emergency Teams (MET)
- NSW Refugee Health Service
- Gudaga Project (which aims to understand and improve the health of urban Aboriginal families).

A number of Statewide services have also been developed including Spyglass Imaging Technology at Liverpool Hospital

(allowing procedural specialists to perform diagnostic procedures to the biliary ducts) and Upper GI Surgery at Bankstown-Lidcombe Hospital. Tertiary level services at Liverpool, Bankstown-Lidcombe and Campbelltown Hospitals frequently provide services for people from elsewhere in the State.

SWSLHN is focused on ensuring that health service infrastructure has capacity to meet the growing needs of our communities. The \$390 million redevelopment of Liverpool Hospital reached its first milestone with the opening of the new Clinical Building. Also this year, Karitane commenced services at Camden Hospital, additional renal services at Fairfield and Bankstown, an Urgent Care Centre and new MRI at Campbelltown and Council of Australian Governments (COAG) enhancement upgrades to Bowral and District Hospital's Emergency Department and theatres. Planning continues for future service development of Liverpool, Campbelltown and Bankstown Hospitals to meet the needs of the community into the future.

The clinical schools of the University of NSW and the University of Western Sydney provide important clinical support and leadership development for South Western Sydney. Eighty-six 'home grown' doctors have now entered their final year at the UWS Clinical School based at Campbelltown Hospital. We have also developed Health Services Management Programs, delivered in conjunction with the University of Tasmania and a Professorial appointment in this area.

Construction is underway on the new Ingham Institute of Applied Medical Research on the Liverpool Hospital campus. The Ingham Institute will be a health and medical research hub for South Western Sydney.

We continue to have strong partnerships with consumers, carers and communities in the planning and operation of our health services. Each day hundreds of community members volunteer their time in our Hospitals providing additional support to patients and I would like to thank them for their support.

**Amanda Larkin, Chief Executive**

## Key Achievements 2010-11

- The \$390 million transformation of Liverpool Hospital continues. In February 2011, the new Clinical Building was officially opened. Milestone 2 involving the refurbishment of the existing Clinical Building and Milestones 3 and 4 the refurbishment and expansion of the Cancer Therapy Centre (CTC) is underway.
- Karitane at Camden was officially opened to provide 400 local families a year parenting support in a safe, friendly and comfortable environment. Karitane has been caring for families since 1923 and is known for helping parents of newborns with issues such as sleep, settling and breastfeeding.
- Campbelltown Hospital was chosen to pilot an Urgent Care Centre. The purpose of the UCC is to improve access to the Emergency Department for patients presenting with minor injuries or illnesses.
- An \$80,000 community donation to Fairfield Hospital saw the purchase of a new bone density machine. The service improves the care of patients with osteoporosis through diagnosis, management and treatment.
- Bankstown-Lidcombe Hospital's renal dialysis unit was expanded. The expansion will assist in treating the increasing numbers of patients in the local community requiring dialysis.
- \$450,000 in Council of Australian Governments (COAG) enhancements has seen a facelift for the Emergency Department and Operating Theatres at Bowral and District Hospital.
- Construction is underway for the \$46.9 million Ingham Institute of Applied Medical Research on the Liverpool Hospital Campus. The Ingham Institute will bring together more than 200 researchers scattered across the State in one modern purpose built facility.
- The *Understanding Good Health* resource received a commendation in the 2011 NSW Multicultural Communications Award and a commendation in the inaugural 2011 Building Inclusive Communities Awards organised by Macquarie University (Social Inclusion) and the Ethnic Communities Council of Australia.
- The Centre for Health Equity Training, Research and Evaluation (CHETRE) showcased its Aboriginal child health research this year. The showcase highlighted the findings of the Gudaga Study (Healthy Baby) for Aboriginal infants born at Campbelltown Hospital from October 2005 to May 2007. The Gudaga study is the first of its kind on the Eastern seaboard of Australia. Participating infants and carers have been followed up every six months since birth.



- The Network's Workplace Giving Program marked its two year anniversary in May. The innovative program allows staff to make a tax deductible contribution of just \$1 a week which goes toward a health related cause. Currently the project is helping to build a Hospital to support the health of an estimated 500,000 women in the Afar region of Ethiopia in partnership with the Barbara May Foundation.

- The training program *Work Effectively With Culturally Diverse Clients and Co-Workers* is in operation and over 1,000 employees have completed the online components.
- The Multi-Cultural Health Service has reviewed two Centre for Education and Workforce Development courses for cultural appropriateness and have included case studies. The first 100 day survey is continuing to review the employment commencement of all staff and provides information to facilities on issues identified.
- The Network celebrated International Women's Day in 2011. Throughout SWSLHN 77.1% of employees are women.

## Key Planned Activities and Outcomes 2011-12

- Ongoing transition to Local Health District.
- Official completion and opening of the \$390 million Stage 2 redevelopment of Liverpool Hospital.
- The development of a Cardiac Catheter Laboratory on site at Bankstown Hospital.
- The official opening of a new Education Centre at Bowral and District Hospital.
- Early works on Campbelltown Hospital's \$139 million expansion.
- Fairfield Hospital will appoint two additional Anaesthetic Registrars, further enhancing networking and education and training opportunities with Liverpool Hospital.

## Key Planned Activities and Outcomes 2011-12

- Draft a new action plan to implement the 2011-2015 Aboriginal Workforce Strategic Framework.
- Continued development of the Aboriginal Workforce and Employment Website.
- Continued implementation of our Aboriginal workforce strategies, including development of further traineeship opportunities and open days.
- Planned engagement with community groups and schools to encourage young Aboriginal people to consider a career in health.
- Expand opportunities for people with a disability to pursue a career in health.

## Equal Employment Opportunities

### Key Achievements 2010-11

- Promotion of 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.
- Improved website access for our Aboriginal Workforce and Employment.
- 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.
- Work continues with Job Support to provide work experience opportunities for people with a disability. Work continues with Job Support to provide work experience opportunities for people with a disability.

Table 1. Trends in the Representation of EEO Groups<sup>1</sup>

EEO Group	Benchmark or target	% OF TOTAL STAFF <sup>2</sup>			
		2008	2009	2010	2011
Women	50%	0	0	0	77.1%
Aboriginal people and Torres Strait Islanders	2.6% <sup>3</sup>	0	0	0	1.7%
People whose first language was not English	19%	0	0	0	34.1%
People with a disability	N/A <sup>4</sup>	0	0	0	2.1%
People with a disability requiring work-related adjustment <sup>5</sup>	1.1% (2011) 1.3% (2012) 1.5% (2013)	0	0	0	0.4%

Table 2. Trends in the Distribution of EEO Groups<sup>6</sup>

EEO Group	Benchmark or target	DISTRIBUTION INDEX <sup>7</sup>			
		2008	2009	2010	2011
Women	100	0	0	0	87
Aboriginal people and Torres Strait Islanders	100	0	0	0	66
People whose first language was not English	100	0	0	0	101
People with a disability	100	0	0	0	98
People with a disability requiring work-related adjustment	100	0	0	0	106

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.** Per cent employment levels are reported but a benchmark level has not been set. **5.** Minimum annual incremental target. **6.** 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 of more than 100 indicates that the EEO group is less concentrated at the lower salary levels. **7.** Excludes casual staff.

\* EEO survey was conducted in June 2011 elicited a low response rate (22%). A distribution index based on an EEO survey response rate of less than 80% may not be completely accurate.

## Government Information (Public Access) Act 2009

Under the *Government Information (Public Access) Act 2009* (GIPA Act) there is a presumption in favour of the disclosure of Government information unless there is an overriding public interest against disclosure.

The South Western Sydney Local Health Network undertakes reviews of its information on a regular basis and routinely uploads information to its website that may be of interest to the public.

Due to the transition from Area Health Services to Local Health Networks during the financial year 2010-11, South Western Sydney Local Health Network has only reported on the period 1 January 2011 to 30 June 2011 for the required GIPA report.

During this period, South Western Sydney Local Health Network received six new requests for information under the GIPA Act. All applications received have been completed within the reporting period.

Of the six applications, two were granted full access and two were granted partial access. For one request there was no information held and South Western Sydney Local Health Network refused to deal with one application as the applicant failed to pay the requested deposit for processing charges.

No applications for internal review were received by South Western Sydney Local Health Network in the reporting period.

Information, as set out in the required form in Schedule 2 of the *Government Information (Public Access) Amendment Regulation 2010*, relating to the access applications made to the South Western Sydney Local Health Network during 2010-11 is provided below.

Table A. Number of applications by type of applicant and outcome\*

	ACCESS GRANTED IN FULL	ACCESS GRANTED IN PART	ACCESS REFUSED IN FULL	INFORMATION NOT HELD	INFORMATION ALREADY AVAILABLE	REFUSE TO DEAL WITH APPLICATION	REFUSE TO CONFIRM OR DENY WHETHER INFORMATION IS HELD	APPLICATION WITHDRAWN
Media	0	2	0	0	0	1	0	0
Members of Parliament	0	0	0	0	0	0	0	0
Private sector business	0	0	0	0	0	0	0	0
Not for profit organisations or community groups	0	0	0	0	0	0	0	0
Members of the public (application by legal representative)	2	0	0	0	0	0	0	0
Members of the public (other)	0	0	0	1	0	0	0	0

\*More than one decision can be made in respect of a particular access application. If so, a recording must be made in relation to each such decision. This also applies to Table B.

Table B. Number of applications by type of application and outcome

	ACCESS GRANTED IN FULL	ACCESS GRANTED IN PART	ACCESS REFUSED IN FULL	INFORMATION NOT HELD	INFORMATION ALREADY AVAILABLE	REFUSE TO DEAL WITH APPLICATION	REFUSE TO CONFIRM OR DENY WHETHER INFORMATION IS HELD	APPLICATION WITHDRAWN
Personal information applications#	1	0	0	1	0	0	0	0
Access applications (other than personal information applications)	1	2	0	0	0	1	0	0
Access applications that are partly personal information applications and partly other	0	0	0	0	0	0	0	0

# A personal information application is an access application for personal information (as defined in Clause 4 of Schedule 4 of the Act) about the applicant (the applicant being an individual).

Table C. Invalid applications

REASON FOR INVALIDITY	NUMBER OF APPLICATIONS
Application does not comply with formal requirements (section 41 of the Act)	0
Application is for excluded information of the agency (section 43 of the Act)	0
Application contravenes restraint order (section 110 of the Act)	0
Total number of invalid applications received	0
Invalid applications that subsequently became valid applications	0

Table D. Conclusive presumption of overriding public interest against disclosure: matters listed in Schedule 1 of the Act

	NUMBER OF TIMES CONSIDERATION USED*
Overriding secrecy laws	0
Cabinet information	0
Executive Council Information	0
Contempt	0
Legal professional privilege	0
Excluded information	0
Documents affecting law enforcement and public safety	0
Transport safety	0
Adoption	0
Care and protection of children	0
Ministerial code of conduct	0
Aboriginal and environmental heritage	0

\* More than one public interest consideration may apply in relation to a particular access application and, if so, each such consideration is to be recorded (but only once per application). This also applies to Table E.

Table E. Other public interest considerations against disclosure: matters listed in table to Section 14 of the Act

	NUMBER OF OCCASIONS WHEN APPLICATION NOT SUCCESSFUL
Responsible and effective government	2
Law enforcement and security	0
Individual rights, judicial processes and natural justice	2
Business interests of agencies and other persons	0
Environment, culture, economy and general matters	0
Secrecy provisions	0
Exempt documents under interstate Freedom of Information legislation	0

# Application was partially released.

Table F. Timelines

	NUMBER OF OCCASIONS WHEN APPLICATION NOT SUCCESSFUL
Decided within the statutory timeframe (20 days plus any extensions)	6
Decided after 35 days (by agreement with applicant)	0
Not decided within time (deemed refusal)	0
<b>Total</b>	<b>6</b>

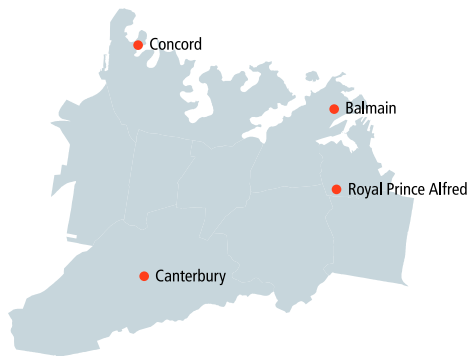
Table G. Number of applications reviewed under Part 5 of the Act (by type of review and outcome)

	DECISION VARIED	DECISION UPHELD	TOTAL
Internal review	0	0	0
Review by Information Commissioner*	0	0	0
Internal review following recommendation under section 93 of Act	0	0	0
Review by ADT	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>

\*The Information Commissioner does not have the authority to vary decisions, but can make recommendations to the original decision-maker. The data in this case indicates that a recommendation to vary or uphold the original decision has been made by the Information Commissioner.

Table H. Applications for review under Part 5 of the Act (by type of applicant)

	NUMBER OF APPLICATIONS FOR REVIEW
Applications by access applicants	0
Applications by persons to whom information the subject of access applications relates (see section 54 of the Act)	0



**Missenden Road, Camperdown**  
**PO Box M30**  
**Missenden Road NSW 2050**

Telephone: 9515 9600

Facsimile: 9515 9610

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

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

Chief Executive: Dr Teresa Anderson

## Local Government Areas

Ashfield, Burwood, Canada Bay, Canterbury, Leichhardt, Marrickville, Strathfield, Sydney (Sydney South and Sydney West Areas only).

## Public Hospitals

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

## Community Health Centres

Camperdown  
Canterbury  
Croydon  
Marrickville  
Redfern

## Child and Family Health

Camperdown Child, Adolescent and Family Health Services  
Camperdown Community Nutrition  
Camperdown Eastern and Central Sexual Assault Service  
Camperdown Youthblock Health and Resource Service  
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 Child, Adolescent and Family Health Service  
Croydon Community Nursing Service  
Croydon Community Paediatric Physiotherapy Services  
Marrickville Child, Adolescent and Family Health Service  
Marrickville Community Nursing Service  
Marrickville Migrant Health Team  
Redfern Community Health Centre  
Redfern Community HIV/AIDS Allied Health, Redfern Community Health Centre  
Redfern Community Nursing  
Redfern Mental Health Service

## Oral Health Clinics

Canterbury Oral Health Clinic  
Concord Oral Health Clinic  
Croydon Oral Health Clinic  
Marrickville Oral Health Clinic  
Sydney Dental Hospital Community Oral Health Clinic

## Third Schedule Facilities

Tresillian Family Care Centres

## Other Services

Department of Forensic Medicine  
Sydney South West Pathology Services

## Demographic Summary

Sydney Local Health Network (SLHN) was formed as a legal entity on 1 January 2011. It is a diverse community with approximately 8% of the NSW population residing within its borders.

SLHN covers a land area of approximately 127 square kilometres and in 2006 had an estimated residential population of 531,624 residents. SLHN will continue to grow in coming years. Its population is projected to increase by 16% over the ten years to 2016, when it will reach 612,914 people.

SLHN has an ethnically diverse community, with 51.5% of the population speaking a language other than English at home. The major languages in the community aside from English are Mandarin, Cantonese, Arabic and Greek.

There is also a significant proportion of the population who identify as Aboriginal, which is highest in the City of Sydney, Marrickville and Canterbury.

The Network's population is growing by around 8,500 births per year, representing more than 9% of all births in NSW. Within the SLHN the LGA, Canterbury has the highest fertility rate of 2.16 which is above the State average of 1.85 births per woman (Australian Bureau Statistics, 2009).

There are currently 90,916 infants, children and young people aged 0-15 years living in SLHN. Over the next ten years, the number of people aged 20-69 years will grow by 8.5%. The most significant growth will occur in those aged 70 years and over. Projections from 2011 to 2021 indicate this age group will grow by 295 and represent 9.7% of the population.

Hospital data indicates that SLHN residents over the age of 65 years used 50% of all acute hospital bed days for SLHN residents in 2009-10 (NSW Health Flow Info V 10.0 2010).

## Chief Executive's Year In Review

Since its inception on 1 January 2011 Sydney Local Health Network (SLHN) has been establishing clinical and corporate governance structures and processes to ensure that it continues to provide high quality clinical services.

Overall the transition to the LHN has progressed well, with the support of the Health Transition Organisation (Western), to build on the reputation of its predecessor Sydney South West Area Health Service. Over the coming months SLHN will continue to implement National Health Reform by transitioning the Sydney Local Health Network Governing Council to Sydney Local Health District Board.

Early focus on corporate and clinical governance structures and processes has reinforced the importance of clinical engagement and leadership, through the clinical stream structure and local community involvement. Effective clinician engagement and involvement in the planning, delivery and management of its health services has been achieved through the development of both formal and informal structures.

SLHN has the benefit of having a strong and effective clinical stream management structure. Clinical Directors provide strategic leadership across the network and work closely with the senior management of SLHN to ensure that services are appropriate and are meeting the needs of the local population.

SLHN has developed a detailed document on the Proposed Strategic Directions for SLHN following consultation with Clinical Directors, Clinical Managers, Chairs of the Medical Staff Councils, Facility Executives, The Central Sydney General Practice Network and SLHN Executive Team. This process will be supported by a comprehensive consultation process in the latter half of 2011. This will ensure that there is input into the

Strategic Plan by clinicians, managers, non-clinical staff, key stakeholders and the local community to ensure SLHD is able to realise its vision to achieve excellence in healthcare for all.

Sydney Local Health Network is proud to be home to a large number of national and internationally recognised research institutes and researchers. Research is important to SLHN as it brings evidence close to clinical care and encourages a culture of critical enquiry. To further support our emerging researchers and evaluators SLHN has also been developing a Research Strategic Plan to further develop research capacity, quality and capability.

Planning for the development of the Chris O'Brien Lifehouse at Royal Prince Alfred (RPA) Hospital is well underway. Lifehouse will provide world leading holistic cancer treatment, research and education building on the integrated model of cancer clinical care currently provided by RPA Hospital.

To meet the future needs of our community a \$1.6 million 14 Chair Satellite Dialysis Unit is planned for Concord Hospital. RPA Hospital's Missenden Unit will be upgraded and relocated on the campus to make way for the construction of the Centre for Obesity, Diabetes and Cardiovascular Disease in collaboration with the University of Sydney.

Canterbury Hospital launched its Midwifery Group Practice allowing low risk mothers to receive care from the same midwife throughout their pregnancy and after the birth. The Hospital also opened an After-Hours General Practice Clinic on its campus.

SLHN facilities providing surgical services continue to perform extremely well, with all patients receiving their elective surgery within the clinically recommended times.

All of our achievements are a testament to the hard work and dedication of our staff. I look forward to continuing our work together over the coming year.

*Dr Teresa Anderson, Chief Executive*

## Key Achievements 2010-11

- Sydney Local Health Network took on more than 130 of the record number of intern doctors to start work at NSW Public Hospitals this year. The interns participate in a network internship program, rotating between Concord, Balmain, Royal Prince Alfred and Canterbury Hospitals.
- Concord Hospital announced a \$1.6 million investment to create a 14 Chair Satellite Dialysis Unit which will be commissioned later this year.

- The \$10 million Concord Clinical Education Building has been announced in partnership with the University of Sydney. Construction is due to begin later in the year.
- In an Australian first, smart phone technology is allowing Interventional Cardiologists at RPA Hospital to receive and view an ECG to interpret a patient's heart activity from any location.
- The refurbished EMU at RPA Hospital funded through Council of Australian Governments (COAG) has greatly improved the physical layout of the space by providing greater flexibility in the way in which the EMU and Rapid Access Fast Track (RAFT) models of care can be utilised. The dedicated space improves patient flow and enables patients to leave the waiting room faster and into a more pleasant clinical environment.
- Royal Prince Alfred Hospital developed a new Clinical Recognition and Development Program to recognise, support and professionally develop the Hospital's nurses and midwives. Twenty RPA Hospital nurses and midwives were selected for outstanding commitment to the Hospital and their patients.
- The King George V building celebrated 70 years in May 2011. More than 263,000 babies were born at KGV before maternity services were relocated to RPA Hospital in 2002.
- Canterbury Hospital launched its Midwifery Group Practice. This new model of care allows low risk mums-to-be to receive care from the same midwife prior to, during and after the birth of their baby.
- An After Hours General Practice Clinic opened on the campus of Canterbury Hospital. The Clinic has improved access for local residents to health care services in the evenings and on the weekends. It has also reduced demand on the Hospital's Emergency Department, by offering people who might have otherwise attended the Emergency Department an alternative option if they need non-emergency care.
- The Urban Rural General Practice (GP) Locum Agreement program, spearheaded by Balmain Hospital General Practice Casualty (GPC) and NSW Rural Doctors Network designed to provide short-term GP cover in rural and remote areas is now being used as a model nationally. The Program offers GPs working in the metropolitan area the chance to attend an Emergency Life Support Course in exchange for a four week commitment of paid regional NSW GP cover over two years.
- Balmain Hospital celebrated 125 years of providing health services to the local community.
- The success of RPA Hospital's tobacco cessation clinic has seen the model replicated in Victoria and Queensland. Tobacco smoking is the single most preventable cause of ill health and death in Australia and is a major risk factor to heart disease, stroke, vascular disease and cancer. Drug Health Services provides specialist tobacco cessation services and staffs clinics within Respiratory Medicine in partnership with the Chronic Obstructive Pulmonary Disease program at RPA Hospital.
- The Network's Workplace Giving Program marked its two year anniversary in May. The innovative program allows staff to make a tax deductible contribution of just \$1 a week which goes toward a health related cause. Currently the project is helping to build a Hospital to support the health of an estimated 500,000 women in the Afar region of Ethiopia in partnership with the Barbara May Foundation

## Key Planned Activities and Outcomes 2011-12

- Continued transition of services to the new Local Health Districts and development of the District's Strategic Plan.
- Construction of the \$10.5 million Concord Clinical Education Building in partnership with the University of Sydney.
- Installation of a \$3.2 million Hybrid Interventional Laboratory in the operating theatres at Royal Prince Alfred Hospital.
- Planning for the establishment of a Cancer Centre at Concord Repatriation General Hospital.
- Implementation of the Clinical Redesign project Flight Path at Canterbury Hospital, providing significant improvements in patient flow from the Emergency Department.
- The Better Health Communication Plan for Aboriginal Health has been developed and work on this plan with the local Aboriginal community is expected to provide a more informed and enhanced journey for Aboriginal and Torres Strait Islander patients.
- Planning for the Redevelopment of Balmain Hospital's outpatient department.
- Development of a 'satellite' Ambulatory Care Clinic at RPA Hospital to support the Emergency Department.
- Construction of the Chris O'Brien Lifehouse at RPA.



## Equal Employment Opportunities

### Key Achievements 2010-11

- Promotion of the principles and practices of Equal Employment Opportunity through the Network's conditions of employment, relationships in the workplace, the evaluation of performance and the opportunity for training and career development.
- The implementation of Aboriginal and Torres Strait Islander workforce strategies continues with a focus on recruiting increasing numbers of Aboriginal and Torres Strait Islander staff and providing training, especially through traineeships.
- The Network has improved website access for our Aboriginal Workforce and Employment.
- Our Aboriginal Healthwise Careers Fairs have continued with our local high schools and have seen enthusiastic student interest in thinking about a career in health.
- Work continues with Job Support to provide work experience opportunities for people with a disability. Work continues with Job Support to provide work experience opportunities for people with a disability.
- The training program *Work Effectively With Culturally Diverse Clients and Co-Workers* has reached a new milestone, with more than 1,000 employees completing their online component.
- The Multicultural Service is reviewing two Centre for Education and Workforce Development courses for cultural appropriateness via 100 day surveys.
- The Network celebrated International Women's Day in 2011. Throughout SLHN 72.6% of employees are women.

### Key Planned Activities and Outcomes 2011-12

- Ongoing work in ensuring effective information to staff during the Transition to Local Health Districts.
- Draft a new action plan to implement the 2011-2015 Aboriginal Workforce Strategic Framework.
- Continued development of the Aboriginal Workforce and Employment Website.
- Continued implementation of our Aboriginal workforce strategies, including development of further traineeship opportunities and open days.
- Planned engagement with community groups and schools to encourage young Aboriginal people to consider a career in health.
- More opportunities for people with a disability to pursue a career in health.

Table 1. Trends in the Representation of EEO Groups<sup>1</sup>

EEO Group	Benchmark or target	% OF TOTAL STAFF <sup>2</sup>			
		2008	2009	2010	2011
Women	50%	0	0	0	72.6%
Aboriginal people and Torres Strait Islanders	2.6% <sup>3</sup>	0	0	0	1.2%
People whose first language was not English	19%	0	0	0	39.5%
People with a disability	N/A <sup>4</sup>	0	0	0	2.5%
People with a disability requiring work-related adjustment <sup>5</sup>	1.1% (2011) 1.3% (2012) 1.5% (2013)	0	0	0	0.7%

Table 2. Trends in the Distribution of EEO Groups<sup>6</sup>

EEO Group	Benchmark or target	DISTRIBUTION INDEX <sup>7</sup>			
		2008	2009	2010	2011
Women	100	0	0	0	97
Aboriginal people and Torres Strait Islanders	100	0	0	0	71
People whose first language was not English	100	0	0	0	87
People with a disability	100	0	0	0	100
People with a disability requiring work-related adjustment	100	0	0	0	95

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.** Per cent employment levels are reported but a benchmark level has not been set. **5.** Minimum annual incremental target. **6.** 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 of more than 100 indicates that the EEO group is less concentrated at the lower salary levels. **7.** Excludes casual staff.

\* EEO survey was conducted in June 2011 elicited a low response rate (22%). A distribution index based on an EEO survey response rate of less than 80% may not be completely accurate.

## Government Information (Public Access) Act 2009

Under the *Government Information (Public Access) Act 2009* (GIPA Act) there is a presumption in favour of the disclosure of Government information unless there is an overriding public interest against disclosure.

The Sydney Local Health Network undertakes reviews of its information on a regular basis and routinely uploads information to its website that may be of interest to the public.

Due to the transition from Area Health Services to Local Health Networks during the financial year 2010-11, Sydney Local Health Network has only reported on the period 1 January 2011 to 30 June 2011 for the required GIPA report.

During this period, Sydney Local Health Network received nine new requests for information under the GIPA Act. Of the applications received, seven applications have been

completed within the reporting period, one application was transferred to another agency and one application has been carried forward to the next reporting period.

Of the eight applications to be processed, two were granted full access, four were granted partial access, one application was withdrawn and the Sydney Local Health Network refused to deal with one application as the applicant failed to pay the requested deposit for processing charges. One application was refused in part because the application involved the disclosure of information referred to in Schedule 1 to the GIPA Act, i.e. information for which there is a conclusive presumption of overriding public interest against disclosure.

No applications for internal review were received by Sydney Local Health Network in the reporting period.

Information, as set out in the required form in Schedule 2 of the *Government Information (Public Access) Amendment Regulation 2010*, relating to the access applications made to the Sydney Local Health Network during 2010-11 is provided below.

Table A. Number of applications by type of applicant and outcome\*

	ACCESS GRANTED IN FULL	ACCESS GRANTED IN PART	ACCESS REFUSED IN FULL	INFORMATION NOT HELD	INFORMATION ALREADY AVAILABLE	REFUSE TO DEAL WITH APPLICATION	REFUSE TO CONFIRM OR DENY WHETHER INFORMATION IS HELD	APPLICATION WITHDRAWN
Media	0	1	0	0	0	1	0	0
Members of Parliament	0	0	0	0	0	0	0	0
Private sector business	0	0	0	0	0	0	0	0
Not for profit organisations or community groups	0	0	0	0	0	0	0	0
Members of the public (application by legal representative)	2	2	0	0	0	0	0	1
Members of the public (other)	0	1	0	0	0	0	0	0

\*More than one decision can be made in respect of a particular access application. If so, a recording must be made in relation to each such decision. This also applies to Table B.

Table B. Number of applications by type of application and outcome

	ACCESS GRANTED IN FULL	ACCESS GRANTED IN PART	ACCESS REFUSED IN FULL	INFORMATION NOT HELD	INFORMATION ALREADY AVAILABLE	REFUSE TO DEAL WITH APPLICATION	REFUSE TO CONFIRM OR DENY WHETHER INFORMATION IS HELD	APPLICATION WITHDRAWN
Personal information applications#	0	2	0	0	0	0	0	0
Access applications (other than personal information applications)	2	2	0	0	0	1	0	1
Access applications that are partly personal information applications and partly other	0	0	0	0	0	0	0	0

# A personal information application is an access application for personal information (as defined in Clause 4 of Schedule 4 of the Act) about the applicant (the applicant being an individual).

Table C. Invalid applications

REASON FOR INVALIDITY	NUMBER OF APPLICATIONS
Application does not comply with formal requirements (section 41 of the Act)	0
Application is for excluded information of the agency (section 43 of the Act)	0
Application contravenes restraint order (section 110 of the Act)	0
Total number of invalid applications received	0
Invalid applications that subsequently became valid applications	0

Table D. Conclusive presumption of overriding public interest against disclosure: matters listed in Schedule 1 of the Act

	NUMBER OF TIMES CONSIDERATION USED*
Overriding secrecy laws	0
Cabinet information	0
Executive Council Information	0
Contempt	0
Legal professional privilege	0
Excluded information	0
Documents affecting law enforcement and public safety	0
Transport safety	0
Adoption	0
Care and protection of children	0
Ministerial code of conduct	0
Aboriginal and environmental heritage	0

\* More than one public interest consideration may apply in relation to a particular access application and, if so, each such consideration is to be recorded (but only once per application). This also applies to Table E.

Table E. Other public interest considerations against disclosure: matters listed in table to Section 14 of the Act

	NUMBER OF OCCASIONS WHEN APPLICATION NOT SUCCESSFUL
Responsible and effective government	1
Law enforcement and security	0
Individual rights, judicial processes and natural justice	2
Business interests of agencies and other persons	1
Environment, culture, economy and general matters	0
Secrecy provisions	0
Exempt documents under interstate Freedom of Information legislation	0

Table F. Timelines

	NUMBER OF OCCASIONS WHEN APPLICATION NOT SUCCESSFUL
Decided within the statutory timeframe (20 days plus any extensions)	6
Decided after 35 days (by agreement with applicant)	1
Not decided within time (deemed refusal)	0
<b>Total</b>	<b>7</b>

Table G. Number of applications reviewed under Part 5 of the Act (by type of review and outcome)

	DECISION VARIED	DECISION UPHELD	TOTAL
Internal review	0	0	0
Review by Information Commissioner*	0	0	0
Internal review following recommendation under section 93 of Act	0	0	0
Review by ADT	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>

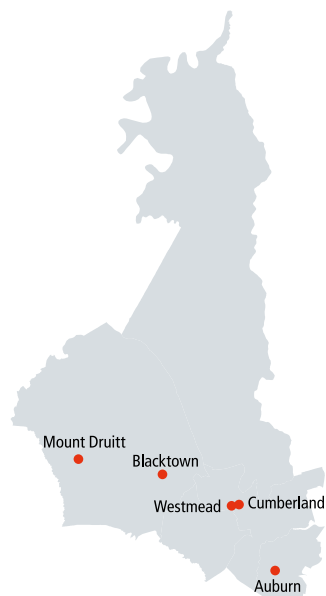
\*The Information Commissioner does not have the authority to vary decisions, but can make recommendations to the original decision-maker. The data in this case indicates that a recommendation to vary or uphold the original decision has been made by the Information Commissioner.

Table H. Applications for review under Part 5 of the Act (by type of applicant)

	NUMBER OF APPLICATIONS FOR REVIEW
Applications by access applicants	0
Applications by persons to whom information the subject of access applications relates (see section 54 of the Act)	0

# Western Sydney

## Local Health Network



**Darcy Road, Westmead**  
**PO Box 533**  
**Wentworthville NSW 2145**

Telephone: 9845 7005

Facsimile: 9689 2041

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

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

Chief Executive: Danny O'Connor

## Local Government Areas

Auburn, Baulkham Hills, Blacktown, Holroyd and Parramatta.

## Public Hospitals

Auburn Hospital  
Blacktown Hospital  
Cumberland Hospital  
Lottie Stewart Hospital  
Mt Druitt Hospital  
Westmead Hospital

## Public Nursing Homes

Lottie Stewart Hospital

## Community Health Centres

Auburn Community Health Centre  
Blacktown Community Health Centre

Doonside Community Health Centre  
Merrylands Community Health Centre  
Mt Druitt Community Health Centre  
Parramatta Community Health Centre  
The Hills Community Health Centre

## Oral Health Clinics

Blacktown Oral Health Clinic  
Mt Druitt Oral Health Clinic  
Westmead Oral Health Clinic

## Third Schedule Facilities

Lottie Stewart Hospital

## Other Services

Aged Care Services  
Breast Cancer Institute NSW, Westmead Hospital  
Cedar Cottage, Westmead  
Centre for Addiction Medicine, Cumberland Hospital  
CoExist NSW Diversity Health Comorbidity Service, Cumberland Hospital  
Education Centre Against Violence (ECAV), North Parramatta  
Mental Health Services  
Multicultural Health, Cumberland Hospital  
TransCultural Mental Health, Cumberland Hospital  
Youth Services

## Demographic Summary

Western Sydney Local Health Network (WSLHN) consists of both urban and semi-rural areas, covering almost 774 square kilometres. WSLHN is responsible for providing primary and secondary health care for people living in the Auburn, Blacktown, The Hills Shire, Holroyd and Parramatta Local Government Areas (LGAs) and tertiary care to residents of the Greater Western Region.

The estimated resident population of WSLHN in 2011 is 832,766, which includes an Aboriginal community (1.6%). The Darug and Eora/Dharawal people were the two main tribes who inhabited the area before the arrival of European settlers and convicts. The number of people identifying as Indigenous in the Census has been increasing in recent years. The figure was estimated at 13,331 in 2011 although this is widely regarded as an underestimate. The larger indigenous communities reside in Blacktown. The indigenous population is younger than the wider WSLHN community with 55.1% under 25 years of age.

The largest proportions of pre-school aged children (less than five years) in 2011 are in the Blacktown and Auburn LGAs (8.9% and 8.5%). At the other end of the spectrum, the LGAs of Parramatta (8.9%) and Holroyd (8.6%) have the highest proportion of older residents aged 70 years and over. In the period 2011 to 2021, the proportion of the population aged less than 10 years is expected to remain steady at approximately 14.8%, while the proportion of older residents will increase from seven to nine%.

Births to existing residents contributed 13,811 persons in 2009, with the highest total fertility rate occurring in Holroyd and Blacktown (2.3 per woman) followed by Auburn with 2.2 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 2010, WSLHN received 6,479 permanent arrivals. Of the arrivals entering under the Humanitarian visa subclass in NSW 31% settled in WSLHN.

WSLHN is culturally diverse with almost 40% of the population reported as being born overseas in the 2006 Census. The most frequently reported countries of birth were UK, New Zealand, China, Hong Kong, India, Lebanon, Philippines, Fiji, Korea, Turkey and Vietnam.

Life expectancy at birth in the LGAs ranged from 76.7 and 81.1 for men and 81.5 and 84.9 for women. The increasing populations of older people, culturally diverse communities and new arrivals warrant consideration of the implications for 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, WSLHN has LGAs at both ends of the spectrum. Among the most disadvantaged areas in NSW, scoring well below the 1,000 average, was Auburn (922), characterised by low income and educational attainment, and high levels of unemployment. At the opposite end scoring over 1,000 and suggesting least disadvantage is The Hills Shire (1,116).

The age standardised death rates for WSLHN residents for the five year period 2003 to 2007 were comparable to the State average for males (738.4 and 750.4 per 100,000 respectively) and significantly higher for females (504.2 and 501.7 per 100,000 respectively). The major causes of death were circulatory diseases, cancers, respiratory diseases and injury and poisoning. Among residents aged less than 75 years, the premature death rate was significantly lower among males in WSLHN compared to NSW (298.2 and 311.8 per 100,000 respectively). The rate among females in WSLHN was comparable to the State average (180.2 and 180.7 per 100,000 respectively).

## Chief Executive's Year In Review

The 2010-11 year has been one of significant change. The Western Sydney Local Health Network was formed following the signing of the Health and Hospital reform agreement, which saw the former Sydney West Area Health Service replaced by two Local Health Networks.

As the new Chief Executive I am enjoying the opportunity of working with the Board to increase the engagement of the clinicians and local community in the running of the Local Health Network.

Local decision making is at the forefront of our Local Health Network and through Clinical Councils, established at each hospital, we encourage input from senior clinicians and managers in setting strategic priorities and responsibility for organisational performance.

We are very fortunate to have the State's only metropolitan Medicare Local located in Western Sydney.

We continue to develop a close and effective collaborative relationship with the Western Sydney Medicare Local to ensure integrated patient-focused care for those with complex conditions, smooth transitions between acute to community based services and address the needs of the some of the most rapidly expanding, densely populated and culturally and linguistically diverse Local Government Areas in NSW.

Western Sydney Medicare Local Chair, Professor Di O'Halloran is also a valued member of the Western Sydney Local Health Network Board.

The Board, chaired by Professor Stephen Leeder AO is Comprised of highly intelligent clinicians, business people and members of the public, with experience in research, teaching, nursing, mental health, Aboriginal health and multicultural health.

Staff embraced the opportunity to provide feedback on their work environment and workplace culture during the recent Your Say survey. WSLHN achieved a 45% response rate - the highest response rate for any metropolitan LHN in the State.

Mt Druitt Hospital performed well in the 2010 NSW Health Patient Survey. It ranked fourth in the top 10 NSW hospitals with 95% of outpatients rating their care as good, very good or excellent.

Each year the patient survey provides the Hospital with important feedback – it tells us where patients feel we are performing well and where improvements can be made.

Continued implementation of the Garling Recommendations remains a high priority for the LHN senior management and the Board, to maintain and further develop patient safety systems in all clinical services.

The LHN has been actively promoting the Clinical Excellence Commission (CEC) *Hand Hygiene Awareness Campaign* with antibacterial hand gels located in the front entrance of each hospital and in every patient room.

We are continuing to implement the Connecting Care Program, to improve the co-ordination of care for people with severe chronic diseases and to reduce the risk of multiple presentations and admissions to hospital.

I look forward to working with the Board, our staff, clinicians, volunteers and local community to enhance local health services even further.

**Danny O'Connor, Chief Executive**

## Key Achievements 2010-11

- The Blacktown/Mt Druiitt Hospital Clinical School and Research Centre was opened and the Australian Institute of Medical Simulation and Innovation expanded, providing staff with a sophisticated facility for scenario-driven simulated learning including a clinical skills laboratory for University of Western Sydney medical students.
- Blacktown Hospital's new Cardiac Catheterisation Laboratory was opened, reducing the need for patients with life-threatening heart conditions to undergo open heart surgery.
- The new Auburn Community Health Centre including the new HealthOne Auburn service opened this year. The co-location of the new centre with the existing hospital provides locals with a comprehensive range of health services at one site.
- The *Keeping Koori Kids Smoke-Free* project has seen 55 households signed up to the Smoke- Free Home Register.
- Forty-five primary schools are participating in the *Live Life Well@School* program and 79 in the *Crunch and Sip* program, helping kids to get healthy.
- More than 12,000 students from across NSW and the ACT attended the seventh annual Australian Youth and Road Trauma Forum, a Westmead Hospital Trauma Centre initiative. The three-day forum aimed to educate young drivers about road safety and included interactive exhibits and a simulated car crash with emergency personnel rescuing victims.
- The Midwifery Group Program was launched at Blacktown and Westmead Hospitals, giving pregnant women the same midwife to care for them through all stages of pregnancy including antenatal, labour and birth, care in the hospital and postnatal care at home.

- In a world first, researchers at Westmead Hospital demonstrated effective drug treatment of brain metastases, which occurs in up to 80% of patients with metastatic melanoma and have not, up until now, had any form of effective treatment.
- WSLHN is implementing the *Improving the Patient and Staff Experience* program (IPSE) at Blacktown Hospital and will expand it into Auburn and Mt Druiitt hospitals. The *Essentials of Care* program is also being implemented across WSLHN.
- Engagement with the private sector has allowed Blacktown and Westmead Hospitals to improve public amenities and retail offerings including a greater range of food and beverage options.
- WSLHN's commitment to Multicultural Policies and Services Program was demonstrated through a range of initiatives. The Health Care Interpreter Service (HCIS) 24 hour call centre recently upgraded its technology, improving communication between the call centre, staff interpreters and health personnel requesting interpreter bookings.
- In 2011-12, WSLHN has a large number of multicultural health initiatives planned. The LHN in conjunction with the Western Sydney Medicare Local, will conduct a campaign to inform the Pacific Islander community about immunisation and offer immunisation 'catch-ups' for young people who have missed routine vaccinations.

## Key Planned Activities and Outcomes 2011-12

- Finalisation of the transition from Local Health Network to Local Health District in consultation with the Board.
- Working in partnership with the Western Sydney Medicare Local on initiatives including immunisation for the Pacific Islander community and addressing Aboriginal health needs.
- Expanding HealthOne services in consultation with General Practitioners and Community Health professionals to provide integrated care for people in Blacktown, Mt Druiitt and Auburn.
- Establishment of an Urgent Care Centre at the Westmead Hospital Emergency Department to treat less urgent cases and a Safe-T-Zone (Senior Assessment Further Evaluation after Triage) Zone where patients are seen by a senior doctor to commence treatment.



- Expanding Blacktown Mt Druitt Hospital (BMDH) services to include a comprehensive cancer centre, additional inpatient beds, an ambulatory care facility, additional dental chairs and subacute beds at Mt Druitt following detailed planning for the expansion Stage 1 of BMDH.
- Continued implementation of important quality and safety initiatives across all facilities including the *Improving the Patient and Staff Experience* (IPSE) program, *Essentials of Care* (EoC) program and Between the Flags (BTF) initiative.
- Completion of the new Blacktown Research Centre associated with the UWS Clinical School which incorporates a dedicated Clinical Trials Centre and space for 50 scientists and researchers.
- Research into the clinical outcomes for patients with specific surgical interventions at The Westmead Research Centre for Evaluation of Surgical Outcomes.
- Increasing the numbers of Aboriginal Allied Health Cadetships and Aboriginal Nursing and Midwifery Cadetships.
- Implementation of a formal Work Experience Program for people with a disability.
- A staff member was seconded to Learning and Development Services to develop a training package to support staff awareness on disability. It is expected that this Program will be rolled out as a mandatory training requirement for all staff within the organisation.
- Human Resources have developed comprehensive Guidelines for Managers and Employees on Reasonable Adjustment for an Employee with a Disability. This document is accessible on the intranet.
- During 2011, the Transition to Work program initiative continued, incorporating a partnership with some non-government training agencies specialising in the work placement of young people with a disability.
- A temporary Disability Workforce Committee, consisting of members from Blacktown and Mt Druitt Hospitals, was established to plan the development and expansion of an Area-wide Work Experience Program for people with a disability. This program will engage with multiple Disability Employment Agencies across the LGAs, giving more opportunity for a variety of participants within the community to undertake work experience within the health service.
- A three-year Disability HR Business Plan was developed by HR and a newly established HR role titled 'Disability Employment Services Consultant' (DESC) was formalised to increase the employment of people with a disability.
- Strategies within this Business Plan include: Work Experience, Transition to Work and Traineeship/Apprenticeship Program initiatives; Disability Awareness and Promotion initiatives; Reasonable Adjustment and accessibility initiatives; Statistical evaluation initiatives; Staff retention initiatives.
- WSLHN continued to be above the benchmark for employing people whose first language was not English. This was 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 (e.g. bilingual community educators).
- WSLHN continued to be above the benchmark for employing women. This is typical of the health care sector in general, where the single largest occupational group is nursing, most of whom are female.
- In 2011, NSW Health expanded the Cadetships to now encompass Aboriginal Allied Health Cadetships and recruitment is in process for attracting students onto the Cadetship. It is anticipated through a number of marketing strategies that the Aboriginal Allied Health Cadetships will see greater uptake in 2012

## Equal Employment Opportunities

### Key Achievements 2010-11

- Aboriginal Nursing and Midwifery Cadetships - WSLHN employed one Aboriginal person in Aboriginal Nursing Cadetships, under the NSW Aboriginal Cadetship Program.
- For the third consecutive year International Day of People with a Disability was celebrated across the organisation. Events included an awards ceremony at Westmead Hospital, recognising services that have excelled in their work with people with a disability and giving recognition to staff who have a disability on their achievement. A Disability Awareness Information Session was held at Blacktown Hospital that incorporated presentations from Disability Employment Agencies and Disability Services.
- Consultations were held with staff and volunteers with a disability to gain a better understanding regarding the positives in their employment/engagement. This process was undertaken to identify the staff's positive experiences and how these could be used to inform ongoing workplace management issues. These consultations produced a report giving clear recommendations and creating opportunities for improvements to be introduced into the employment of people with a disability and for the deployment of volunteers with a disability.

- The Cadetship Co-ordinator is currently working closely with the NSW Health, Nursing and Midwifery Office and other co-ordinators around the State to review and devise effective marketing and recruitment strategies to increase numbers on the Aboriginal Nursing and Midwifery Cadetship.

## Key Planned Activities and Outcomes 2011-12

- In 2011-12 much of the work undertaken for people with disabilities will continue.
- A training package to support staff awareness on disability will be finalised and available for use in the latter months of 2011.
- A promotional plan to encourage use of the Guidelines for Managers and Employees on Reasonable Adjustment for an Employee with a Disability will be developed.
- A formal Work Experience Program will be developed and in its implementation phase by the end of 2011.

Table 1. Trends in the Representation of EEO Groups<sup>1</sup>

EEO Group	Benchmark or target	% OF TOTAL STAFF <sup>2</sup>			
		2008	2009	2010	2011
Women	50%	0	0	0	75.0%
Aboriginal people and Torres Strait Islanders	2.6% <sup>3</sup>	0	0	0	1.0%
People whose first language was not English	19%	0	0	0	38.5%
People with a disability	N/A <sup>4</sup>	0	0	0	2.4%
People with a disability requiring work-related adjustment <sup>5</sup>	1.1% (2011) 1.3% (2012) 1.5% (2013)	0	0	0	0.4%

Table 2. Trends in the Distribution of EEO Groups<sup>6</sup>

EEO Group	Benchmark or target	DISTRIBUTION INDEX <sup>7</sup>			
		2008	2009	2010	2011
Women	100	0	0	0	92
Aboriginal people and Torres Strait Islanders	100	0	0	0	88
People whose first language was not English	100	0	0	0	94
People with a disability	100	0	0	0	99
People with a disability requiring work-related adjustment	100	0	0	0	90

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.** Per cent employment levels are reported but a benchmark level has not been set. **5.** Minimum annual incremental target. **6.** 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 of more than 100 indicates that the EEO group is less concentrated at the lower salary levels. **7.** Excludes casual staff.

\* EEO survey was conducted in June 2011 elicited a low response rate (22%). A distribution index based on an EEO survey response rate of less than 80% may not be completely accurate.

## Government Information (Public Access) Act 2009

The *Government Information (Public Access) Act 2009* (GIPA Act) gives the public new rights to information that are designed to meet community expectations of more open and transparent government. The Act encourages the routine and proactive release of government information, gives members of the public an enforceable right to obtain government information, and only restricts access to government information when there is an overriding public interest against disclosure.

Western Sydney Local Health Network (WSLHN) undertakes regular reviews of its program for release of government information to identify information held that may in the public interest be made publicly available. For example, as a result of this review discussions are underway regarding making information relating to asbestos publicly available.

During the period 1 January 2011 to 30 June 2011, Western Sydney Local Health Network (WSLHN) received a total of eight new access applications under the GIPA Act. In addition, due to the dissolution of former Sydney West Area Health Service (SWAHS) and establishment of Western Sydney Local Health Network on 1 January 2011, seven access applications received by former SWAHS applicable to WSLHN were carried forward for completion in January – June 2011. Of the 15 access applications processed, two were processed as informal release in agreement with the applicant and two applications were still being processed at the end of the reporting period. In total, 11 formal access applications were completed in this reporting period.

During the reporting period, most GIPA applications received by Western Sydney Local Health Network (informal and formal) related to incidents/adverse events, asbestos, public health, personnel files, security incidents and waiting list statistics. Of the 11 formal access applications completed, two were granted in full, three were granted in part, one was refused in full, in two cases no information was held, in one case there was a refusal to deal with the application due to diversion of resources and two applications were withdrawn. The application relating to diversion of resources is currently undergoing external review by the Office of the Information Commissioner.

Western Sydney Local Health Network received three formal access applications from the media, two formal access applications from members of parliament and six applications from members of the public (including two applications for personal information).

Four formal access applications required consultation with parties outside Western Sydney Local Health Network. Most

of these applications required consultation with more than one party, involving a total of 12 third parties consulted.

In addition, Western Sydney Local health Network dealt with three third party consultations from other agencies during January – June 2011.

One application received by Western Sydney Local Health Network during the reporting period was refused in part because the application involved the disclosure of information referred to in Schedule 1 to the GIPA Act, i.e. information for which there is conclusive presumption of overriding public interest against disclosure (overriding secrecy laws and legal professional privilege).

In relation to applications refused in part or in full, other public considerations against disclosure included responsible and effective government (three applications); individual rights, judicial processes and natural justice (four applications) and business interests of agencies and other persons (two applications).

WSLHN received one application for internal review during the reporting period with the original decision being varied. One external review was conducted by the Information Commissioner with the recommendation upholding the original decision. Both applications for review were made by the access applicant.

Of the nine formal access applications decided (excluding withdrawn applications), 67% were decided within the statutory timeframe and one application (11%) was decided after 35 days by agreement with the applicant. Two applications (22%) were not decided within time and were thus deemed refusals. These two applications were complex and decisions were subsequently made on these deemed refusals.

Information, as set out in the required form in Schedule 2 of the *Government Information (Public Access) Amendment Regulation 2010*, relating to the access applications made to the Western Sydney Local Health Network during 2010-11 is provided below.

In accordance with Section 125 of the *Government Information (Public Access) Act 2009* (s.125) and Clause 7 of the *Government Information (Public Access) Amendment Regulation 2010* the following statistical information about access applications is provided.

Table A. Number of applications by type of applicant and outcome\*

	ACCESS GRANTED IN FULL	ACCESS GRANTED IN PART	ACCESS REFUSED IN FULL	INFORMATION NOT HELD	INFORMATION ALREADY AVAILABLE	REFUSE TO DEAL WITH APPLICATION	REFUSE TO CONFIRM OR DENY WHETHER INFORMATION IS HELD	APPLICATION WITHDRAWN
Media	0	1	1	0	0	1	0	0
Members of Parliament	0	0	0	0	0	0	0	2
Private sector business	0	0	0	0	0	0	0	0
Not for profit organisations or community groups	0	0	0	0	0	0	0	0
Members of the public (application by legal representative)	1	0	0	1	0	0	0	0
Members of the public (other)	1	2	0	1	0	0	0	0

\*More than one decision can be made in respect of a particular access application. If so, a recording must be made in relation to each such decision. This also applies to Table B.

Table B. Number of applications by type of application and outcome

	ACCESS GRANTED IN FULL	ACCESS GRANTED IN PART	ACCESS REFUSED IN FULL	INFORMATION NOT HELD	INFORMATION ALREADY AVAILABLE	REFUSE TO DEAL WITH APPLICATION	REFUSE TO CONFIRM OR DENY WHETHER INFORMATION IS HELD	APPLICATION WITHDRAWN
Personal information applications#	1	0	0	1	0	0	0	0
Access applications (other than personal information applications)	1	3	1	1	0	1	0	2
Access applications that are partly personal information applications and partly other	0	0	0	0	0	0	0	0

# A personal information application is an access application for personal information (as defined in Clause 4 of Schedule 4 of the Act) about the applicant (the applicant being an individual).

Table C. Invalid applications

REASON FOR INVALIDITY	NUMBER OF APPLICATIONS
Application does not comply with formal requirements (section 41 of the Act)	0
Application is for excluded information of the agency (section 43 of the Act)	0
Application contravenes restraint order (section 110 of the Act)	0
Total number of invalid applications received	0
Invalid applications that subsequently became valid applications	0

Table D. Conclusive presumption of overriding public interest against disclosure: matters listed in Schedule 1 of the Act

	NUMBER OF TIMES CONSIDERATION USED*
Overriding secrecy laws	1
Cabinet information	0
Executive Council Information	0
Contempt	0
Legal professional privilege	1
Excluded information	0
Documents affecting law enforcement and public safety	0
Transport safety	0
Adoption	0
Care and protection of children	0
Ministerial code of conduct	0
Aboriginal and environmental heritage	0

\* More than one public interest consideration may apply in relation to a particular access application and, if so, each such consideration is to be recorded (but only once per application). This also applies to Table E.

Table E. Other public interest considerations against disclosure: matters listed in table to Section 14 of the Act

	NUMBER OF OCCASIONS WHEN APPLICATION NOT SUCCESSFUL
Responsible and effective government	3
Law enforcement and security	0
Individual rights, judicial processes and natural justice	4
Business interests of agencies and other persons	2
Environment, culture, economy and general matters	0
Secrecy provisions	0
Exempt documents under interstate Freedom of Information legislation	0

Table F. Timelines

	NUMBER OF OCCASIONS WHEN APPLICATION NOT SUCCESSFUL
Decided within the statutory timeframe (20 days plus any extensions)	6
Decided after 35 days (by agreement with applicant)	1
Not decided within time (deemed refusal)	2
<b>Total</b>	<b>9</b>

Table G. Number of applications reviewed under Part 5 of the Act (by type of review and outcome)

	DECISION VARIED	DECISION UPHELD	TOTAL
Internal review	1	0	1
Review by Information Commissioner*	0	1	1
Internal review following recommendation under section 93 of Act	0	0	0
Review by ADT	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>

\*The Information Commissioner does not have the authority to vary decisions, but can make recommendations to the original decision-maker. The data in this case indicates that a recommendation to vary or uphold the original decision has been made by the Information Commissioner.

Table H. Applications for review under Part 5 of the Act (by type of applicant)

	NUMBER OF APPLICATIONS FOR REVIEW
Applications by access applicants	1
Applications by persons to whom information the subject of access applications relates (see section 54 of the Act)	1