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NSW MINISTRY OF HEALTH

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NORTH SYDNEY

Telephone: 9391 9000

Facsimile: 9391 9101

Website: www.health.nsw.gov.au

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

Director-General: Dr Mary Foley

Key Achievements 2011-12

- The 2011-12 budget saw a record \$17.3 billion invested in NSW public health care.
- Established the Office for Health and Medical Research to drive the implementation of the Ten Year NSW Health and Medical Research Strategic Plan.
- Invested \$32 million in the Medical Research Support Program, including an additional \$5 million of a \$20 million commitment over four years to improve medical research.
- Ministry of Health's Statement of Comprehensive Income reports a net result of \$89 million favourable compared to the initial budget result of \$365 million.
- Recorded \$59 million favourable to revised budget result in respect of NSW Health's financial performance against NSW Treasury's revised 2011-12 Net Cost of Service.
- Established a record 850 intern training positions for 2012.
- Delivered key agreement priorities with respect to the NSW Pain Management Plan.
- **Re-organised the health system to focus on patients:**
 - Conducted a Governance Review that devolved the management of health services to Local Health Districts and Specialty Health Networks to ensure that those working closest to the patient are empowered to make decisions about patient care
 - Realised the potential of statewide and shared services to improve efficiencies and develop economies of scale across the health system
 - Abolished the three clusters as a middle layer of administration and established Local Health Districts
 - Strengthened the role of the Pillars and created a smaller, more strategic NSW Ministry of Health.
- Held the first meeting of the NSW Suicide Prevention Ministerial Advisory Committee (the Committee) on 22 February 2012. The establishment of this Committee was a key commitment under the NSW Suicide Prevention Strategy 2010-2015.
- Provided \$17 million to strengthen out-of-home care and support for people with chronic disease and introduced health checks in community pharmacies to assist in the early identification of people with chronic disease.
- Established an Office of Preventive Health responsible for statewide coordination of key preventive health programs and reporting on the achievements of the Preventive Health Fighting Fund.
- Established the NSW Mental Health Commission from July 2012 to better manage the experience of people with mental illness, their families and carers.
- Established a Ministerial Advisory Committee on Preventive Health to provide advice about strategies to keep people healthy and out of hospital.

- **Delivered on Government commitments:**
 - Developed a \$4.7 billion health infrastructure plan over four years
 - On track to achieve the government commitment of 1,390 more beds available by March 2015
 - Increased the number of doctor intern training positions by 80 to 850 in 49 hospitals, and expanded medical specialist training capacity in NSW public hospitals.
 - Employed more than 46,500 nurses and midwives in full and part-time permanent positions in NSW, including 15,000 in rural and regional areas.
 - Surpassed the Government's commitment to employ 2,475 additional nurses and midwives over four years.

AGENCY FOR CLINICAL INNOVATION

821-843 Pacific Highway, Chatswood
PO Box 699
Chatswood NSW 2057

Telephone: 8644 2200

Facsimile: 8644 2148

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

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

Chief Executive: Dr Nigel Lyons

Year in Review

Established in January 2010, the Agency for Clinical Innovation (ACI) is the primary agency in NSW for engaging clinicians and designing and implementing best practice models of care by working with doctors, nurses, allied health, managers, consumers and the community to promote improvements in health service delivery and sustainable system-wide change proposals.

It was a year of rapid change and growth for the ACI, following the significantly expanded role proposed in the NSW Health Governance Review which included the transfer of responsibilities from the NSW Ministry of Health to the ACI, including Clinical Redesign, Chronic Disease Program, Clinician Groups in Acute Care, Surgical Services Taskforce, Anaesthesia and Critical Care, Primary Care and extensive recruitment.

A new organisational structure was implemented to reflect the new functions and enhanced scope of the ACI, and Directors were appointed to the six portfolio areas across the ACI. These portfolios include Clinical Program Design and Implementation; Primary Care and Chronic Services; Surgery, Anaesthesia and Critical Care; Acute Care; Corporate Services; and Engagement, Executive Support and Communications. Each clinical network and taskforce now sits within a portfolio, with the ability to work in collaboration and across portfolios strongly encouraged.

A new strategic plan has been developed in consultation with staff, stakeholders and consumers, focusing on the ACI's role in driving clinician-led, patient-centred innovation in clinical practice.

It has been a busy and exciting 12 months for the ACI. The achievements are a result of the dedicated and highly skilled staff and network members who have worked tirelessly to see the benefits of the ACI's work flow to hospitals across the state. The ACI will continue to work with the NSW Ministry of Health, Local Health Districts, clinicians, managers and consumers to design and deliver real health care improvements for patients, carers and the community in NSW.

Dr Nigel Lyons, Chief Executive

Key Achievements 2011-12

- Nutrition Network Nutrition Standards + Therapeutic Diet Specifications implementation. Hospital menus across NSW are being revised to meet these standards, focused on preventing malnutrition in hospitals and improving nutrition and food quality.
- Musculoskeletal Network Osteoarthritis Chronic Care Program (OACCP) implementation and evaluation. The OACCP, primarily for those waitlisted for elective hip or knee joint replacement, was implemented in 17 sites across NSW.
- Cardiac Network Snapshot Study coordination. The first-ever Snapshot Study in Australian Hospitals collected clinical data on every patient over 18 years of age admitted to hospital with a suspected acute coronary syndrome to provide a better understanding of standards and inequities of care.
- Burns Network SHARE peer support program implementation and evaluation. A peer support program supporting patients with a burn injury at Concord Repatriation General Hospital, Royal North Shore Hospital and the Royal Rehabilitation Centre Sydney. This program won the Volunteer Service of the Year Award in the 2012 NSW Health Awards.
- Aged Health Network Care of the Confused Hospitalised Older Person Study (CHOPS) implementation. This project was implemented across five pilot sites: Armidale Rural Referral, Batemans Bay, Campbelltown, Pambula and Ryde Hospitals.
- Burn Injury Network Model of Care publication. Covers Burn Injury prevention through hospital and acute care to ongoing treatment, rehabilitation and reconstruction.
- Respiratory Network Service Mapping Survey. An online survey of 84 existing pulmonary rehabilitation services in NSW was conducted to identify issues impacting on service delivery and the educational needs of the workforce.
- Renal Network 2nd Dialysis Models of Care Program completion and implementation. Ten dialysis units supported teams to participate in this program. Eight of the teams successfully changed the way they provide care and achieved improved outcomes for patients and staff. One of these projects is a finalist in the NSW Health Awards 2012.
- Blood and Marrow Transplant (BMT) Network Quality Management System. Successfully completed the implementation of the centralised quality management system for all BMT Laboratories, Apheresis and Clinical Units.

- Neurosurgery Extended Day Only / 23 Hour Clinical Protocol Guideline: Microdiscectomy. Completion of guidelines for non-complex patients requiring lumbar-sacral microdiscectomy. These guidelines are also the first day only/23-hour clinical protocol developed for neurosurgery.

BUREAU OF HEALTH INFORMATION

**821 Pacific Highway, Chatswood
PO Box 1770
Chatswood NSW 2057**

Telephone: 8644 2100

Facsimile: 8644 2119

Website: www.bhi.nsw.gov.au

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

Chief Executive: Kim Browne (Acting)

Year in Review

In a year when the Bureau passed its second anniversary of operation, we continue our commitment to providing the people of NSW with timely and accurate reports on the performance of their health system.

In August 2011, the Director-General of the Ministry of Health presented a Governance Review to the Minister. In the review, the Bureau was recognised "*as the primary source of quality information to the community, healthcare professionals and policymakers*" and has been "*successful in its efforts to produce health performance information to both assist patient choice and contribute to public debate.*"

One of the outcomes of the review was the transfer of wider responsibilities for public reporting accountability to the Bureau. As a result, we are pleased the management of the Patient Survey will transfer to the Bureau from July 2012.

We have also continued to produce our core publications, *Hospital Quarterly*, *Healthcare in Focus*, and two reports under the banner of our *Insights Series*. As part of our commitment to provide the people of NSW with an accurate understanding of the performance of their health system, we regularly review the way we deliver these reports.

In the coming year, the Bureau looks to continuing to provide the community and clinicians of NSW with quality reports on their health system.

Key Achievements 2011-12

- Released four issues of *Hospital Quarterly*.
- Released the second issue of our annual performance report *Healthcare in Focus*
- Released two reports as part of our ongoing *Insight Series*. *Chronic Disease Care: Another piece of the picture* and *Patient Care Experiences: Outpatient services in NSW public hospitals*.
- In *Hospital Quarterly*, we reviewed the approach to reporting time measures in emergency departments and introduced the National Emergency Access Target.

- Commenced reporting trends over the past five years for individual hospitals so the community can identify areas to improve and assess whether any improvements have been sustained.
- Developed a collaborative working partnership with the Agency for Clinical Innovation, to leverage information to drive improvement in healthcare.
- To assist with the transparency of processes, the Bureau prepared Data Quality Assessments, Technical Supplements and Background Paper documents describing how measurements are chosen for reports.
- The Bureau published a *How To Interpret* document with reports, to assist with understanding of findings within our reports.
- The Bureau completed two internal audits for this financial year. The areas of focus were Fiduciary Control and Strategic Information Management and Security. These audits found the Bureau's fiduciary controls are *'adequate and are operating effectively'* and our *'in-house information management practices and workflows are sound'*.
- Website taskforce charged with ongoing revision of website functions to ensure constant improvements in usability.

CLINICAL EXCELLENCE COMMISSION

Level 13, 227 Elizabeth Street, Sydney
Locked Bag A4062
Sydney South NSW 1235

Telephone: 9269 5500

Facsimile: 9269 5599

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

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

Chief Executive: Professor Clifford Hughes, AO

Year in Review

This year saw the realisation of the vision of the Clinical Excellence Commission to make healthcare in NSW demonstrably better and safer for patients and a more rewarding work place for staff. In December 2011, functions and staff from the former quality and safety branch were transferred to the CEC. This has had a major unifying impact on quality and safety measures across the state. We are now one staff with one mission.

The year also saw renewed and stronger ties with the other three pillars. In particular, the partnership with the Agency for Clinical Innovation (ACI) has been strengthened with regular executive interchanges but more importantly close involvement of our project staff in "joint ventures". Together, the CEC and ACI have delivered a SEPSIS program across all emergency departments in the NSW public health system. At the same time the CEC has collaborated and supported the ACI's program on the management of dementia. Our partnerships are strengthened by strong governance provided by a single board in both organisations.

The Clinical Leadership Program remains a hallmark of the programs and success of the CEC. This year we have graduated 150 senior clinicians from modular courses and 880 nurses and health practitioners from a state-wide program delivered in each LHD. The CEC looks forward to supporting the Health Education Training Institute as it develops leadership programs for junior clinicians and managers.

The strengthened CEC program depends entirely on strong clinical engagement. Of primary importance is the provision of accurate and timely data to clinicians working on the front line. We have produced a suite of reports and publications, made widely available to both the public and staff.

We have also continued our strong liaison with the Bureau of Health Information (BHI). Their performance reporting data is invaluable in identifying areas of need or success. CEC and BHI have collaborated with other stakeholders, including the Cancer Institute, in the publication of the fourth Chartbook for NSW Health. This volume has matured to the point where our partners and the CEC will be providing a much broader range but more focused suite of reports.

The success of the CEC is attributable to our stakeholders. Firstly, to all staff of NSW Health who so willingly participate in our programs and projects; they provide invaluable feedback and membership for our committees, steering groups and working parties. Finally, but most importantly, we have gained incredible insights by listening to and partnering with patients. The narrative of their journeys through the system is inspirational. They have challenged LHDs to take up a new challenge – the Patient Based Care Challenge. The experiences and the expertise that our patients bring to the table drive care at the bedside.

Professor Clifford Hughes AO, Chief Executive

Key Achievements 2011-12

- **Between the Flags:** This program is a world-leading initiative addressing the need for improved early recognition and management of the deteriorating patient in the acute hospital ward setting. In the last 12 months there has been a 14% reduction in Root Cause Analyses related to failure to recognise and manage the deteriorating patient.
- **In Safe Hands:** This new program was launched in September 2011 and is designed to build high reliability patient care teams by providing them with the relevant standards, tools, skills and resources to enable them to become self-sufficient teams in order to provide the best care for their patients. Rural pilot sites have been developed through collaboration with international experts.
- **National Hand Hygiene Initiative:** The CEC conducted 11 Gold Standard Assessor workshops between July 2011 and June 2012 and 80 new auditors were validated as gold standard assessors. NSW reported a steady improvement in hand hygiene compliance from 74.7% to 78.9% and has continuously trended above the national average. Hand Hygiene posters are being developed for display in all hospital wards in NSW.

- **Sepsis Kills:** Phase 1 of the Sepsis Kills Program continues and 65 Emergency Departments across NSW are actively participating with strong uptake by clinicians and facility managers. Phase 2 commenced in 2012 and is focused on improvement initiatives in hospital inpatient wards, initially in small facilities in rural and remote areas of NSW followed by implementation in large facility inpatient wards.
- **Health Care Associated Infection:** The program is responsible for assisting facilities to minimise the risk of patients developing a preventable health care associated infection through infection control, environmental cleaning, antimicrobial stewardship and reprocessing of instruments. The *Staphylococcus aureus* blood stream infection rate for NSW of 1.17 bloodstream infections per 10,000 bed days is well below the national benchmark of 2.0 per 10,000 bed days. Posters are being developed for display in all hospital wards throughout NSW.
- **Medication Safety:** The CEC has expanded on its existing role in medication safety and quality use of medicines, becoming a leading agency for this work in NSW. Two hundred and forty health care facilities have now submitted MSSA data to the CEC, with 150 NSW public health facilities and 67 facilities having now completed the self-assessment more than once. After a successful pilot, the 2012 ISMP International Medication Safety Self Assessment for Oncology was released for use worldwide.
- **Clinical Leadership Program:** Interest in the CEC program has remained strong, with enrolment figures increasing over the past five years. To meet the increased demand a second cohort of the executive program has been offered for the last three years. At the completion of 2012, over 1200 participants will have completed the program since its inception and over 950 clinical practice improvement projects have been undertaken as part of the program.
- **Quality Systems Assessment:** NSW is the first state to introduce a self-assessment of quality and safety. In 2011, an overall response of 99% was achieved, which included over 1200 clinical departments and 113 facilities across the state. All Local Health Districts have begun to address recommendations from each self-assessment and 73% of recommendations from 2007/2008 have been completed.
- **Paediatric Clinical Practice Guidelines Audit Project:** The project has two key objectives, to develop and implement audit processes to monitor compliance with clinical practice guideline implementation, and to obtain clinician feedback on the uptake and use of the guidelines in everyday clinical practice.
- **Falls Prevention:** In 2012, the NSW Fall Prevention Network Forum focused on working with special populations such as Aboriginal and Torres Strait Islander and Culturally and Linguistically Diverse (CALD) community members.
- **Partnering With Patients:** The development of a *Patient Based Care Challenge* for the Local Health Districts has been used to galvanise the health services with clear governance commitment to improve patient care experience. Recounting a 'patient story' now begins each LHD board meeting.
- **Special Committees**
 - **The Collaborating Hospitals' Audit of Surgical Mortality (CHASM)** This is a systematic peer-reviewed audit of deaths associated with surgical care.
 - **The Special Committee Investigating Deaths Under Anaesthesia (SCIDUA)** This Committee provides expert clinical assessment of the cause of deaths during or shortly after anaesthesia.
- **Incident Information Management Systems Program:** The CEC provides a key role in review and analysis of statewide clinical incident data and root cause analysis reviews and ensures lessons learned are fed back to clinicians and the community.

HEALTH EDUCATION AND TRAINING INSTITUTE

Shea Close, Gladesville
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Gladesville NSW 1675

Telephone: 9844 6551

Facsimile: 9844 6544

Website: www.heti.nsw.gov.au

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

Chief Executive: Ms Heather Gray

Year in Review

The Health Education and Training Institute (HETI) was formed as a new Chief Executive-governed Statutory Health Corporation on 2 April 2012 with a wide remit to coordinate education and training for the NSW public health system. HETI pursues excellence in health education and training and workforce capability to improve the health of patients and the working lives of NSW Health staff. HETI has delivered some significant achievements in a relatively short timeframe while continuing to manage a wide range of programs and resources to support training for medical interns, generalists and specialists, nursing and midwifery professionals, allied health professionals, rural and remote clinicians and other health workers.

HETI works in collaboration and partnership with the Local Health Districts (LHD) and Specialty Networks (SN), our fellow Pillar agencies and a wide range of stakeholders in the delivery of quality evidence based training. HETI has developed a District HETI Operational Model as a process to manage the collaborative work of identifying and delivering priority education and training for LHDs and SNs.

HETI has been tasked as a priority to develop leadership – in particular senior leadership – within the NSW public health system. To this end, HETI has produced a Leadership Discussion Paper and undertaken a consultation process to develop a range of leadership programs, starting with the Clinicians and Executive Team Leadership (CETL) Program for hospital leadership teams.

Other major achievements have included an organisational Governance review and preparation for a restructure as HETI

begins to set up the organisation needed to deliver on its full range of functions while managing record numbers of applicants for intern training places and accrediting more training places.

HETI has enhanced the access and management of education and learning opportunities across the State (including rural and remote) through the development of a statewide learning management system and the promotion of simulated learning environments and interdisciplinary clinical training.

Heather Gray, Chief Executive

Key Achievements 2011-12

- Developed the District HETI Education and Training Operational Model.
- Developed a Leadership Discussion Paper and senior team leadership program.
- Conducted a Governance Review and preparation for a restructure.
- Managed record numbers of applicants for intern training places and accredited 50 more GP training places.
- Enhanced the delivery of training in over 22 specialist training networks across NSW.
- Established Interdisciplinary Clinical Training Networks (ICTN) across NSW.
- Produced *Get Ready* – a multidisciplinary training program for medical, nursing and allied health pre-graduates to improve teamwork and communication.
- Implemented Rural and remote GP procedural and rural generalist training and achieved 79 rural and remote participants in rural leadership programs.
- Developed educational resources for Allied Health – the *Superguide* and *Learning Guide*, best practice governance framework for training, and research into barriers and enablers of workplace learning.
- Developed a Nursing and Midwifery *Superguide* for the supervision of Nursing and Midwifery trainees.

AMBULANCE SERVICE OF NSW

**Balmain Road, Rozelle
Locked Bag 105
Rozelle NSW 2039**

Telephone: 9320 7777

Facsimile: 9320 7800

Website: www.ambulance.nsw.gov.au

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

Acting Chief Executive: Mike Willis

Year in Review

The past year saw the Ambulance Service of NSW (Ambulance) continue to focus on improving the patient experience and developing a strong workforce.

Operational developments have included engaging our volunteer network through the Volunteers Conference in Bathurst and strengthening the partnership between communities, volunteers and organisations delivering ambulance services on our behalf.

The State Cardiac Reperfusion Program continued to be rolled out across the state with additional paramedics receiving reperfusion training. Since the program commenced, 764 patients have received accelerated cardiac reperfusion, and pre-hospital thrombolysis is well established in the Hunter and New England zones, with 115 patients receiving this lifesaving intervention.

The Ambulance Management Qualification was recognised for its outstanding development program for current and aspiring managers. Having now qualified 475 staff, this ambulance specific training enhances our frontline managers, strengthens organisational capabilities and our vision of Excellence in Care.

The Healthy Workplace Strategy team continued to build on the positive cultural changes across Ambulance by implementing Phase 2 of the Respectful Workplace Training program, which provides staff with practical steps to identify and minimise behaviours relating to workplace concerns and prevent bullying.

Capital works enhancements included the arrival of two new Beechcraft KingAir 350s that are capable of supporting the inter-hospital transfer of patients requiring specialised medical treatment and the replacement of Batemans Bay, Byron Bay, Coonamble, Cessnock and Narrabri Ambulance stations.

The implementation of standardised rostering processes and myShift has streamlined paramedic rostering, increased efficiency across NSW and positioned Ambulance as an early adopter of the electronic rostering system.

Mike Willis, A/Chief Executive

Key Achievements 2011-12

- As part of the State Cardiac Reperfusion Program (a collaborative clinical redesign initiative between Ambulance and the Ministry of Health) reperfusion training was provided to 394 paramedics; 98 monitors/defibrillators were equipped to transmit 12 lead ECGs to specialist receiving hospitals; and the provision of pre-hospital administration of thrombolytic therapy to communities within the Hunter New England Local Health District footprint commenced.
- The stroke training package was developed for inclusion in the scheduled paramedic education program across regional NSW. This package forms part of the Stroke Project, a collaboration with the Ministry of Health and NSW Agency for Clinical Innovation and aims to improve patient access to stroke services across the hospital network, in particular to early stroke thrombolysis at an Acute Thrombolytic Centre.
- An Operational Support Manager for Ambulance Volunteers and Community First Responders was appointed to deliver a standardised approach to volunteering in Ambulance across the state. This role is based in the new State Coordination Centre in Bathurst. Volunteers completing Ambulance training will now receive Certificate II Medical First Response, a nationally recognised qualification.

- Establishment of an online learning program on suicide risk assessment and management for frontline staff. The interactive learning program builds on training provided in the Ambulance generic mental health training program and is in response to a recommendation from the NSW Suicide Prevention Strategy.
- The Phase 2 Respectful Workplace Training program was developed and rolled-out across Ambulance to further improve workplace culture for all 4300 staff. This program reinforces and builds on the key messages from Phase 1, providing staff with practical steps to identify and minimise behaviours relating to workplace concerns and prevent bullying.
- A number of significant Workforce programs were recognised, including: Ambulance Management Qualification awarded the 2011 Australian Human Resource Institute National Award for Outstanding Talent, Healthy Workplace Strategies awarded the 2011 TMF Risk Management Leadership Award, the Ambulance bariatric truck awarded the 2011 TMF Occupational Health and Safety and Injury Management Risk Management award, and the 2012 NSW Aboriginal Health Award for Closing the Gap Through Innovation and Excellence in Workforce.
- Air Ambulance introduced the first of its new fixed wing fleet. The new Beechcraft KingAir 350 can transport two stretchers and up to three ambulant patients or larger retrieval teams. With a greater payload capacity, it can transport heavier patients and those requiring more complex heart/lung bypass equipment.
- Implemented standardised rostering protocols and procedures, supported by a paramedic rostering manual, to streamline Ambulance rostering processes and improve efficiency throughout the state. The statewide rollout of the myShift website also provided a simpler, efficient and more transparent process for paramedics to request and allocate overtime for backfilling of shifts and shift swaps.
- The Capital Works Program saw the replacement of the Batemans Bay, Byron Bay, Coonamble and Cessnock Ambulance stations, with Cessnock subsequently winning a Regional Master Builders Association award. Narrabri Station was also completed as part of the new Narrabri Hospital and Murrurundi Station was officially opened in May.
- Continued rollout of the Clinical Outreach Program Phase II – Wide Area Network (WAN) Re-architecture. The project has upgraded the WAN data bandwidth by as much as a 50-fold increase, deployed new networking devices and deployed new routers, including 3G backups to approximately 260 Ambulance stations across the state.

HEALTH INFRASTRUCTURE

Level 8, 77 Pacific Highway, North Sydney
PO Box 1060
North Sydney NSW 2059

Telephone: 9978 5402

Facsimile: 8904 1377

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

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

Chief Executive: Robert Rust

Project Value

Health Infrastructure is responsible for planning, management and delivery of major capital works projects and programs over \$10m across NSW Health. Health Infrastructure was established in 2007 as an entity within the Health Administration Corporation (HAC) governed by a Board. The approved value of capital projects managed by Health Infrastructure as at 30 June 2012 was \$3.394 billion.

PROJECTS	(\$M)
Planning Projects	688*
Work in progress projects	1795
Public private partnership projects	721
Sub-Acute Beds Program	190

*Total value of project is included

Capital Spend in 2011-12

Health Infrastructure capital project spend in 2011-12 was \$370.6M

PROJECT	(\$M)
Planning Projects	52
Work in progress projects	282
Sub-Acute Beds Program	36

Planning Projects undertaken in 2011-12

The following projects were included in the Health Infrastructure Planning Capital Program in 2011-12:

- South East Regional Hospital Bega
- Blacktown and Mt Druitt Hospitals Redevelopment/Expansion Stage 1
- Gulgong Multipurpose Service
- Hornsby/Ku-ring-gai Hospital Redevelopment Stage 1
- Parkes and Forbes (Lachlan Health Service)
- Missenden Mental Health Unit at Royal Alfred Hospital
- Northern Beaches Hospital
- Northern NSW Planning - Lismore / Byron Bay
- Royal North Shore Hospital Clinical Services Building
- Tamworth Hospital Redevelopment Stage 2
- Wollongong Hospital Elective Surgery Unit

New Works in Progress in 2011-12

The following are major projects commenced as 'New Works' in 2011-12:

PROJECT (ETC)	(\$M)
Campbelltown Hospital Redevelopment and Emergency Department	139
Dubbo Hospital - Stages 1 and 2	79
Graythwaite Rehabilitation Centre	41
Port Macquarie Base Hospital Expansion	110
Prince of Wales Hospital Comprehensive Cancer and Blood Disorder Centre	47
St. George Hospital Emergency Department	36
Wagga Wagga Base Hospital Redevelopment	270

Projects Completed in 2011-12 include

PROJECT (ETC)	(\$M)
Grafton Surgical Services	20
Liverpool Hospital Redevelopment Stage 2	397
Manilla MPS – Health One	38
Narrabri Hospital Redevelopment	37
Nepean Hospital Redevelopment Stage 3	95
Werris Creek MPS – Health One	11

Other Project Delivery Achievements in 2011-12

Current status of six car park expansion projects:

- Liverpool Hospital Car Park Redevelopment – Completed
- Nepean Car Park project – in construction
- Blacktown and Wollongong Car Parks progressing on implementation phase
- Sutherland and Westmead at demand/viability stages
- Introduced a system where selected work is carried out on individual sites in advance of the main contracts works. This approach minimises delays in the delivery process.
- NSW Treasury assesses agencies for accreditation for each of the two procurement phases (Planning and Project Delivery). HI gained final accreditation for the project delivery procurement phase and are considered to have all the capabilities necessary to carry out all capital works procurement without external support.

Regional Hospital Upgrades

The Regional Priority Round 4 of the Australian Government's Health and Hospitals Fund (HHF) was announced in May 2012. The projects listed below will be delivered by HI over the next four years with funding contributions by the NSW Government in addition to HHF Funding.

PROJECT (ETC)	(\$M)
Lismore Hospital Redevelopment Stage 3	80
Kempsey District Hospital Redevelopment	80
Hillston Multipurpose Service	12
Peak Hill Multipurpose Service	12

Related Activities

Land sales forming part of the funding for projects are also managed by Health Infrastructure .

HEALTHSHARE NSW

Level 17, 821 Pacific Highway,
Chatswood NSW 2067
PO Box 1770
Chatswood NSW 2057

Telephone: 8644 2000

Facsimile: 9904 6296

Website: www.health.nsw.gov.au

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

Chief Executive: Mike Rillstone

Year in Review

The mission of HealthShare NSW is to support the delivery of patient care through the provision of statewide services, and to be responsive to the needs of hospitals, clinicians and health managers working in the State's public health system.

These statewide services must offer value-for-money solutions, which are innovative and operationally effective, ensuring the best utilisation of health resources.

Over several years we have worked to transition staff and processes from outdated local structures to a modern shared service environment. This has left us well positioned to pursue further efficiencies and to capitalise on the economies of scale that HealthShare NSW provides.

While it will take time to harvest all the dividends of a shared services model, early gains are apparent, with annual recurrent savings to date in the order of \$40 million per annum.

As we look to the future, we acknowledge that these savings are just the start, and that HealthShare NSW still has much work to do to fully realise its potential.

We are working closely with Local Health Districts and Health Agencies to build a framework for meaningful customer involvement in all stages of service planning and delivery, and will establish a Business Performance Unit to help us measure our service performance in more effective and transparent ways.

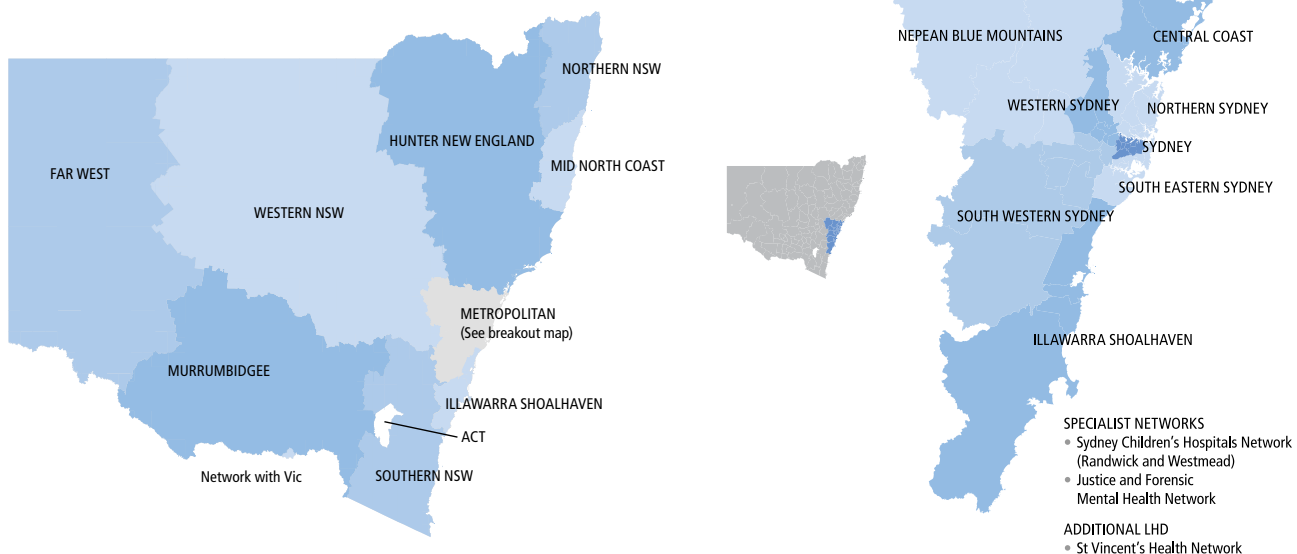
As part of our commitment to strengthening the organisation's customer service focus, we have commenced plans for online customer dashboards measuring our performance in key service areas. The strategic advice of Executives from LHDs in the development of performance indicators will continue this important reform work and mature our service delivery model.

Mike Rillstone, Chief Executive

Key Achievements 2011-12

- Preparations for the new governance model for shared services led by a Board to support the transition to HealthShare NSW to ensure improved support and service for our customers.
- Further development of external industry benchmarks to measure shared service performance including improved dashboard and KPI reporting for customers.
- Reduction in waiting times for clients of EnableNSW and improvement of equity in access for all disability clients in NSW.
- Leveraging greater NSW Health purchasing power for goods through product standardisation and more effective negotiating practices.
- Continuation of the Food Service Improvement Program to ensure all patient meals are appetising, easily accessed and meet statewide nutritional standards.
- Continued drive towards maturity of the clinical program through a common statewide electronic medical record capability that supports the majority of clinical specialties, provides clinical outcome reporting and clinical decision-making support.
- Commencement of implementation of the electronic medications management program to improve patient safety.
- Standardisation of ICT infrastructure across the State to better support clinical initiatives including preparation for the transition to the whole of government data centre.
- Leading the national agenda with the planning and rollout of the Patient Controlled Electronic Health Record program especially in the innovative development of the electronic Blue Book for families.
- Continued success of the statewide StaffLink program rollout ensuring all Local Health District staff benefit from the advantages of receiving their pay and payslips through the modern new HR and payroll system

LOCAL HEALTH DISTRICTS



Eight Local Health Districts cover the Sydney metropolitan region, and seven cover rural and regional NSW.

Metropolitan NSW Local Health Districts

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

Rural and Regional NSW Local Health Districts

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

CENTRAL COAST

Local Health District

Holden Street, Gosford
PO Box 361
Gosford NSW 2250

Telephone: 4320 2111

Facsimile: 4320 2477

Website: www.health.nsw.gov.au/cclhd

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

Chief Executive: Matt Hanrahan

Local Government Areas

Gosford and Wyong

Public Hospitals

Gosford, Long Jetty Healthcare Centre, Woy Woy, Wyong

Community Health Centres

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

Child and Family Health

Aboriginal Maternal and Infant Health Service (AMIHS), Gosford, Building Strong Foundations (BSF), Gosford, Family Care Cottage Gosford Gateway Centre, Family Care Cottage Wyong Kanwal Health Service, Gosford Child & Family Health Centre, Gateway Centre, Mangrove Mountain, Sustaining NSW Families, Wyong Central

At Community Health Centres: Erina, Kincumber, Lake Haven, Long Jetty, Toukley, Woy Woy, Wyong Central

Oral Health Clinics

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

Other Services

Aboriginal Health, Acute Post Acute Care (APAC), BreastScreen, Child Protection, Chronic Care, Community Nursing, Drug and Alcohol, Mental Health, HIV and Related Programs (HARPS), Violence, Abuse, Neglect and Sexual Assault, Palliative Care, Women's Health, Youth Health

Demographic Summary

Central Coast Local Health District (CCLHD) is located to the north of metropolitan Sydney and provides healthcare services to an area of just over 1853 square kilometres. The area extends from the Hawkesbury River to the southern shore of Lake Macquarie and from the eastern NSW coastline to the Great Northern Road in the west and encompasses the local government areas of Gosford and Wyong. Most of the population live along the coast and lakes. There is a large influx of visitors to the coastal areas during the summer months.

Approximately 318,369 residents (4.4% of the population of NSW) live in the area. CCLHD is a popular retirement area and up to 5.8% 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, 19% of the CCLHD population was aged 65 or more.

By 2021, the CCLHD population is expected to increase by 11.6% to more than 355,402 people. Most of this growth is expected to occur in the Wyong Local Government area (LGA) where the population growth is projected to be 17.7%.

The highest growth rates are expected to be in the population aged between 70 and 84 years. By 2021, there will be 9939 more people aged 70-84 years (an increase of 30.1%) and 1704 people aged 85 years and older (an increase of 19.2%) in CCLHD.

CCLHD has a different multicultural profile to many areas of metropolitan Sydney. In 2011, 89% of CCLHD residents were born in Australia or are from an English-speaking country and 90.9% of residents speak English only. Italian, Spanish, German, Greek and Cantonese are the most reported languages other than English spoken in CCLHD.

In 2011, the Aboriginal and Torres Strait Islander population in CCLHD was 9018, representing 2.9% of the District's 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 CCLHD residents are significantly above NSW rates. Cardiovascular disease and cancer are the most common cause of death.

Year In Review

The past year has exemplified the high calibre of staff we are fortunate to have at Central Coast Local Health District. With significant increases in demand, and within an environment of change, our staff continue to focus on the delivery of high quality health care to our community. It is a credit to staff that we have been able to treat and care for as many people as we have during the past 12 months. The transition from an Area Health Service to a Local Health District is almost complete and staff have been active in ensuring a smooth transition and understanding of the changes that this process has entailed.

The commencement of new performance measures as part of the National Health Reform has also required the District to consider the way we work and what we can do differently to meet the new requirements while ensuring patient safety and quality.

Much of the year has involved preparation for the introduction of the new funding model on 1 July 2012, a significant change for the District.

We have also seen physical signs of change at our facilities with several capital works projects forging ahead. The \$38.6 million Cancer Centre is on track to commence providing public radiotherapy services for the first time on the Central Coast in early 2013. Work commenced on the \$14 million, 30-bed sub-acute Rehabilitation Unit at Woy Woy Hospital.

Work was completed on the \$1.9 million Long Jetty and Wyong refurbishment for Transition Care and Sub-Acute services, which included the relocation of sub-acute beds to Wyong Hospital to form a 28-bed Sub-Acute Unit (which opened in April 2012) and the refurbishment of a ward at Long Jetty to provide a 16-bed Transitional Care Unit.

A new \$4.53 million Integrated Education Centre is complete at Wyong Hospital. The Centre will provide vastly improved education and training facilities for our doctors, nurses and allied health professionals and will enable the development of a multidisciplinary clinical team teaching program.

Developing leaders for the future is a key component of ensuring we are attuned to the healthcare needs of our community in the years to come. A number of clinicians have already completed clinical leadership programs and will help to develop future role models for the District.

I would like to acknowledge the support of District Board members who bring a great variety of skills to the District.

Finally, but by no means least, I would like to acknowledge the ongoing support of our community who show their support in many ways from volunteering in our hospitals, raising funds for additional equipment or writing a letter to say thank you to staff for the care they received.

Matt Hanrahan, Chief Executive

Key Achievements 2011-12

- CCLHD won the Minister's Award for Excellence at the NSW Health Awards with the project *'One shot or two? – a smarter choice for hospital in the home'* a collaboration between pharmacy and Acute Post-Acute Care.
- The District performed within budget while experiencing increasing demand in emergency presentations and a 12.6% increase in the number of elective surgery operations performed. A significant achievement made possible by the dedication and flexibility of our staff.
- Construction commenced on the new \$38.6 million Cancer Centre that will provide public radiotherapy services for the first time on the Central Coast. The Prime Minister joined local federal and state members of parliament and community representatives to view the start of construction of the concrete bunkers that will house the linear accelerators.
- Work commenced on the \$14 million 30-bed sub-acute Rehabilitation unit at Woy Woy Hospital.
- Planning began for an Emergency Medical Unit and an Urgent Care Centre at Wyong Hospital.
- Work was completed on the \$1.9 million Long Jetty and Wyong refurbishment for Transition Care and Sub-Acute services, which included the relocation of sub-acute beds to Wyong Hospital to form a 28-bed Sub-Acute Unit (which opened in April 2012) and the refurbishment of a ward at Long Jetty to provide a 16-bed Transitional Care Unit.
- Work was completed on the \$4.53 million Integrated Education Centre at Wyong Hospital with the new centre expected to be operational early in the new financial year.
- Work commenced on the new Transitional Care Unit at Long Jetty Healthcare Centre following the transfer of patients to the new sub-acute ward at Wyong Hospital.

- An innovative approach to delivering clinical training for nurses was implemented at Wyong Hospital. The Real Education Delivered is a mobile clinical education service that enables nurses to receive a variety of speciality specific clinical training without having to leave the ward, typically a deterrent to attending training.
- Completed a successful EQuIP 5 alignment survey ensuring quality and safety have continued to be addressed during the transition to the Local Health District.

ILLAWARRA SHOALHAVEN Local Health District

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

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

Chief Executive: Susan Browbank

Local Government Areas

Kiama, Shellharbour, Shoalhaven and Wollongong

Public Hospitals

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

Community Health Centres

Cringila, Culburra, Dapto, Helensburgh, Jeringa, Nowra, St Georges Basin, Sussex Inlet, Ulladulla, Warilla, Wollongong, Wreck Bay

Child and Family Health

Barnardos, South Coast Children's Family Centre Warrawong, Binji & Boori, Aboriginal Maternal Infant Child Health Service (AMICH) Shoalhaven, Child and Family Service Kids Cottage Warilla, Child and Family Service Port Kembla Hospital, Illawarra Aboriginal Maternal Infant Child Health Service, Illawarra Child Development Centre, Northern Family Care Centre Woonona, Shoalhaven Family Care Centre, Southern Family Care Centre Berkeley, Wreck Bay Community Centre

Early Childhood Centres: Albion Park, Berkeley, Corrimal, Cringila, Culburra, Dapto, Fairy, Figtree, Flinders, Gerringong, Helensburgh, Jervis Bay, Kiama, Mt Terry, Nowra, Oak Flats, Shoalhaven Heads, St Georges Basin, Sussex Inlet, Thirroul, Ulladulla, Warilla, Wollongong, Woonona

Oral Health Clinics

Adult Clinics: Kiama, Nowra, Port Kembla Hospital, Shellharbour Hospital, Ulladulla, Warilla, Wollongong

Child Clinics: Bulli, Kiama, Nowra, Port Kembla Hospital, Shellharbour Hospital, Ulladulla, Warilla, Wollongong

Other Services

In addition to hospital and community-based services, the ISLHD also provides: Public Health Services, Population Health Services, Planning, Performance and Redesign Services, Workforce Services, Information Technology Services and Other Corporate Services

Demographic Summary

The Illawarra Shoalhaven Local Health District covers four Local Government Areas (LGAs); Wollongong, Kiama, Shellharbour and Shoalhaven. The District covers a large geographic region of approximately 5687 square kilometres and extends along 250 kilometres of coastline, from Helensburgh in the Northern Illawarra to North Durras in the Southern Shoalhaven.

The Australian Bureau of Statistics 2011 Census data shows that 368,822 are residents within the Illawarra Shoalhaven Local Health District. The Illawarra and Shoalhaven population is projected to reach 406,873 by 2016, and 425,136 by 2021. This equates to a projected per annum growth rate of 0.9% across the District.

Some groups in our communities have greater and/or distinct health care needs when compared to the rest of the population, based on various factors that include:

- **Rurality** – in 2011, approximately 92,000 people were living in the rural Shoalhaven LGA, representing 25% of the population.
- **Age** – based on the premise that older people and children utilise health services more than others:
 - The Illawarra and Shoalhaven have a higher proportion of people aged 75 years and older (8.5%) when compared to the NSW average (6.9%).
 - Children aged less than five years make up 6.1% of the population – lower than the NSW average of 6.6%.
 - The fastest growing age group between 2011 and 2021 will be the 85 years and over age group (45% increase).
- **Relative disadvantage** – the Illawarra and Shoalhaven population, on average, is more disadvantaged than the NSW population, based on the composite Socio Economic Index for Areas (SEIFA).

Culturally and Linguistically Diverse (CALD) communities are well represented in Illawarra and Shoalhaven. In 2011, an estimated 86,304 Illawarra and Shoalhaven residents were born overseas. This equates to 23% of the population.

In 2011, 10,763 Illawarra and Shoalhaven residents are Aboriginal and/or Torres Strait Islander, equating to 2.9% of the total population. Of the total Aboriginal and Torres Strait Islander population, 60% of Aboriginal ISLHD residents live in the Illawarra part of the district (6445) while 40% live in the Shoalhaven (4318).

Year in Review

The Illawarra Shoalhaven Local Health District's (ISLHD) first financial year has been a hugely productive and exciting 12 months. It has seen the District gather momentum in setting the groundwork for the provision of local health services long into the future. The establishment of the

Illawarra Shoalhaven Local Health District Board, chaired by Clinical Professor Denis King OAM, has seen our Executive team work closely with members to ensure ISLHD delivers consistently high patient care, which is supported by input from clinicians and the local community.

ISLHD embarked on a significant capital works program, which will deliver \$200 million in enhancements across three hospital sites over the next few years.

Preliminary works commenced on the \$86 million Elective Surgical Services Centre at Wollongong Hospital, which will see extensive upgrades to capacity and the level of service provided at the region's tertiary referral hospital. This will include an integrated elective surgical service with new operating theatres, clinics, two new surgical wards and an expanded Intensive Care Unit.

Strengthening the provision of cancer services across the District took a major leap with work commencing on the much anticipated \$34.8 million Shoalhaven Regional Cancer Centre at Nowra, as well as the \$14 million upgrade of the Illawarra Regional Cancer Care Centre at Wollongong Hospital.

Other projects commenced in this period include the ISLHD Teaching and Training Facility and the Chronic Respiratory and Cardiac Rehabilitation Unit. Planning was also underway on the \$10.6 million Sub Acute Adult Mental Health Unit at Shoalhaven District Memorial Hospital and the \$16 million Ambulatory Care Unit and expansion to Wollongong's Emergency Department.

The past 12 months has seen a significant focus on developing our workforce and promoting a positive workplace. More than 20% of staff have taken part in specialist workshops to date.

The opening chapter of the Illawarra Shoalhaven Local Health District has been a momentous and exciting time. I look forward to continued close collaboration with our Board to further develop 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.

Susan Browbank, Chief Executive

Key Achievements 2011-12

- Reaccreditation of all nine hospitals and community health services within the Local Health District for a further period of four years by the Australian Council on Healthcare Standards.
- Opening of Shellharbour Hospital Renal Centre.
- Commissioning of the Child and Adolescent Mental Health Service Inpatient Unit, Shellharbour Hospital. The Adolescent Inpatient unit is a six-bed facility providing specialist tertiary acute care for young people experiencing serious mental illness.
- Achieved Budgetary Compliance.
- In partnership with the IS Medicare Local, enrolled over 1600 clients in the Connecting Care Program, exceeding state benchmark.

- Linking of Physical and Mental Health Care – Inpatient, Community and General Practitioners. The Mental Health Service has improved the assessment and treatment of physical ill health for mental health consumers, specifically, the Rehabilitation Unit, has been successful in a community partnerships grant with University of Wollongong to promote positive physical health activities for the inpatients in the rehabilitation service.
- Lead Site in the Registry Enhanced Reporting for Medical Oncology Data Extracts for the NSW Cancer Institute.
- Achieved Activity Targets and Wait List Targets.
- Completion of VMO quinquennial appointments.
- Needle and Syringe Exchange Program hit 1500, exceeding state benchmarks.

NEPEAN BLUE MOUNTAINS

Local Health District

C/- Nepean Hospital
Derby Street Penrith
PO Box 63
Penrith NSW 2750

Telephone: 4734 2441

Facsimile: 4734 3737

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

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

Chief Executive: Kay Hyman

Local Government Areas

Blue Mountains, Hawkesbury, Lithgow and Penrith.

Public Hospitals

Blue Mountains District Anzac Memorial, Lithgow, Nepean, Springwood,

Public Nursing Homes

Portland/Tabulam Health Centre

Community Health Centres

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

Child and Family Health

Penrith Borec House, Tresillian Family Care Centre
Community Health Centres: Cranebrook, Lithgow, Katoomba, Penrith, Springwood, St Clair, St Marys

Oral Health Clinics

Oral Health Services are provided at: Blue Mountains District ANZAC Memorial Hospital, Hawkesbury Community Health Centre, Lithgow Community Health Centre, Nepean Hospital, Springwood Hospital

Affiliated Health Organisations

Hawkesbury Hospital (Hawkesbury District Health Service)

Other Services

Pialla Mental Health inpatient service (acute psychiatric care), Centre for Addiction Medicine, Drug and Alcohol Community Health Services and Mental Health Community Health Services are co-located within Community Health Centres wherever possible.

Lithgow Community Mental Health Centre is located in the town centre and provides specialist mental health services for children and adolescents.

Demographic Summary

The estimated resident population of Nepean Blue Mountains Local Health District in 2011 was 345,564, which includes an Aboriginal community (2.6%). The Darug, Gundungarra and Wiradjuri people are the acknowledged traditional owners of the land covered by the NBMLHD. An increasing number of people are identifying as Indigenous in the Census, estimated to be 8825 in 2011, although this is still regarded as an underestimate. The largest Indigenous community resides in Penrith. The Indigenous population is younger than the wider NBMLHD community, with 55.6% aged less than 25 years.

The largest proportions of pre-school aged children (less than 5 years) in 2011 were in Penrith (7.9%) and Hawkesbury LGAs (7.5%). Conversely, the LGAs of Lithgow (11.8%) and Blue Mountains (9.7%) had 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 7% to 10%).

Births to existing residents contributed 5020 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 contributed to population growth. In 2010, NBMLHD received 503 migrants, 79% of whom settled in the Penrith LGA.

Based on the Socio-Economic Indexes for Area (SEIFA) 2006, Index of Socio-economic Disadvantage, NBMLHD had LGAs at both ends of the spectrum. Among the most disadvantaged areas in NSW, scoring below the 1000 average was Lithgow (937), characterised by low income and educational attainment and high levels of unemployment. Conversely, scoring over 1000, suggesting less disadvantage, were Blue Mountains (1051), Hawkesbury (1033) and Penrith (1006) LGAs.

Year in Review

This year, NBMLHD established a number of exciting initiatives and services providing innovative solutions in response to identified community and patient needs. New programs, including the Outreach Chemotherapy Service at Lithgow Hospital and Multidisciplinary Orthopaedic Clinics at Nepean and Blue Mountains Hospitals, have improved services to our population.

NBMLHD has recorded some outstanding results in 2011-12. These include improved waiting times at Emergency Departments, particularly Nepean Hospital and in elective surgery and endoscopy procedures, with no patients waiting outside category times.

Portland Tabulam Health Centre achieved a perfect result for their Aged-Care Standards review, gaining three years' accreditation with no recommendations for further improvement.

Nepean Hospital saw the completion of the Stage 3 redevelopment. The newly constructed East Block includes six new operating theatres, two surgical wards and enhancements to the Intensive Care Unit. The opening of new and upgraded facilities is a significant achievement for all involved.

The NBMLHD Quality Awards recognised the many achievements of staff. The Quality Awards are an excellent initiative, enabling the exceptional dedication and enthusiasm of staff to be recognised. Three projects were finalists at the 2012 NSW Health Awards with PECC Inspirations winning The Minister for Mental Health Award for Excellence in the Provision of Mental Health Services.

A Consumer Engagement framework for NBMLHD has been developed in collaboration with the Medicare Local. This is one of many initiatives the NBMLHD and Medicare Local are working in partnership together, ensuring that the NBM population has the best possible healthcare, from community-based primary health care to acute inpatient services.

As part of the NBMLHD commitment to maintaining a culture of safety, the Safety Office Service has been introduced. This new Service ensures that safety is addressed across the NBMLHD providing practical solutions, based on a foundation of safety, to address patient and staff needs.

Kay Hyman, Chief Executive

Key Achievements 2011-12

- Nepean Hospital Redevelopment Stage 3, East Block and enhancements to Intensive Care Unit was completed.
- Nepean Hospital Redevelopment – Oral Health Centre Stage 1 – completed.
- The Mental Health Building Topping Out Ceremony was held as part of Nepean Hospital Redevelopment Stage 3A.
- Wait times for elective surgery were improved, with no patients waiting outside category times (with 000 achieved and maintained for surgical indicators).
- Wait times for elective endoscopy procedures were improved (with 000 achieved and maintained for endoscopy procedure indicators).
- Emergency Department triage performance improved with targets achieved and maintained.
- Inaugural Nepean Blue Mountains Local Health District Quality Awards were held.
- Women in Custody Health joint initiative received the NSW Premier's Award.
- Launchpad initiative aimed at enhancing accountability of all NBMLHD Cost Centre Managers was developed and implemented, with 200 cost centre managers completing training.
- Governance structures were established and are functioning, including the NBMLHD Board and sub-committees including those that are mandated by legislation.

NORTHERN SYDNEY Local Health District

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

Telephone: 9926 8418

Facsimile: 9926 6025

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

Business Hours: 8.30am - 5.00pm, 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, Macquarie, Manly, Mona Vale, Royal North Shore, Ryde

Community Health Centres

Allambie Heights, Berowra, Brooklyn, Chatswood, Galston, Gladesville, Hillview, Manly, Mona Vale, Pennant Hills, Queenscliff, Royal North Shore, Top Ryde, Wiseman's Ferry
Also at: Manly Hospital, Mona Vale Hospital, Wahroonga Rehabilitation Centre

Child and Family Health

Avalon, Balgowlah, Berowra, Carlingford, Chatswood, Cremorne, Crows Nest, Dee Why

Frenchs Forest, Gladesville, Harbord, Hornsby, Lane Cove, Lindfield, Manly, Marsfield, Mona Vale, Narrabeen, Northbridge, St Ives, Top Ryde, West Ryde

Oral Health Clinics

Cox's Road Dental Clinic, Fisher Road School, Hornsby Hospital, Mona Vale Hospital, Royal North Shore Community Health Centre, Top Ryde Community Health Centre

Affiliated Health Organisations

Neringah Hospital, Greenwich Hospital, Ryde Royal Rehabilitation Centre

Other Services

Acute Post Acute (APAC), Aboriginal Health, BreastScreen, Brookvale Early Intervention Team, Child Protection, Chronic Care, Community Nursing, Dalwood Children's Services, Dee Why Public School Early Childhood Health Outreach, Drug and Alcohol, Mental Health, Richard Geeves Centre, Ryde Community Mental Health, Violence, Abuse, Neglect and Sexual Assault, Sexual Health

Demographic Summary

Northern Sydney Local Health District covers 900 square kilometres. The area extends from Sydney Harbour to Sydney's Upper North Shore and includes Sydney's Northern Beaches, Hornsby and Ku-ring-gai, Ryde and Sydney's North Shore.

The estimated resident population of the Northern Sydney Local Health District at June 2011 was 839,699 and is projected to increase to 903,644 by 2021. This is an 8% increase, although it represents a slightly lower growth rate than the NSW average from 2011-2021 of 11%.

Population density has been calculated with a total for Northern Sydney Local Health District being 933 residents per square kilometre.

In 2011, 2466 residents were Aboriginal and/or Torres Strait Islanders, equating to 0.30% of the total District's population.

In 2011, 314,507 residents were born overseas, equating to 38% of the total District's population.

The ageing population of the Northern Sydney Local Health District is also of note. Over the next 10 years the number of residents aged 70 to 84 years is projected to increase at nearly four times the rate of the general population (30%), while the number aged over 84 years is projected to grow at more than twice the background rate (17%).

Healthcare needs increase rapidly with age and a significant increase in acute, sub-acute, ambulatory and community-based care needs is expected with the large increase in the elderly population is expected.

Year in Review

This year we transitioned from being a Local Health Network to become the Northern Sydney Local Health District and the Board was appointed to strengthen and support local decision-making. It has been an excellent year in terms of budget achievements, the progression of major capital works across the District and the introduction of unique models of care that will continue to improve how we deliver our services to our community.

Northern Sydney Local Health District is made up of highly skilled and dedicated staff who have continued to deliver exceptional care in all our hospitals and community-based services, while at the same time seeking ways to enhance our patients' and clients' experiences. Strengthening education and research remains a high priority to complement our clinical work.

Meanwhile, demand for our services has continued to increase with emergency department presentations totalling 172,303 across the District, an increase of 5% on the previous year. In addition, there have been 12,387 elective surgery procedures performed.

Despite activity levels increasing, all facilities within Northern Sydney Local Health District are reaching or exceeding clinical care quality and safety key performance indicators. In particular, compliance with hand hygiene is above the state average and our infection rates have remained low and within state benchmarks.

We continue to strengthen and further develop our relationships with our partners in health, including Medicare Locals, NGO's and community organisations to implement innovative ways to deliver care. Examples of these partnerships include our Northern Sydney Transitional Care Unit in Belrose, opened in May, and the establishment of a mobile x-ray service to provide quick and accurate diagnoses to elderly or disabled individuals where they live when required.

Northern Sydney Local Health District has also embarked on an ambitious capital works schedule that will provide our patients with modern and purpose-built facilities. Construction has begun on an all-inclusive rehabilitation centre at Ryde Hospital, an enhanced mental health facility for adults, adolescents and children at Hornsby Ku-ring-gai Hospital and works are almost complete for the new Royal North Shore Hospital.

I would like to congratulate all the staff at Northern Sydney Local Health District for their enthusiasm and ongoing commitment to providing high quality care and look forward to working with them throughout 2012-13.

Adjunct Professor Vicki Taylor, Chief Executive

Key Achievements 2011-12

- Construction of the Royal North Shore Hospital Acute Services Building proceeded rapidly throughout 2011-12 with the design finalised and extensive change management consultation and planning completed in preparation for transition into the new building scheduled to be fully commissioned in December 2012.
- Construction of the \$41 million Graythwaite Rehabilitation Centre at Ryde Hospital commenced in 2011-12. Health Minister Jillian Skinner attended the 'turning of the sod ceremony' on 7 May 2012. Commissioning is scheduled for late 2013.
- A \$33.6 million upgrade of mental health facilities at Hornsby Ku-ring-gai Hospital is underway to create a new 35-bed acute adult mental health unit, a 12-bed child and adolescent acute inpatient service and a new CAMHS Community Mental Health Centre due for completion in mid-2013.
- The Northern Sydney Transitional Care Unit (NSTCU) at Belrose was opened by the Minister on 1 May 2012. The Northern Sydney Transitional Aged Care Program (TACP) now has 88 community and 20 residential care places.
- Compliance with the '5 Moments of Hand Hygiene' across NSLHD's facilities is above the state average, while infection rates of all types have remained low and within state benchmarks.
- The community/consumer participation initiatives of the NSLHD Executive and Board and designated Board member Chair of the PCPC have resulted in a recognised leadership in consumer engagement at state and national levels.
- NSLHD was successful with a Headspace tender for the funding of an intensive youth mental health outreach team.
- NSLHD employed an Aboriginal Employment and EEO Officer in February 2012, resulting in 12 Aboriginal people appointed to positions, four of which were targeted cadetships. The development of an Aboriginal Recruitment and Retention Policy will assist Aboriginal people to gain

employment at NSLHD, as well as assist managers to recruit suitable Aboriginal people into positions.

- An innovative mobile x-ray service provided by the Medical Imaging Department, Northern Beaches Health Service visits nursing homes, retirement complexes and private homes to provide quick and accurate diagnoses to elderly or disabled individuals where they live. This saves long journeys and sometimes lengthy waits in hospital emergency departments. The service grew from a \$355,000 Grant by the NSW Ministerial Task Force on Emergency Care and a generous donation from the Manly Warringah Division of General Practitioners.
- NSLHD appointed a Director of Research and Practice Development - Nursing & Midwifery to strengthen the culture and commitment from nursing and midwifery to research and practice development, and in turn support the District's Director Nursing & Midwifery to progress local, state, and national nursing and midwifery initiatives pertinent to research and practice development.

SOUTH EASTERN SYDNEY

Local Health District

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

Telephone: 9540 7756

Facsimile: 9540 8757

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

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

Chief Executive: Terry Clout

Local Government Areas

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

Public Hospitals

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

Public Nursing Homes

Garrawarra Centre

Community Health Centres

Bondi Junction, Caringbah (at Sutherland Hospital), Engadine, Maroubra, Menai, Randwick (at Prince of Wales Hospital), Rockdale

Child and Family Health

Arncliffe, Brighton, Caringbah, Cronulla, Engadine, Gympie, Hurstville, Hurstville South, Kingsgrove, Kogarah, Menai, Miranda, Oatley, Possum Cottage (at Sutherland Hospital), Ramsgate, Riverwood, Rockdale, Sutherland

Oral Health Clinics

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

Affiliated Health Organisations

Calvary Health Care Sydney, Waverley War Memorial Hospital

Other Services

Aboriginal Community Health – La Perouse

Breast Screening – Miranda

Community Mental Health – Bondi Junction, Hurstville, Kogarah (Kirk Place), Maroubra Junction

Dementia Respite Care and Rehabilitation – Randwick (Annabel House)

HIV/ AIDS and Related Programs – Alexandria, Darlinghurst, Surry Hills (Albion Street Centre)

Paediatric Disability – Kogarah

Sexual Health, Youth, Drug & Alcohol – Darlinghurst (Kirketon Road Clinic)

Demographic Summary

In June 2010, SESLHD had an estimated resident population of 840,000, which is just over 11.5% of the state's total population. Over 6000 of the District's population are of Aboriginal descent.

The population is expected to grow by almost 12% by 2028. The fastest growing age groups will be 85 years and over (a 52% increase) and 70-84 years (a 30% increase).

The overall LHD age structure is similar to that of NSW as a whole. However, the SESLHD is a large and heterogeneous District. For example, older people (65 years and over) are relatively over-represented in the District's South (16.5% versus 14% in NSW as a whole). Conversely, in the District's North children aged 10-14 years are under-represented (3.6% versus 6.2% for NSW).

There is also large intra-District diversity in socioeconomic status. The Index of Relative Socio-Economic Disadvantage score for SESLHD is much higher (1041.45) than for NSW as a whole (983.57). However, some Local Government Areas (LGA) are among the least advantaged in the state (Rockdale 992.5 and Botany Bay 962.3). Those with low socioeconomic status include families in poverty (e.g. single parent families), older people and couples who may be asset-rich but income-poor, and homeless people. SESLHD has the largest cohort of homeless people of all NSW Local Health Districts.

One of the distinguishing features of the SESLHD population is its increasing diversity, reflecting increased immigration to the District over the last decade. More than half the District's population (51%) were born overseas (compared to less than 30% in NSW as a whole). Almost 23% of the District's population were born in non-English speaking countries. Around 5.5% of the District's residents have been living in Australia for less than five years (compared to 2.5% in NSW as a whole).

Year in Review

Over the past 12 months, South Eastern Sydney Local Health District (SESLHD) has worked closely with its Board, which was established on 1 July 2011. Chaired by the Honourable Morris Iemma, the Board has led the Local Health District in successfully delivering high quality and safe health care. The 11-person Board has made courageous decisions to future-proof health services for the community, while supporting our committed staff in the delivery of world-standard health care.

With careful planning by our Population Health and Planning Unit and extensive consultation with clinicians, the Board and consumer groups, SESLHD has implemented the SESLHD Strategy 2012-17 and SESLHD Health Services Plan. These future-focused plans provide a clear opportunity to position the LHD as a leader in offering exemplary healthcare. Over the last 10 years, hospitalisations among SESLHD residents have increased by about 35%, presenting both challenges and opportunities, which the Strategy and Health Plan address. Against a backdrop of rising costs of health care and an ageing and growing population, SESLHD is developing programs to reduce the burden of chronic disease, reduce health inequities and achieve excellence in clinical practice.

SESLHD has also been at the forefront of implementing the new State funding model, including Activity Based Funding (ABF), which is an added tool to support the Budget and Service Level Agreement with the Ministry of Health. The LHD is proud of the work it has done with the Board, clinical councils and the community who have taken an active role in the organisation's fiscal planning and management. While ABF signals a new form of financial modelling, our staff continue to work tirelessly in meeting the growing demand of services and ensuring the LHD meets its budgetary expectations. In its day-to-day operations, the organisation keeps at the forefront the two goals the Ministry of Health is the lead for in the *NSW 2021 – A Plan to Make NSW Number One*. Those goals are: Keep people healthy and out of hospital; and provide world-class clinical services with timely access and effective infrastructure.

SESLHD is also committed to delivering on five focus areas – Community and Patients; Partners; Clinical networks and services; Resource accountability; Staff culture and equality. The LHD will build on the strong relationships it has forged with the community, offering transparent health services and is committed to maintaining the NSW Health Minister's commitment to local decision-making and accountability.

Terry Clout, Chief Executive

Key Achievements 2011-12

- Establishment of the SESLHD Board – The Board has been instrumental in the successful development and introduction of the SESLHD's Health Services Plan 2012-17 and SESLHD Strategy, which will take the LHD forward. The Board has shown great leadership and courageous decision-making and the LHD executive holds extensive consultations with the Board.
- SESLHD Health Services Plan 2012-17 – Developed in partnership with the Clinical and Quality councils, SESLHD Board and the community, this Plan lays the foundation for

future proofing health care and making essential services sustainable for coming years.

- SESLHD Strategy 2012-17 – This strategy, formed by clinicians, delivery partners and the wider community, outlines the vision, values, priorities and principles agreed by the SESLHD's Board for our organisation and services over the next five years.
- Activity Based Funding – The successful implementation of Activity Based Funding by the LHD is a testament to the extensive financial modelling carried out in the past 12 months. Extensive consultation and valuable support from both the clinicians and Board has attributed to ensuring SESLHD has met the demands on activity while maintaining within budget.
- Clinician Engagement – The invaluable input of clinicians through the clinical councils has seen the successful adoption of the SESLHD Services Plan and Strategy, which will lead the LHD into the future. Clinicians make a significant contribution to all aspects of the organisation, including fiscal management; service delivery and community engagement.
- Community Engagement – SESLHD is proud of the strong transparent ties it has forged with its local communities through the establishment of Community Advisory Councils. SESLHD has developed invaluable resource tools for patients by the introduction of fact sheets, which are available on the website and provide current information on health services.
- Infection Control – The LHD has taken a proactive approach to infection control with hand hygiene compliance rates now 2% higher than the state average, at 79%. The successful implementation of the Anti-Microbial Stewardship program at St George Hospital has been recognised by the Clinical Excellence Commission as being a leader in the field to reduce inappropriate antimicrobial use, improve patient outcomes and reduce adverse consequences of antimicrobial use.
- Mental Health – The NSW Health Dementia Policy Team based at SESLHD worked with an expert advisory group to write the NSW Dementia Services Framework Draft Implementation Plan, which was launched by the Minister for Ageing in September 2011. The Essentials of Care program has commenced in all nine inpatient units intended to improve models of care through better teamwork.
- Establishment of the Department of Primary and Ambulatory Care – A dedicated department focusing on community health and chronic disease, it works with key services to plan and treat the growing needs of the community. Emphasising one of the Minister for Health's goals to keep people out of hospitals by developing preventative health programs.
- Capital Works program – To meet the growing needs of the community, SESLHD is undertaking a significant capital works program, which will ensure improved health care for patients. This includes: a \$76 million cancer centre at Prince of Wales Hospital; a \$39 million new emergency department at St George Hospital; an \$8 million Mental Health Unit for Older People at St George; a Mental Health Intensive Care Unit at Randwick Campus.

SOUTH WESTERN SYDNEY

Local Health District

Corner of Lachlan and Hart Streets
Scrivener Street, Warwick Farm
Locked Bag 7279, Liverpool BC 1871

Telephone: 9828 6000
Facsimile: 9828 6001
Website: www.health.nsw.gov.au/swslhn
Business Hours: 8.30am - 5.00pm, Monday to Friday
Chief Executive: Amanda Larkin

Local Government Areas

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

Public Hospitals

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

Community Health Centres

Bankstown, Bigge, Bowral, Cabramatta, Campbelltown – Sexual Health Clinic, Fairfield, Hoxton Park, Ingleburn, Liverpool, Miller, Moorebank, Narellan, Prairiewood, Rosemeadow, Wollondilly

Bankstown - The Corner Youth Health Service,
Campbelltown - Traxside Youth Health Service, Fairfield
Liverpool Youth Health Team (FLYHT), Lurnea Aged Day Care,
Miller - The Hub

Child and Family Health

Appin, Bargo, Bringelly, Cabramatta, Camden, Chester Hill, Fairfield, Fairfield Heights, Georges Hall, Greenacre, Greenway, Hilltop, Holsworthy, Hoxton Park, Liverpool, Macquarie Fields, Macarthur Square, Miller, Minto, Mittagong, Moss Vale, Mt Pritchard, Narellan, Padstow, Panania, Penrose, Picton, Robertson, Tahmoor, Thirlmere, Wattle Grove

Oral Health Clinics

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

Affiliated Health Organisations

Braeside Hospital, Carrington Centennial Care, Karitane, SCARBA, The NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS)

Other Services

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

Demographic Summary

SWS LHD is one of the most ethnically diverse and populous Local Health Districts in NSW. In 2011, there were an estimated 875,384 residents, or 12 per cent of the NSW population, living in the District.

The District continues to be one of the fastest growing regions in the state. The population is projected to increase by 21 per cent over the next 10 years, and reach 1.058 million people by 2021. In the decade 2011-2021, the population is expected to increase by almost 18,000 people each year.

SWS LHD is comprised of seven Local Government Areas (LGAs), including Bankstown, Fairfield, Liverpool, Campbelltown, Camden, Wollondilly and Wingecarribee. It covers a land area of 6243 square kilometres. It is a vibrant, culturally diverse region with around 48 per cent of the population speaking a language other than English at home. This is the most notable in Fairfield, where more than 74 per cent of the population do not speak English at home.

The LGAs where the highest proportions of the population identify as Aboriginal or Torres Strait Islander are Campbelltown, Wollondilly, Camden, Wingecarribee and Liverpool.

The SWS LHD population is growing by approximately 12,500 births per year, representing more than 13 per cent of all births in NSW. SWS LHD contains areas with some of the highest birth rates in the state, with most LGAs well above the state average of 1.87 births per woman, including Bankstown (2.14), Wollondilly (2.08), Wingecarribee (2.06), Camden (2.02) and Liverpool (2.01) (Australian Bureau of Statistics 2010).

Across south western Sydney, there are approximately 187,000 children aged 0-14 years who account for 21.4 per cent of the SWS LHD population.

There are approximately 68,564 people over the age of 70 years (7.8 per cent of the population). In the decade to 2021, the number of people aged over 70 years is expected to increase by 50 per cent.

Year in Review

South Western Sydney Local Health District has achieved a great deal this year.

With firmly established clinical and corporate governance structures in place, services from the former Area Health Service were transitioned to the District.

As one of the most rapidly growing and ethnically diverse Districts in NSW, we have given considerable attention to planning and developing services and facilities to meet current and future demand. The District has been engaging with community members, senior clinicians and service providers to determine the service development directions required to improve the health of local communities.

The District has been developing a number of important healthcare strategic plans. These include a strategic plan focusing on health care service delivery to 2021 and a corporate plan for the next five years. We have also worked on a research strategy to build innovation and expertise and a surgical services plan to improve access and efficiency and enhance surgical services. The District has also developed a model for integrated primary and community care for the South West Growth Centre.

These plans will set the strategic direction for clinical care and prevention into the future and will be critical in defining how facilities and services are coordinated to meet the growing health needs of our community and strengthen research, teaching and training, which underpins quality health care delivery.

Liverpool Hospital reached another exciting milestone in its \$390m redevelopment with the expansion of the Cancer Therapy Centre and opening of the Chemotherapy Day Centre.

The \$139 million upgrade of Campbelltown Hospital, announced this year, will also help address the needs of our growing and ageing population.

We were also excited to see the completion of the Ingham Institute for Applied Medical Research's new building with work continuing on associated research facilities, including the research bunker and the skills centre located on the Liverpool Hospital campus. The new building will enable the co-location of existing health research groups, previously dispersed throughout the south west of Sydney and help translate research findings into clinical practice.

The District strengthened its commitment to improving the health status of Aboriginal people by undertaking Aboriginal Cultural Training to improve staff knowledge and understanding of the diverse culture, customs, heritage and protocols in Aboriginal families and communities.

Aboriginal and Torres Strait Islander people were also encouraged to consider a career in health. This year saw the first group of Aboriginal acute care assistants-in-nursing trainees begin their training. An open day was also held to showcase the many different career pathways available to increase Aboriginal staff representation throughout the District.

Finally, the District performed well in its first full financial year, achieving a result within its budget target.

I am proud of what we have achieved this year and would like to thank all staff and volunteers for their hard work and dedication.

Amanda Larkin, Chief Executive

Key Achievements 2011-12

- The Macarthur Dementia Day Centre opened at Broughton House, next door to Camden Hospital. The Centre provides respite for people with dementia and their carers.
- A \$250,000 Simulation Centre used to improve clinical skills, leadership, communication and teamwork was opened at Campbelltown Hospital. The centre has a fully equipped resuscitation bay and state-of-the-art simulation mannikin.
- Campbelltown Hospital won a NSW Ministry of Health Award for a pain management project assessing the needs of children who visit the Emergency Department. ED staff collaborated with pharmacy staff to develop a pain chart which helps doctors and nurses assess a patient's pain level and prescribe appropriate medication.
- The District's first Residential Transitional Aged Care Service opened at Uniting Care Ageing's Bankstown Uniting Centre. The Unit will benefit older people who require further support after their time in hospital.

- The first cohort of new graduates from the Macarthur Clinical School based at Campbelltown Hospital completed their final year in 2011. Eighty-six home-grown doctors graduated, while up to 140 new students began the five-year course, bringing the number of student doctors currently enrolled to more than 500.
- An audit of 194 public healthcare facilities found Fairfield Hospital was the best in the state when it came to hand hygiene compliance. The Hospital received a score of 89 per cent based on 1403 hand hygiene moments, 18 per cent above the national benchmark.
- The NSW Governor launched the Heart Smart for Women Project to encourage women aged over 40 years to look after their hearts and prevent heart disease.
- The District celebrated the launch of the Consumer and Community Participation Framework, which outlines how the District works with patients, carers and the community to deliver local health care.
- Two state-of-the-art SPECT CT scanners were installed at Bankstown Hospital, resulting in enhanced medical services for patients.
- A new BreastScreen clinic at Campbelltown was a great gain for Macarthur, which has a large ageing population that will require breast screening services into the future.

SYDNEY Local Health District

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Facsimile: 9515 9610

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

Chief Executive: Dr Teresa Anderson

Local Government Areas

Ashfield, Burwood, Canada Bay, Canterbury, City of Sydney (south and west parts of), Leichhardt, Marrickville, Strathfield

Public Hospitals

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

Community Health Centres

Camperdown, Canterbury, Croydon, Marrickville, Redfern

Child and Family Health

Canterbury: Child, Adolescent and Family Health Service, Community Health Centre, Community Nursing Service, Multicultural Youth Health Service
Concord Community Nursing Service

Croydon: Community Nursing Service, Child, Adolescent and Family Health Service, Community Paediatric Physiotherapy Services
Redfern: Community Health Centre, Community HIV/AIDS Allied Health, Community Nursing, Mental Health Service

Early Childhood Health Services

Ashfield, Balmain, Belmore, Camperdown, Campsie, Chiswick, Concord, Croydon, Earlwood, Five Dock, Glebe/Ultimo, Redfern, Homebush, Lakemba, Leichhardt, Marrickville Health Centre

Oral Health Clinics

Canterbury, Concord, Croydon, Marrickville, Sydney Dental Hospital

Affiliated Health Organisations

Tresillian Family Care Centres

Other Services

Department of Forensic Medicine (Glebe), Sydney South West Pathology Services

BreastScreen Services at: Royal Prince Alfred Hospital, Croydon Health Centre, Bankstown Civic Tower, Liverpool Plaza (service relocating to Bigge Street in October 2012).

Demographic Summary

Sydney Local Health District (SLHD) was formed as a legal entity on 1 July 2011, following the transition from Sydney South West Area Health Service to the Sydney Local Health Network in January 2011.

It is a diverse community with approximately 8% of the NSW population residing within its borders.

SLHD covers a land area of approximately 127 square kilometres and in 2011 had an estimated residential population of 582,100 residents. SLHD will continue to grow in coming years. Since 2001, the SLHD has increased by 16.7%.

The City of Sydney Statistical Local Areas (SLAs) have grown during this period grown by almost 50%. The SLHD population is projected to increase to 642,000 by 2021.

SLHD has an ethnically diverse community, with 50.7% 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 Italian.

Between 2005-2011, 9% of the refugee and humanitarian entrants across NSW initially settled in the Sydney Local Health District. 60% of these initially settled in Canterbury.

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 District's population is growing by around 9058 births per year, representing 10% of all births in NSW.

Within the SLHD Canterbury LGA has the highest fertility rate of 2.19, which is above the state average of 1.86 births per woman (Australian Bureau Statistics, 2011). In 2010, the SLHD had an extra 1800 births compared to 2005.

There are currently 88,159 infants, children and young people aged less than 15 years living in SLHD (2010).

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 28.9% and will represent 9.7% of the population.

Hospital data indicates that SLHD residents over the age of 65 years used approximately 50% of all acute hospital bed days for SLHD residents in 2010-11 (*NSW Health FlowInfo V 11.0 2011*).

Year in Review

Sydney Local Health District has worked collaboratively in 2011-12 with our staff, community and other key stakeholders to plan for the future of our hospitals and services over the next five years. I am very proud to lead this mature organisation, together with the District Executive and with the oversight of the LHD Board, as we continue to build on our reputation for world-class clinical services, research and training and education.

Sydney Local Health District has continued to provide leading healthcare services that are well managed and efficient. The District performed within budget in 2011-12, and was recognised as the leading Local Health District for surgery performance.

The District spent significant effort this year planning for the implementation of the next phase of healthcare reform, Activity Based Funding.

The District hosted its inaugural Annual General Meeting in December 2011. The theme, "*Sydney, it's your local health district*", reflected the inclusive and transparent nature of this newly established District as we engaged our stakeholders to ensure our health services in Sydney reflect the needs of our growing population.

In April, following extensive consultation with more than 400 stakeholders, we launched our Strategic Plan. This road map for clinical services to 2017 was the first strategic plan of its kind to be launched by any District in NSW. Our vision, "*to achieve excellence in healthcare for all*" centres around our commitment to equity, patient centred care, timeliness and efficiency. Seven domains were identified for the District to focus its efforts over the next five years -- Our Patients; Our Staff; Our Community; Our Services; Our Research; Our Education and Training and Our Organisation.

SLHD also launched a new website in April as part of our commitment to making health information readily available to our community. Please visit our site at: www.slhd.nsw.gov.au.

It is testimony to the skills, dedication and commitment of our staff that over the last year, we have celebrated many highlights. Each day in Sydney Local Health District our staff make a difference in the lives of those who use our services.

Dr Teresa Anderson, Chief Executive

Key Achievements 2011-12

- In April, Sydney celebrated the launch of its Strategic Plan, the first plan of its kind for any Local Health District in NSW.
- Sydney Local Health District collaborated with South Eastern Sydney and Northern Sydney Local Health Districts to sign an historic partnership with the Redfern Aboriginal Medical Service outlining the commitment of the four services to improving the health of local Aboriginal people.
- Balmain Hospital established the Sydney Local Health District Performance and Business Unit, refurbished the General Practice Casualty triage area and redeveloped its outpatient clinics.
- Canterbury Hospital implemented the high volume short stay surgical model of care for patients admitted for planned surgical procedures and celebrated the first anniversary of the Midwifery Group Practice, the first program of its kind for Sydney LHD. The program saw four experienced midwives teamed with 154 new mums. The Hospital also established its Emergency Department Volunteer Program.
- Concord Repatriation General Hospital celebrated 70 years and began planning for the establishment and launch of the Concord Cancer Centre. The Hospital opened a new \$1.6m, 14-chair unit to provide haemodialysis services. Construction commenced for the \$10.5m Concord Clinical Education Building in partnership with the University of Sydney. Planning is also underway for a \$9m palliative care unit, with construction to commence in 2013.
- Royal Prince Alfred Hospital continued planning for the opening of the Chris O'Brien Lifehouse at RPA, while construction commenced. The Hospital also installed a \$3.2m state of the art Hybrid Laboratory.
- Planning is underway for a \$67m Northwest Precinct redevelopment on the RPA campus, to provide purpose built accommodation for Mental Health and Community Health services.
- Implementation of the Community Health New Directions Program 'Yana Muru', offering sustained home visiting and paediatric checks for Aboriginal children and families.

WESTERN SYDNEY Local Health District

Institute Road, Westmead
PO Box 574
Wentworthville NSW 2145

Telephone: 9845 9900
Facsimile: 9845 9901
Website: www.swahs.health.nsw.gov.au
Business Hours: 8.30am - 5.00pm, Monday to Friday
Chief Executive: Danny O'Connor

Local Government Areas

Auburn, Blacktown, Holroyd, Parramatta, The Hills Shire

Public Hospitals

Auburn, Blacktown Mt Druitt, Cumberland, Westmead

Community Health Centres

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

Child and Family Health

Child and Family Health services are provided from a number of locations across WSLHD: in seven Community Health Centres; 19 Early Childhood Centres on Local Council property and 21 Community Nursing Clinics on Department of Education school property. A range of multidisciplinary clinical and support services are provided by Nursing and Allied Health staff.

Oral Health Clinics

Blacktown, Mt Druitt, Westmead

Affiliated Health Organisations

Lottie Stewart Hospital

Other Services

Aboriginal Maternal Infant Health Strategy Team, Aged Day Services, Cedar Cottage – Westmead, Centre for Addiction Medicine – Cumberland Hospital, Community Health Complex Aged and Chronic Care services, NSW Education Centre Against Violence, NSW Education Program on Female Genital Mutilation, Health Care Interpreter Service, NSW Multicultural Problem Gambling Service, Mental Health Services, *Mootang Tarimi* ("Living Longer"), Multicultural Health Service, Transcultural Mental Health Centre, Westmead Breast Cancer Institute, Youth Health Services – Parramatta and Mt Druitt

Demographic Summary

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

The estimated resident population in 2012 is 846,389, which is 1.6% greater than in 2011.

Detailed analysis of the 2011 Census data released in 2012, reveals that the population is relatively younger than NSW overall, with 7.8% being pre-school aged children (0-4 years) compared to NSW 6.6%. The largest proportions of pre-school aged children are in Blacktown (8.4%) and Holroyd (8.3%). At the other end of the spectrum Holroyd and Parramatta LGAs have the highest proportion of people age 70+ years at 8.5%.

Though widely regarded as an underestimate, the Aboriginal residents of WSLHD self-identified as approximately 11,500 or 1.4% of the population in the 2011 Census. The larger Aboriginal communities reside in Blacktown LGA, there totalling approximately 8200 or 2.7% compared to NSW 2.5%.

The gap in life expectancy between Aboriginal and non-Aboriginal people recognised across Australia is also

reflected locally in the population profile of WSLHD residents, with 3.7% of Aboriginal identified residents being aged 65+years, compared to 10.5% of residents who self-reported as non-Indigenous.

WSLHD is culturally and linguistically diverse, with the 2011 Census data showing 45% of the population reported as being born overseas. The most frequently reported other countries of birth, in descending order, were India, China, Philippines, England, Lebanon, New Zealand, Sri Lanka, South Korea, Fiji, Vietnam, Hong Kong. For people who reported being born overseas, 22% speak English only and 78% speak another language +/- English (i.e. may or may not speak English).

Births to existing residents contributed 13,608 babies in 2010. Four of the five LGAs had higher fertility rates than NSW (1.86) in 2010: Holroyd (2.19), Auburn (2.14), Blacktown (2.13) and Parramatta (1.99) [Australian Bureau of Statistics 2011].

The Socio-Economic Indexes for Areas (SEIFA) scores measure different aspects of socioeconomic conditions that are relevant to health and wellbeing. The scores are yet to be recalculated from the 2011 Census. However, based on 2006 Census data, WSLHD has localities at both ends of the spectrum, with Auburn LGA at 922 well below the state average of 1000 and The Hills Shire LGA above at 1116, while parts of Blacktown, Holroyd and Parramatta LGAs are some of the most disadvantaged areas in NSW.

Year in Review

Looking back over the first year of operation as Western Sydney Local Health District, there is much that we have accomplished and much of which we can be proud. It has been a year during which we have begun establishing a strong identity as a Local Health District, where dedicated and highly skilled staff have continued to do their very best in caring for the communities we serve and where improved stewardship has been provided by a talented and committed District Board led by Professor Stephen Leeder AO.

Western Sydney Local Health District has a simple and clear vision: *"Better Health Service for the People of Western Sydney and beyond "beyond"*

Western Sydney has many unique features that influence how our health services are provided. This is a culturally diverse and growing population, with significant needs in the treatment of illness and significant challenges and opportunities in the promotion of good health. There is increasing demand for emergency and elective services, for example in the Blacktown Mt Druitt area, where emergency activity has grown by approximately 11% in the past 12 months.

Our priorities include developing chronic disease management in areas such as diabetes and population-based health. There are innovative plans to provide better care for patients in their homes, and through strategies aimed at providing an alternative to emergency department attendance or hospital admission.

Several achievements are already starting to re-shape our health services including commencement of the \$324 million capital expansion project for Blacktown Mt Druitt Hospital,

completion of a Westmead Clinical Service Plan to 2022, establishment of the District Asset Strategic Plan and development of much stronger service links with key partner organisations such as the Westmead Children's Hospital. Westmead Hospital is a leader in trauma care across the state and as such Westmead Hospital's Emergency services have been enhanced through a new CT scan, decreasing scan times and achieving faster diagnosis of cardiac illness. WSLHD mental health services provided foundation support to the implementation of the statewide perinatal mental health service.

WSLHD is expanding its partnership with the Western Sydney Medicare Local, WentWest. HealthOne Rouse Hill has moved into larger premises with more services, and planning has advanced for a new HealthOne Blacktown-Doonside service, with a \$1.5 million capital refurbishment planned.

The future of health care relies on innovation and practice improvement, and in 2011, Auburn Hospital was awarded grant funding as a designated NSW Health High Volume Short Stay Surgery Unit, focused on a surgical care model featuring a less than 72-hour length of stay, enhancements to patient experience through planned admission and protocol-based discharge.

Our District continues to play a significant role as a provider of teaching and training. Over the past year, the contribution made by our staff to scientific and research achievements has been of national and international interest, including a breakthrough at Westmead in the genetics of multiple sclerosis and new drug treatment for melanoma-related cerebral tumours.

This is a time of significant change in the way that health care is provided, and we will continue to focus our attention on the health of our community, and on providing the right care to the right people, at the right time, in the right setting. I am privileged every day to work with the remarkable staff at WSLHD in identifying new opportunities to improve our services, and to implement innovative ways to ensure our service continues to meet the changing needs of our community and beyond.

Danny O'Connor, Chief Executive

Key Achievements 2011-12

- Improvements to Westmead Emergency services are underway, with the commissioning in November 2011 of a new CT adjacent to Emergency, decreasing scan times and achieving faster diagnosis of cardiac illness. Work also commenced in February 2012 on a \$4.63 million capital extension and refurbishment project providing improved patient services and a better environment for staff.
- They are improved services at Westmead Hospital with enhancements to Eye Surgery, new rehabilitation beds opening and a fifth bunker for Radiation Oncology.
- Auburn Hospital received \$850,000 grant funding as a designated NSW Health High Volume Short Stay Surgery Unit, focused on a model of surgical care where the length of stay is less than 72 hours and patient experience is enhanced by planned admission and protocol-based discharge.

- An accelerated program was achieved following the announcement of \$324 million capital for Blacktown Mt Druitt Hospital Expansion Stage 1, with preparations made to allow early construction in 2012-13.
- Mental Health service developments, including the Parramatta HeadSpace opening in February 2012, the Statewide Outreach Perinatal Service approval, and the development of training packages with the Institute of Psychiatry and Western NSW LHD were implemented.
- \$211,000 was secured for Closing the Gap National Partnership Agreement, an Indigenous Early Childhood Development program.
- Population Health Programs were delivered through strategic partnerships with Education, Local Government, TAFE and Western Sydney University; resulting in over 53% of schools implementing the 'Live Life Well at School' program. The vaccination rate achieved was 90%, and 1500 people are accessing the 'Get Healthy Coaching Service', and Western Sydney TAFE and University Campuses moving towards smoke-free campuses.
- WSLHD expanded its partnership with the Western Sydney Medicare Local on a number of primary care health problems. As part of this there was an expansion of HealthOne Rouse Hill into larger premises with a wider range of services. Planning advanced for a new HealthOne Blacktown-Doonside service also and \$1.5 million capital was secured by WSLHD to refurbish Doonside Community Health Centre as part of HealthOne.
- Since March 2012, all Community Health clinical information is recorded electronically allowing access for more accurate up-to-date health information to hospitals and GPs. Over 50,000 active hard copy health records were scanned to the electronic health record.
- Key staff contributed to international collaborations and research advances, including a breakthrough in multiple sclerosis genetics and a new drug treatment for cerebral tumours associated with melanoma.

FAR WEST

Local Health District

Morgan Street, Broken Hill
PO Box 457
Broken Hill NSW 2880

Telephone: (08) 8080 1469
 Facsimile: (08) 8080 1688
 Website: www.fwlhd.health.nsw.gov.au
 Business Hours: 8.30am - 5.00pm, Monday to Friday
 Chief Executive: Stuart Riley

Local Government Areas

Balranald, Broken Hill, Central Darling, Wentworth and the Unincorporated District

Public Hospitals

Balranald, Broken Hill, Ivanhoe, Menindee, Wentworth, White Cliffs, Wilcannia, Tibooburra

Community Health Centres

Dareton Primary Health Care Services

Child and Family Health

Broken Hill, Dareton

Oral Health Clinics

Balranald, Broken Hill, Dareton, Ivanhoe, Menindee, Wilcannia

Demographic Summary

Far West LHD serves a total population of 30,099 people. The population is dispersed across 194,949 square kilometres (second largest LHD in NSW). The largest proportion of the LHD's population is on Broken Hill Local Government Area (LGA) – at 61.5%. The remainder of the population is in Wentworth LGA (22%), Balranald LGA (7.6%) and spread throughout small communities of the Central Darling LGA and Unincorporated Far West.

The Aboriginal and Torres Strait Islander population represents 10.1% of the LHD population, which is significantly higher than the NSW average of 2.5%. Broken Hill has the largest number of Aboriginal people within the LHD (46%).

There is a relative absence of young adults aged 20 to 39 years in the LHD, which impacts the available skilled health workforce.

The total population of Far West LHD is projected to decrease by 10.9% to 2026. The proportion of the population aged 65 years and over is, however, projected to increase from 18.1% of the population in 2011 to 25.4% by 2026. This will impact significantly on the demand for services as the elderly consume a greater proportion of health resources.

The index of relative socio-economic advantage/disadvantage indicates that four of the five LGAs in the LHD have a lower socioeconomic status compared to the NSW average. Broken Hill at 911.7 has the second lowest profile, with Central Darling being the lowest at 821.3. Three of the LGAs fall within the lowest SEIFA socio-economic quintile.

Disadvantage generally increases with increasing remoteness and increased proportion of Aboriginal people. Morbidity data for the LHD reflect this with the highest rates for hospitalisation, potentially preventable hospitalisations, and diabetes related hospitalisation (2009-10) in NSW. The LHD also had the highest rate of new cases of breast cancer for women aged 50-69 and the second highest rate for women of any age (2008), while breast screening rates for the target population were the lowest in NSW.

Age-adjusted death rates are also the highest in NSW (2009-10). The five major causes of death in the Far West LHD are from diseases of the circulatory system, neoplasms, diseases of the respiratory system, diseases of the digestive system and mental disorders.

Year in Review

The transition from the former Area Health Service to the Far West Local Health District gained momentum from the beginning of the financial year. The finalisation of budgets allowed recruitment to positions within the District to be started with all executive positions filled by June 2012.

The LHD Board provided sound advice and support developing a clear direction for the LHD.

The organisational infrastructure was built from a low base. This required activities such as accounting, risk management and information technology to be hosted by the Western NSW LHD. Over the year, Far West LHD has gradually been rebuilding capacity to manage and monitor financial transactions and reports, establish an effective human resource management team and establish effective systems of corporate and clinical governance.

A key focus for the year was to move decision-making down to allow decisions to be made close to where care is provided to patients and where staff are managed. Some managers have found this a difficult transition, accepting responsibility for their teams and services. Others have found it liberating to be able to apply the resources available to them to support the care their staff provide to patients and the community.

In October, a collaborative planning process involving the District, Maari Ma Health Aboriginal Corporation, Royal Flying Doctor Service, Far West Medicare Local and Coomealla Health Aboriginal Corporation was initiated. A second series of workshops was completed in April with a final draft service plan to be circulated for comment and consultations in October 2012.

The LHD achieved all its financial and service delivery targets for the year, establishing a strong base for 2012-13.

Stuart Riley, Chief Executive

Key Achievements 2011-12

- An effective executive team was recruited.
- The Ivanhoe Hospital Emergency Department was redeveloped.
- Effective delegation and cost management systems was established.
- Mental Health Local Protocol Committee produced an effective collaboration between Police, Royal Flying doctor Service, Ambulance and the LHD responding to people with a mental illness.
- Planning was completed for two sub-acute units completed and construction commenced.
- The Board ratified of a Medical Workforce Development Strategy.
- The first Mental Health Consumer Volunteer was appointed.
- Health service managers were appointed to all remote sites replacing acting appointments and agency staff.
- Results were improved for the Australian Council of Healthcare Standards accreditation for Broken Hill Hospital.
- High levels of participation in the "Your Say" survey and subsequent workplace culture initiatives were achieved.

HUNTER NEW ENGLAND Local Health District

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

Chief Executive: Michael DiRienzo

Local Government Areas

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

Public Hospitals

Community hospitals: Buladelah, Dungog, Manilla, Wilson Memorial (Murrurundi), Quirindi, Tenterfield Hospital, Tomaree (Nelson Bay), Wee Waa, Werris Creek, Wingham

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

Tertiary referral hospitals: John Hunter, John Hunter Children's Hospital, Royal Newcastle Centre

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

Multi Purpose Services: Barraba, Bingara, Boggabri, Denman, Emmaville, Guyra, Merriwa, Tingha, Walcha, Warialda

Public Nursing Homes

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

Community Health Centres

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

Child and Family Health

Anna Bay, Belmont, Charlestown, Edgeworth, Hamilton, Kotara, Lambton, Mallabula, Maryland, Medowie, Morisset, Newcastle, Raymond Terrace, Stockton, Tomaree, Toronto, Wallsend, Waratah, Windale

Oral Health Clinics

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

Affiliated Health Organisations

Calvary Mater Newcastle

Other Services

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

Demographic Summary

Hunter New England Health (HNE Health) provides a range of public health services to the Hunter, New England and Lower Mid North Coast regions. HNE Health provides services to around 850,000 people, including 20% of the state's Aboriginal population. Employing 15,500 staff, including 1500 medical officers, HNE Health is supported by 1600 volunteers.

Spanning 25 local council areas HNE Health is the only district in New South Wales with a major metropolitan centre, a mix of several large regional centres, and many smaller rural centres and remote communities within its borders.

Our Chief Executive, Michael DiRienzo, and his Executive Leadership Team work closely with the Local Health District Board to ensure our services meet the diverse needs of the communities we serve. These services are provided through: three tertiary referral hospitals, four rural referral hospitals, 12 district hospitals, nine community hospitals, 11 multipurpose services, 62 community health services, three mental health facilities and five inpatient mental health services, three residential aged care facilities.

Year in Review

Hunter New England Local Health District is committed to improving the health outcomes of the communities we serve.

During the past year, our skilled and dedicated employees continued their hard work to deliver high quality care for patients across the entire District.

Enhancing access to cancer services has been a significant focus this financial year. Construction of the North West Cancer Centre in Tamworth is underway, and once complete, this centre will provide patients in the northern reaches of our district with greater access to services much closer to home. A new medical oncology service at Manning Hospital and additional chemotherapy treatment spaces at the Calvary Mater Newcastle will also improve access to vital cancer treatment services.

Several communities have benefited from a significant investment in capital works across the District. This has delivered new and refurbished facilities in Narrabri and Werris Creek. An emergency department upgrade at the Scott Memorial Hospital in Scone has seen improvements in the comfort and care of patients. Staff accommodation projects at Muswellbrook and Singleton Hospitals will aid in recruitment strategies. And, new sub-acute units at Kurri Kurri and Belmont Hospitals will help better meet patient needs.

Expanding clinical telehealth services across the District is delivering benefits for patients in rural and regional centres. Secure videoconference technology gives patients access to quality and timely specialist care without their having to travel long distances for face-to-face consultations.

In partnership with the Hunter Medicare Local, this year we launched 'HealthPathways', a dynamic, online health information portal that provides GPs, specialists and a range of other health care providers with information on how to assess and manage medical conditions, and how to best refer patients for specialist services.

Through our talented and dedicated staff, our commitment to excellence, robust systems, strong partnerships and sound overall management, we expect to deliver even more results in the year ahead.

Michael DiRienzo, Chief Executive

Key Achievements 2011-12

- The \$38 million refurbishment of Narrabri Hospital and health service campus, which is now home to acute inpatient services as well as community and primary health care services, was completed.
- Work on the new \$11.2 million Werris Creek Multi-Purpose Service, which provides a fully integrated one-stop-shop for primary health care services, was completed.
- Construction was begun on the \$41.7 million North West Cancer Centre in Tamworth.
- Cancer services were enhanced across the District with the addition of four chemotherapy treatment spaces at Calvary Mater Newcastle, a new oncology service at Manning Hospital in Taree, and a new service at Calvary Mater Newcastle dedicated to young adults and adolescents diagnosed with cancer.
- A series of capital works improvement projects were undertaken across the Hunter New England Health region, including a \$350,000 emergency department upgrade at Scott Memorial Hospital in Scone; more than \$800,000 in staff accommodation projects at Muswellbrook and Singleton hospitals, which will aid in recruitment and retention strategies in those centres; and construction of a 14-bed sub-acute unit at Kurri Kurri Hospital and a 16-bed sub-acute unit at Belmont Hospital.
- New helipads were opened at Warialda and Bingara Multi-Purpose Services, which will help deliver improved transfers for critically ill patients from those areas.
- The adoption and use of telehealth technology was expanded across the District to increase access to specialist and emergency health care services. At June 30, 17 rural communities had received specialist services saving them 24,262 kilometres or 240 hours of travel time.

- Work was begun on a \$2.2 million fit-out of new purpose built space for HNE Health's Skills and Simulation Centre, based at the John Hunter Hospital, which will double the space available to carry out ongoing training for doctors, nurses, allied health staff, and medical students.
- 'HealthPathways' was developed and launched in partnership with Hunter Medicare Local. An online health information portal aimed at general practitioners HealthPathways provides information on how to assess and manage medical conditions and how to refer patients to local specialists and services.
- Four NSW Health Awards were won – 'Opening the Door on Osteoporosis', 'A life worth living; a group worth doing' and 'A World First in Hunter New England Health – Performance Based Assessment' a project that won both the Director General's Innovation Award and Building the Health Workforce category. HNE Health was also a finalist in four NSW Aboriginal Health Awards.

MID NORTH COAST Local Health District

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Chief Executive: Stewart Dowrick

Local Government Areas

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

Public Hospitals

Bellingen, Coffs Harbour, Dorrigo Multi Purpose Service,
Kempsey, Macksville, Port Macquarie, Wauchope

Public Nursing Homes

Dorrigo Residential Aged Care (H709) 14 High Care beds,
seven Low Care beds

Community Health Centres

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

Child and Family Health

There are no tertiary level facilities in MNC LHD, so these services have to be sourced from other partners. John Hunter Children's Hospital is the tertiary facility for MNC LHD children's services, with the exception of some quaternary services that are provided at Sydney and Westmead Children's Hospitals.

Oral Health Clinics

Coffs Harbour, Kempsey, Laurieton, Port Macquarie, Wauchope

Other Services

Aboriginal Health, Cancer Services, Drug and Alcohol, Mental Health, Public Health, Sexual Health, Violence, Abuse, Neglect and Sexual Assault

Demographic Summary

Mid North Coast Local Health District (MNC LHD) covers an area of 11,335 square kilometres, which extends from Port Macquarie Hastings Local Government Area in the south to Coffs Harbour Local Government Area in the north.

The traditional custodians of the land covered by the MNC LHD are the Biripi, Daiggatti, Naganyaywana and Gumbainggir Nations.

At the 2011 Census, it was estimated that in the MNC LHD there were approximately 200,404 persons with 5% of the population identified as being of Aboriginal and/or Torres Strait Islander descent. Of the total MNC LHD population, 40,000 (20%) were *under the age of 16 years*, with 10.3% of those under 16 being of Aboriginal and/or Torres Strait Islander descent.

MNC LHD has some of the lowest SEIFA scores in NSW, with Kempsey and Nambucca Local Government Areas ranking 7 and 8 in terms of disadvantage in NSW.

The MNC LHD has Base Hospitals at Coffs Harbour and Port Macquarie, as well as District Hospitals at Wauchope, Kempsey, Macksville, Bellingen, and a Multi-Purpose Service at Dorrigo. In addition to acute care, Community Health Services are delivered from 10 locations across the MNC LHD.

Year in Review

The past year saw the establishment of the Mid North Coast Local Health District as a functioning Health Service provider which progressed well through the separation from the former North Coast Area Health Service, providing effective support to the Governing board in the discharge of its Governance responsibilities, including the establishment of robust processes in the development of its strategic planning responsibilities. The year also marked the articulation of Quality and Excellence in Regional Healthcare as the District's Vision Statement and the establishment of the Senior Executive Team.

The District was able to meet budget while servicing a larger portion of our communities. We are very proud of our achievements particularly in regard to the Closing the Gap Strategies and enhancing our formal partnerships with our Aboriginal and Educational Communities.

In November 2011, Mid North Coast Local Health District won two Awards at the Premier's Public Sector Awards, recognising the region's commitment to enhancing systems and delivering high quality healthcare. Both Awards went to teams from Port Macquarie Base Hospital. The winning projects were "Peace of Mind" (which aims to improve safety and care for patients with cognitive impairment) and "Frontline Physiotherapy" (which offers immediate physiotherapy diagnosis and treatment with the Emergency Department).

Mid North Coast Local Health District also won two categories; Closing the Gap in Aboriginal Maternity and Child Health and Closing the Gap through Community Engagement and Partnerships, in the NSW Aboriginal Health Awards – Closing the Gap in Health Outcomes.

All four programs are a testament to the professionalism, quality and hard work of our staff across the District.

The year 2011-12 will be remembered as a year of great change for the Communities of the Mid North Coast – not only was this the year we became a District, but also the year in which every Site either began planning capital projects or had projects actually commence.

The District is very grateful to its approximately 450 volunteers who work tirelessly in our Sites to support not only our patients and clients but also our staff, whether it is assisting within our Emergency Departments, supporting patients and their families or fundraising for equipment.

Stewart Dowrick, Chief Executive

Key Achievements 2011-12

- Appropriate governance and executive structures and processes were embedded.
- The separation of services and management functions from the former North Coast Area Health Service environment, entering into a Hosted and Held Partnership Agreement with Northern NSW Local Health District and being responsible for the larger portion of services covered by that Agreement was concluded.
- Collaboration was improved with our Aboriginal Health Stakeholders via the establishment of our Closing the Gap Governing Board Sub Committee and entering into a Memorandum of Understanding with the Many Rivers Alliance.
- Our formal relationships with our major University and Technical and Further Education partners are progressing and effective engagement with the Pillars.
- The District's approach to improving our relationships with our key external partners and engagement with our communities was enhanced.
- Clinical engagement in decision-making continued to improve.
- We assisted in the development of the District's Strategic Plan, adoption of the CORE Values and the vision statement of Quality and Excellence in Regional Healthcare.
- Our Capital Works Program is the largest ever for all eight Sites on the MNC with around \$200M in projects being approved and managed. This includes \$110M for the Port Macquarie Base Hospital re-development and \$80M for Kempsey District Hospital and capital projects at all Sites.
- Sound progress has been made in regards to the introduction of the new national performance targets as they relate to Surgery and Emergency Services while operating within our overall financial allocation.
- Good progress has been made to address work place culture through the YourSay strategies and improved monitoring is occurring in regard to bullying/harassment, grievance management.
- Improvements continue to be made in regard to the District's Clinical Governance processes and monitoring.

MURRUMBIDGEE Local Health District

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Chief Executive: Susan Weisser

Local Government Areas

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

Public Hospitals

Wagga Wagga, Griffith

Health Services: Albury, Barham, Cootamundra, Corowa, Deniliquin, Finley, Gundagai, Hay, Hillston, Leeton, Murrumburrah-Harden, Narrandera, Temora, Tocumwal, Tumut, Wyalong, Young

Multi Purpose Service: Batlow, Berrigan, Boorowa, Coolamon, Culcairn, Henty, Holbrook, Jerilderie, Junee, Lake Cargelligo, Lockhart, Tumbarumba, Urana

Public Nursing Homes

Carramar – Leeton, Norm Carroll Wing – Corowa, Harry Jarvis – Holbrook, Harden

Community Health Centres

Adelong, Albury, Ardlethan, Barellan, Barmedman, Coleambally, Darlington Point, Mathoura, Moama, Moulamein, Tarcutta, The Rock, Tooleybuc, Ungarie, Weethalle

Oral Health Clinics

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

Affiliated Health Organisations

Mercy Health – Albury and Young

Other Services

South West Brain Injury Service, Albury Nolan House Acute Mental Health Inpatient Services, Albury Community Mental Health/Drug & Alcohol Services

Demographic Summary

Murrumbidgee Local Health District covers an area of 125,561 square kilometres and in 2010 had an estimated population of 297,476 people. The population is projected to grow to about 307,000 by 2031. This represents a slow growth rate compared to NSW figures.

There are four main areas of population density at Albury, Deniliquin, Griffith and Wagga Wagga – which is NSW's largest inland centre with a population of about 60,000. The major health issues for MLHD are an ageing population, Aboriginal health, overweight/obesity, alcohol consumption, smoking, cardiovascular disease, injury and mental health.

Much of the regional industry is related to agriculture; however, there are also a variety of businesses and industrial enterprises including government departments, defence, universities, forestry and tourism. The Local Health District significantly contributes to communities being a preferred employer across a range of clinical and non-clinical roles.

Year in Review

The past year has seen the first full year of operation of the Murrumbidgee Local Health District and it is pleasing to be able to report on a number of major achievements for the District.

Foremost is commencement of the Wagga Wagga Redevelopment project, which will see the redevelopment of the acute areas of the hospital along with a new, expanded mental health facility. In addition building work on a new Multi Purpose Service (MPS) facility for Gundagai is nearing completion with the move to the new facility planned to occur in October 2012. This, along with work on the upgrading of the Lockhart service to a MPS and the securement of funding for a new MPS for Hillston means that we are continuing to progress the development of services in our smaller rural communities.

During 2011-12, the Board led a major community consultation program in order to develop a Strategic Plan to guide the development of the District over the coming years. The plan focuses on the need to develop and deliver services in a way that meets the needs of rural communities, the importance on improving community and clinician engagement and working with other health-related partner organisations. The need for a highly skilled and sustainable workforce has seen the LHD focus on making MLHD a great place to come and live and work and this is a goal that we will continue to pursue.

There are a number of people I would like to thank for their support during the year. I would like to express my sincere appreciation to all health service staff, both clinical and non-clinical, who have worked extremely hard over the year, providing high quality services to our patients and clients.

In addition, I would like to thank all the members of the Local Health Service Advisory Committees, Multi Purpose Service Committees, Hospital Auxiliaries and Hospital Volunteers. These groups play a crucial role in local health care. They act as advocates for services and support local hospitals and community-based services through fundraising. In 2011-12, more than \$1.2 million was donated to local health services through these groups or by individuals.

Money donated locally is used for the local hospital or specific purpose for which it was donated. Donations are always greatly appreciated and over the last six months these funds have seen a wide range of items acquired for use at local health facilities.

Susan Weisser, Chief Executive

Key Achievements 2011-12

- Work started on the \$282.1 million redevelopment of the Wagga Wagga Health Service. The NSW Government contributed \$215 million, which was complemented by a Federal contribution of \$55.1 million. A further \$12 million was allocated from the Federal sub-acute program for a 20-bed sub-acute mental health unit. Other capital works projects included start of construction on the \$13 million Gundagai Multi Purpose Service, completion of the \$3.2 million Corowa HealthOne and joint State/Federal funding secured for the \$12 million Hillston Multi Purpose Service.
- MLHD hospitals provided 14,181 operations in the 2011-12 financial year, a 1.2% increase. The LHD provided 4013 emergency operations in 2011-12, an increase of 0.5% compared to the previous year. In our emergency departments, 53,179 (2.4% decrease) patients presented to our base hospital emergency departments and of those, 11,106 (9% increase) patients were admitted to wards. MLHD achieved the Commonwealth's triple zero targets for booked surgery with no patients outside the benchmark. As at 30 June 2012, the National Elective Surgery Target (NEST) was being met for Category 1 and 2 patients with Category 3 performance expected to be achieved by 31 December 2012.
- MLHD has improved nursing recruitment and reduced reliance on agency nursing staff. Nursing vacancies reduced by 66% in the last 12 months. During the year, 57 Transitional Nurses were recruited, an increase of 10 positions on the previous year. We also increased clinical placement opportunities by 16%. The District employed an additional three student midwives across MLHD to support the 'Growing our Own' initiative."
- Following extensive community consultation across the District, MLHD completed its Strategic Plan for 2012-15. The development of the Strategic Plan involved consulting representatives from 33 communities, staff and partner agencies and provided a clear picture for the work ahead. Themes were similar and included a need for better communication, partnerships between agencies to maintain a patient-centred focus and encouragement for local residents to pursue a career in health. Fostering ongoing dialogue with local communities will ensure MLHD supports a good understanding of health issues within local communities.
- MLHD has one of the highest rates of hand hygiene compliance in NSW. In the second Hand Hygiene Audit in 2012, the compliance rate was 81.2%, compared to the state compliance rate of 76.9%. MLHD has also sustained low rates of healthcare associated infections and has successfully piloted a sepsis program in Griffith.
- Continued expansion of 'out of hospital' care programs including Hospital in the Home/CAPAC and Transitional Residential Aged Care Service (TRACS) with improved clinical outcomes for clients who can be cared for in their own homes by multi-disciplinary teams.
- The *Connecting Care in the Community* chronic disease management program continues to grow. Enrolments have increased each year since introduction in 2009, with almost 500 new participants in 2011-12. The model of care is based on a team approach to chronic disease management and positive outcomes have been demonstrated for clients with multiple chronic conditions.

- Improvements in the quality of mental health care plans and family/carer and consumer involvement. A MLHD award-winning project at Wagga Wagga Base Hospital's inpatient mental health unit has introduced a multi-disciplinary, holistic approach with more patient and carer involvement. The project has achieved positive outcomes and is being adopted across the District.
- A series of community consultations were held across MLHD to seek comments and views about future renal dialysis and maternity services. The feedback is assisting in the development of new service plans, which will ensure safe, sustainable models of care.
- Local Health Advisory Committee (LHAC) members met at workshops in October and April 2012 to review MLHD activities. A reappointment process saw more than 150 LHAC members appointed or reinstated across the District in June. The monthly staff newsletter is continuing to grow and each edition now averages over 20 pages of local news and events.
- Several Occupational Health, Safety and Wellbeing initiatives have resulted in improved management of workers' compensation claims and return to work.

NORTHERN NSW Local Health District

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Business Hours: 8.30am - 5.00pm, Monday to Friday
Chief Executive: Chris Crawford

Local Government Areas

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

Public Hospitals

Ballina District, Byron District, The Campbell Hospital, Coraki, Casino & District Memorial, Grafton Base, Lismore Base, Maclean District, Mullumbimby & District War Memorial, Murwillumbah District, The Tweed
Multi-purpose Services: Kyogle Memorial, Nimbin, Urbenville, Bonalbo Health Service

Community Health Centres

Alstonville, Ballina, Bangalow, Banora Point Community Centre, Bonalbo, Byron, Casino, Coraki (closed at present), Evans Head, Grafton, Iluka, Kingscliff, Kyogle Lismore (Adult), Maclean, Mullumbimby, Murwillumbah, Nimbin, Tweed Heads, Urbenville

Child and Family Health

Lismore, Goonellabah Child and Family Services
Child and Family Services are provided across the District at NNSW LHD Community Health Centres

Oral Health Clinics

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

Other Services

Aboriginal Health, BreastScreen, Cancer Services, Aged Care and Rehabilitation, Public Health, Mental Health and Drug and Alcohol, Sexual Health, Sexual Assault, Women's Health

Demographic Summary

Northern NSW LHD comprises a total of 13 Statistical Local Areas (SLAs), seven Local Government Areas (LGAs) and the Urbenville part of Tenterfield LGA. The District is divided into two Health Service Groups and in 2011, had an estimated resident population of 297,295. It is also acknowledged that Queensland residents access services in the Tweed Valley, however, for the purposes of this document, this population is not included in the Tweed Byron Health Service Group Population. When planning for specific services for the District, however, consideration is given to this population and its utilisation of services within NNSW LHD, mainly in Tweed Heads.

Northern NSW LHD is one of the fastest growing rural and remote LHDs in NSW. In 2006, (base year for projections) the estimated residential population of Northern NSW LHD was 280,708 and this is projected to increase by 12.2% to 314,957 by 2016 and 331,839 (18%) by 2021. This represents a slightly higher growth rate than the NSW average growth rate from 2006-2021 (17%).

The 65 years and over age group has the highest projected growth rate in NNSW LHD. This projected growth of 2.7% per annum from 2006 to 2011, and 3.9% between 2011 and 2016 is a little greater than the NSW persons aged 65 and over which is expected to grow by 2.7% per annum to 2011 and 3.4% per annum between 2011 and 2016.

In 2011, 3.7% of the total population of the Northern NSW LHD or 11,029 persons were registered as Aboriginal.

The NSW Aboriginal population is younger, with around 40% of the population under 15 years of age, compared with 19% of the non-Aboriginal population. The proportion of the Aboriginal population over the age of 65 years is just over 3%, compared with just over 13% in the non-Aboriginal population.

This population spread is similar in Northern NSW LHD where it is estimated that 39% of the Aboriginal population were aged 0-14 years in 2006 and 3% were aged ≥ 65 years.

Economic status is closely associated with health and wellbeing. All LGAs within NNSW LHD score lower than the NSW score on most measures of socio-economic status. The overall level of socio-economic disadvantage contributes to higher than average levels of health problems in the community and demand for services in NNSW LHD.

Year in Review

The year commenced with the change from being a Local Health Network with a Governing Council to a Local Health District with a Board on 1 July 2011. While many members of the Governing Council were appointed to the Board, its establishment saw a number of new members appointed. Ms Hazel Bridgett was appointed as Chair and Mr Malcolm Marshall as Deputy Chair. I have worked with the Board Chair to assist the Board in understanding the different role of a District with a Board to that of a Network with a Governing Council.

Transition activities included the continued devolution of the services and budgets of the former North Coast Area Health Service and the Health Reform Transition Organisation North to the Northern NSW and Mid North Coast LHDs; finalising the membership of the NNSW LHD Executive and Organisational Structure; and the establishment of Community and Clinical Engagement structures.

Considerable work with clinicians has been undertaken by the NNSW LHD to prepare for the introduction of Activity Based Funding and the Four Hour Emergency Exit Time target.

Planning has been a key focus of the NNSW LHD this year with a comprehensive five-year Strategic Plan developed. The Clinical Service planning undertaken for the two largest Hospitals, Lismore Base (LBH) and The Tweed Hospitals, was significantly advanced and also planning for the establishment of a new Community Health Centre (CHC) for Yamba was completed. The LBH and Yamba CHC planning resulted in the securing of Health and Hospital Funding of \$80 Million and \$5.5 Million respectively to further develop LBH infrastructure and to build the Yamba CHC. Clinical Services Planning Committees have been established to develop the Byron Shire and Coraki and Surrounds Clinical Service Plans.

Significant Capital Works have been finalised, including the redevelopment of the Grafton Base Hospital (GBH) Emergency Department and Surgical Services, the development of a new Maclean Hospital Emergency Department, and a new Murwillumbah Hospital Oncology Unit. Capital works projects that are underway and due for completion in the coming year, include a new HealthOne Centre at Pottsville, accommodation for a PET and an MRI at LBH and a new wing to accommodate Rehabilitation and Palliative Care beds at Maclean Hospital.

The 2011-12 year also saw the introduction of Orthopaedic Surgery at GBH and the commencement of a Home Birthing Service trial supported from Mullumbimby Hospital. The implementation of the Chronic Care Program for Aboriginal People with pathways to support 48-hour follow-up and chronic disease specific pathways, which are operational across six facilities, was enhanced. The Connecting Care Program with integrated Connecting Care Plans, Connecting Care Coordinators and communication strategies to proactively keep patients well and to intervene early, if they become sick, was significantly expanded.

In conclusion, I recognise and thank all the NNSW LHD staff, volunteers and supporters who enabled us to provide high standards of care to our patients in 2011-12. Our volunteers work tirelessly behind the scenes, including the tremendous

efforts of our Hospital Auxiliaries to raise funds for our patients' comfort and care and to support our dedicated staff. Recognition also needs to be given to the Board, especially the Chair, Hazel Bridgett, who have given strong support to the management team over the past year.

Christopher Crawford, Chief Executive

Key Achievements 2011-12

- The Pathology North-Tweed refurbishment upgrade supports the better delivery of pathology services to The Tweed Hospital patients.
- Grafton Base Hospital (GBH) Emergency Department and Surgical Services redevelopment included a major expansion of the Emergency Department and the construction of a new Surgical Theatre Suite with three new Operating Theatres.
- The addition of an Orthopaedic Surgery Service at GBH provides an important new service for Clarence Valley residents, so they can get this inpatient treatment closer to home.
- We won the 2011 Premiers Award in the Regional Innovation Category, the award for "Building a Sustainable workforce on the North Coast" recognises the collaboration and commitment between NNSW LHD and key regional education providers including the University Centre for Rural Health, Northern Rivers GP Network (now North Coast NSW Medicare Local), Southern Cross University and North Coast GP Training to grow our own workforce by skillfully training more students who are undertaking Healthcare courses locally.
- The Maclean Hospital Emergency Department redevelopment, which was funded by a generous community bequest, provided the Hospital with an expanded modern and more functional Emergency Department.
- The Satellite Oncology Unit opened at Murwillumbah Hospital so that patients living in the Murwillumbah District are now able to have some of their cancer care provided locally thanks to a new Satellite Oncology Unit.
- The Northern NSW LHD has commenced a pilot Home Birthing pilot supported from the Mullumbimby Hospital following an extensive consultation process with the Community and Clinicians.
- A second Linear Accelerator has commenced operation at the Lismore Base Hospital Cancer Centre, which will allow up to 800 patients per year to be treated on the two machines.
- The development of a comprehensive five year NNSWLHD Strategic Plan through a consultative process, which involved consulting clinicians, Support Staff, planners and Management, who have worked together to inform the consent of this Strategic Plan was completed.
- The successful Health and Hospital Funding applications secured \$80 million to progress the LBH Stage 3 Phase 1 redevelopment and \$5.5 Million for building of a new Community Health Centre at Yamba.
- The installation of a new \$500, 000 CT Scanner has significantly enhanced the Murwillumbah Hospital Medical Imaging Service. The availability of this CT Scanner locally will avoid the need for some Patients requiring a CT Scan to be transferred to The Tweed Hospital to obtain this service.

SOUTHERN NSW

Local Health District

Queanbeyan Hospital Campus,
Collette St, Queanbeyan
PO Box 1845
Queanbeyan NSW 2620

Telephone: 6213 8336
Facsimile: 6213 8444
Website: www.health.nsw.gov.au/snswlhn/index.asp
Business Hours: 8.30am - 5.00pm, Monday to Friday
Chief Executive: Dr Maxwell Alexander

Local Government Areas

Bega Valley, Bombala, Cooma-Monaro, Eurobodalla, Greater Mulwaree, Palerang, Queanbeyan, Snowy River, Upper Lachlan, Yass Valley

Public Hospitals

Batemans Bay, Bega, Cooma, Crookwell, Goulburn, Kenmore, Moruya, Pambula, Yass, Queanbeyan
Multi Purpose Services: Bombala, Braidwood, Delegate
Health Services: Bourke Street

Community Health Centres

Bega Valley (Eden, Pambula, Bega Community Health Centre), Cooma, Crookwell, Eurobodalla (Narooma, Moruya, Batemans Bay), Goulburn (Goulburn, Marulan and Gunning – community owned), Jindabyne, Queanbeyan (Queanbeyan, Karabar, Jerrabomberra, Bungendore), Yass

Child and Family Health

Child and Family Services are provided from all Community Health Centres within SNSWLHD

Oral Health Clinics

Cooma, Goulburn, Moruya, Pambula, Karabar (Queanbeyan), Yass

Other Services

Brain Injury Unit, Child, Infant and Family Tertiary Service

Demographic Summary

The Southern NSW LHD occupies the south-eastern corner of NSW, covering an area of 44,534km. The LHD has a population of approximately 196,000 (June 2011) and this is expected to grow to around 245,000 by 2026.

Compared to NSW, the SNSWLHD has similar proportions of children aged 0-14 years (19%) and working age adults aged 25-64 years (53%), but a greater proportion of older adults aged over 65 years (17%) and fewer young adults aged 15-34 years (22%). Projections to 2026 indicate the fastest growing age groups will be those 65 years and over.

The SNSWLHD extends from the South Coast and Southern Tablelands, across the Great Dividing Range and the Snowy Mountains and mostly surrounds the Australian Capital Territory. There are 10 Local Government Areas within the

District, the largest being Queanbeyan (about 40,000 people) and the smallest being Bombala LGA (about 2500 people). Much of the local industry is related to agriculture, government administration, hospitality and tourism.

SNSW LHD contributes significantly to communities, employing around 1780 full-time equivalent staff. In the 2011 Census, about 5500 LHD residents (2.9%) identified as Aboriginal and/or Torres Strait Islander. This represents a 15% increase since the 2006 Census. Nearly 25,000 LHD residents (12.6%) stated that they were born overseas, and about half of these migrants were born in a predominantly non-English speaking country (6.4% of the LHD population).

Year in Review

During 2011-12, 114,305 patients attended our EDs, with 48,086 patients and clients attended our community and mental health services and 47,479 patients were admitted to our hospitals. Patients attending our EDs were generally treated quickly, with 79% of our patients leaving the emergency department within four hours; well above the national target of 69%.

Our staff showed great initiative and drive to improve quality of care for patients and clients. Our annual Quality Awards showcased 22 projects relating to patient care and access to services. The Community Mental Health project focusing on access to service for adolescents achieved finalist status in the NSW Health Awards. A further entry achieved finalist status with the Treasury Managed Fund Risk Awards.

We have a number of significant capital developments underway, including the \$170.1 million South East Regional Hospital project in the Bega Valley. This is a Greenfield development of a new hospital, which will be one of the biggest infrastructure projects in the region when completed in 2016. The renal dialysis satellite in Queanbeyan was completed and is an excellent addition to our service. Building is underway for a sub-acute unit in Goulburn and planning is nearly completed for a subacute unit in the Eurobodalla service at Moruya. These services will open in 2013.

The year saw consolidation of SNSWLHD as a viable new organisation following the health system-wide changes made in 2010; that included establishing the Board and its committees and a new executive team. Most of that system change is behind us now.

The LHD has made significant improvements to its consultation with communities. Two examples are Yass Health Service and Eurobodalla Oncology Service Plans.

All our facilities achieved accreditation with the Australian Council for Health Care Standards with only a modest number of low-level recommendations being made. This was a great result.

Dr Maxwell Alexander, Chief Executive

Key Achievements 2011-12

- SNSWLHD Turnaround Plan for 2011-12 resulted in achieving targeted savings of \$4.2M. This included favourability to the LHD revenue target of \$1.07M and the LHD continues to perform very well in revenue collection.

- Our Medical Services Plan was developed with strategies to increase permanent medical workforce and reduce use of temporary (locum) staff and associated costs.
- We developed service plans for the Braidwood Multipurpose Service, Yass Health Service, Jindabyne and Eurobodalla Oncology Service.
- We worked with 74 early childhood services in the Munch and Move program (children's healthy eating and physical activity); we worked with 53 primary schools in the Crunch and Sip program (children's healthy eating and physical activity); and we provided 66 volunteer-led Tai Chi classes in 32 communities (a community-based falls prevention strategy).
- During 2011-12, 114,305 patients attended our EDs, with 48,086 patients and clients attended our community and mental health services, 47,479 patients were admitted to our hospitals, and treated 552 patients with acute conditions at home as part of the Hospital in the Home program.
- We met the National Emergency Access Target (NEAT), with 79% of patients leaving the ED within four hours, against the 2012 target of 69%. Our National Elective Surgery Target (NEST) figures for the following categories were: Category 1 – 93.4% (target 96%), Category 2 – 94.2% (target 90%) and Category 3 – 89.2% (target 92%).
- Accreditation of all facilities was achieved with the Australian Council for Health care Standards with 34 low level recommendations provided for development being made.
- A formal verification of the quality of services in relation to key requirements of the Clinical Excellence Commission (QSA) was undertaken with high compliance and two commendations being awarded for our Policy Club and Volunteers program for Dementia. These initiatives have been distributed across NSW Health.
- Our annual quality awards showcased 22 improvement projects undertaken across the district to enhance systems and processes related to patient access and improved service. Seven winners were chosen from the submissions, which were higher in number and quality than previous years. The Community Mental Health project focusing on access to service for adolescents achieved finalist status in the 2012 NSW Health Awards. A further entry achieved finalist status with the Treasury Manage Fund Risk Awards.
- Managing organisational risk has been a focus for improvement and has involved combining the management of corporate and clinical risk, development of an enterprise wide risk framework and significant work on identifying our highest-level risks with associated action plans to manage each risk.
- Our Hand Hygiene compliance (the most effective strategy to prevent transmission of infection) has steadily been improving.
- The importance of critically reviewing clinical systems, processes and patient care to constantly improve the safety of our patients has seen the development of capacity at local facilities and services through training and development of Clinical Review, Root Cause Analysis (RCA), Continuous Process Improvement and high level Open Disclosure training to follow.

- Key performance indicator benchmarks have been consistently achieved for response to complaints, RCAs and implementation of their recommendations being completed on time.

WESTERN NSW Local Health District

23 Hawthorn Street, Dubbo
PO Box 4061
Dubbo NSW 2830

Telephone: 6841 2222

Facsimile: 6841 2225

Website: www.wnswlhn.health.nsw.gov.au/

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

Chief Executive: Dr Pim Allen

(Erratum-incorrect contact details-resolved)

Local Government Areas

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

Public Hospitals

Health Services: Bathurst, Canowindra, Cobar, Condobolin, Coonabarabran, Coonamble, Cowra, Dubbo, Lachlan (incorporating Forbes and Parkes Health Services), Molong, Mudgee, Narromine, Orange, Bloomfield Campus - incorporating Bloomfield Mental Health Service, Peak Hill, Walgett, Wellington

Multi Purpose Health Services: Baradine, Blayney, Bourke, Brewarrina, Collarenebri, Coolah, Dunedoo, Eugowra, Gilgandra, Grenfell, Gulargambone, Lightning Ridge, Nyngan, Oberon, Rylstone, Tottenham, Trangie, Trundle, Tullamore, Warren

Public Nursing Homes

Peg Cross Memorial Nursing Home – State Funded Nursing Home located with Walgett Health Service

Community Health Centres

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

Child and Family Health

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

Other programs and service arrangements relating to child and family health include: Statewide Eyesight Preschool Screening (StEPS) Program, Statewide Infant Screening – Hearing (SWISH) Program, Aboriginal Otitis Media Program.

Aboriginal Maternal and Infant Health Strategy (AMIHS) is located in the following cluster sites: Orange/Bathurst/Cowra/Oberon/Blayney (with a service agreement with Orange AMS), Dubbo, Narromine, Parkes/Forbes/Peak Hill, Bourke/Brewarrina, Gulargambone/Gilgandra, Warren, Condobolin

Aboriginal Maternal Infant Health Service – Mental Health Drug & Alcohol program with three-year funding from the NSW Ministry of Health, provided from Dubbo and Walgett.

Oral Health Clinics

Oral Health Clinics with permanent staffing include: Bathurst, Cowra (Child), Dubbo, Forbes (Child), Mudgee, Orange, Parkes

Visiting public Oral Health Clinics and other oral health services arrangements provided in the LHD occur at the following: Blayney Child Dental Van at Blayney Public School, Cobar Child Dental Clinic at Cobar Health Service, Condobolin Dental Clinic at Condobolin Health Service, Cowra Hospital Dental Clinic (Adult Assessments), Dunedoo MPS Dental Clinic (Private Practitioner use), Gilgandra MPS Dental Clinic (visiting public service and Private Practitioner use), Lightning Ridge MPS Dental Clinic (Service provided by Royal Flying Doctor Service), Goodooga Dental Room at Goodooga Primary Care Centre (Service provided by Royal Flying Doctor Service), Collarenebri Dental Room at Collarenebri MPS (Service provided by Royal Flying Doctor Service), Nyngan Child Dental Clinic (provided at Nyngan Public School), Rylstone Dental Clinic at HealthOne Rylstone, Tottenham MPS Dental Clinic, Trundle Dental Clinic at Trundle Central School, Wanaaring Dental Clinic (Service provided by Royal Flying Doctor Service), Wellington Health Service Dental Clinic

Non-WNSW LHD clinics utilised by WNSW LHD Oral Health Staff include: Bourke Aboriginal Health Service Dental Clinic, Walgett Aboriginal Medical Service Dental Clinic, Brewarrina Shire Dental Clinic (if required)

Affiliated Health Organisations

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

Other Services

Aboriginal Health, BreastScreen, Child Protection, Chronic Care, Community Nursing, Drug and Alcohol, Mental Health, Sexual Health, Violence, Abuse, Neglect and Sexual Assault, Brain Injury Rehabilitation Program, Aged Care Assessment Team, Women's Health

Demographic Summary

The Western NSW LHD serves a population of 261,748 people, which is 3.8% of the population of NSW. The population is dispersed across a large geographic area of approximately 250,000 square kilometres (31% of the State), which includes 23 local government areas (LGAs).

Seven of these LGAs are classified as 'remote' or 'very remote' by the Area Remote Index of Australia Plus (ARIA +) classification. Most of the population is concentrated in large cities and towns in the Bathurst Regional, Cabonne, Orange, Dubbo, Mid Western Regional, Parkes, Forbes and Cowra LGAs.

There are 24,800 Aboriginal and Torres Strait Islander people living in the LHD, representing 9.5% of the total population. This is significantly higher than the NSW average of 2.5%. The LGAs with the highest proportions of Aboriginal and Torres Strait people are Brewarrina (59% of LGA), Bourke (30.2% of LGA), Walgett (28.1% of LGA) and Coonamble (29.3% of LGA).

A small increase (2.6%) in the overall population is projected to 2026. The population is ageing with a projected decline in the number of children and young adults and a significant increase in the population aged 55 years and over. The largest projected increase is in people 70 years and over.

Social factors such as income, socio-economic status, employment status and educational attainment are all associated with inequalities in health, lower socio-economic status being associated with increased morbidity and mortality. The Index of Relative Socio-economic Advantage/Disadvantage is one of the ABS Socio-Economic Indicators for Areas (SEIFA). When compared to NSW the population of the Western NSW LHD has lower household weekly incomes, higher percentages of people receiving income support and an overall lower socio-economic status contributing to a higher than NSW State average rate of disease.

Year in Review

The Western NSW Local Health District delivers health care to approximately 260,000 people residing in regional, rural and remote parts of the state.

The District continues to be challenged by its diverse and dispersed population. The provision of safe and effective health care to our communities is a priority for Western NSW Local Health District and this is demonstrated through significant and growing investment in programs that cover the full spectrum of health care, from health promotion to primary and community care as well as acute, sub-acute and chronic care.

This investment is again echoed by the many and varied capital works projects that have been completed or commenced in the Local Health District, including: the recent completion of

HealthOne Gulgong, and ongoing development as a Multi Purpose Service (MPS); a \$79.8 million transformation of Dubbo Base Hospital, as well as a new Sub-Acute Mental Health Unit; planning and design for the Lachlan Health Service; planning for Peak Hill MPS and; Wellington Hospital Emergency Department Upgrade Project.

Community Engagement was also primary focus for the organisation during the past year. Western NSW Local Health District has more than 320 volunteer health councillors representing the needs and concerns of communities across the district.

Community Input Forums were held at sites including Parkes, Nyngan, Orange, Bathurst, Walgett and Dubbo, supported by a district wide survey. The information gained from these exercises was very valuable in identifying the community's health concerns, which included easy and timely access to health services in their own community, transport and stronger focus on sustainable health promotion and exercise programs. Aged care services also surfaced as an issue of concern within our communities. These are all areas for inclusion in the District's Strategic Plan.

It is with great excitement and anticipation that we continue to meet the many and varied challenges of our District's health care needs, with a dedicated team of highly skilled staff and health professionals.

Dr Pim Allen, Chief Executive

Key Achievements 2011-12

- **Lachlan Health Service Redevelopment** – The NSW Government committed \$2.3 million for a Master Plan and Feasibility Development to set the framework for delivering hospital facilities for the Lachlan Health Service.
- **Dubbo Base Hospital Redevelopment** – The commitment to the redevelopment of Dubbo Base Hospital was cemented with a budget allocation of \$79.8 million dollars. The Health District will begin construction in early 2013.
- **HealthOne Gulgong** – The Health District opened the state-of-the-art HealthOne Gulgong facility, and received the welcome news that the HealthOne would be upgraded to include a Multi-Purpose Service.
- **Dubbo Sub-Acute Mental Health** – A 10-bed non-acute Mental Health facility has emerged at Dubbo Base Hospital. Completion of this project is expected in the first quarter of 2013.
- **Electronic Medical Records Rollout** – The health district is continuing with the roll out of Electronic Medical Records, with EMR now located in eight sites.
- **Heritage Building in Bathurst Occupied** – Stage Two of the \$8.9 million Bathurst Health Service redevelopment project entered an exciting new phase, as the first medical specialists moved into the heritage building.
- **Feature Exhibit** – The Western NSW Local Health District was proud to showcase its staff and services as the feature exhibit at the Australian National Field Days.
- **Recruitment Marketing** – The Health District featured at the Sydney Royal Easter Show to showcase the exciting career and lifestyle opportunities in Western NSW LHD.
- **Community Engagement** – The year saw a major focus on community engagement. The LHD hosted

six community input forums to seek feedback from community members and plan for future health services. The Minister for Health also held a forum in Dubbo to address community concerns.

- **Clinical Governance Review** – The Chief Executive commissioned an external review of clinical governance across the Local Health District. The review was wide ranging across the organisation to identify areas of risk for improvement as well as areas currently performing well. Recommendations were made across themes in relation to clinical workforce, recruitment, information technology, medical leadership and clinical safety.

THE SYDNEY CHILDREN'S HOSPITALS NETWORK (RANDWICK AND WESTMEAD)

**Locked Bag 4001
Westmead NSW 2145**

Telephone: 9845 0000

Facsimile: 9845 3489

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

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

Chief Executive: Elizabeth Koff

The Sydney Children's Hospitals Network is a statewide service, which combines The Children's Hospital at Westmead and Sydney Children's Hospital at Randwick.

The Newborn and Paediatric Emergency Service (NETS), the Pregnancy and Newborn Services Network (PSN) and Children's Court Clinic are also part of a specialist paediatric service that provides healthcare to children across New South Wales.

Year in Review

The integration of the state's key paediatric health services and facilities – The Children's Hospital at Westmead, Sydney Children's Hospital, the Newborn and Paediatric Emergency Transport Service (NETS), the Pregnancy and Newborn Services Network (PSN) and the Children's Court Clinic into the Sydney Children's Hospitals Network in 2010 has begun to realise significant benefits to the health of the children of NSW and beyond.

The development of the SCHN Strategic Plan 2012-2016 has set the direction for the organisation for the coming years. The progress of the Network across our four key domains of clinical care, research, education and advocacy is on track, with significant milestones reached.

Through our clinical planning process, we are identifying our future service priorities and ensuring the quality of services that we provide and the models of care we adopt are consistent with contemporary practice.

Risk Management has been a key focus area for the Network with the introduction of an enterprise wide risk management system. This has been implemented across the Network with comprehensive training and support.

We are confident these initiatives will enhance our position as a national and international leader in the provision of paediatric health care. Many of our services are already regarded as world-class and we are committed to expanding this standard of excellence in coming years, as further integration occurs within our Network.

Elizabeth Koff, Chief Executive

Key Achievements 2011-12

- We created a Network Clinical Program Structure, including Network Critical Care Program and creation of the Priority Populations Directorate to address the health needs of groups of at-risk children.
- The Community Ambulatory and Post/Acute Care Service model, also known as 'Hospital in the Home' – across the Network was expanded.
- We expanded the Network's Cochlear Implant Programs, restoring hearing to 40% more children than last year.
- Cancer research was pioneered through the Kids Cancer Alliance.
- Network-wide work continued on a number of important clinical trials, including the Insulin Dependency, Early Action (IDEA) trial for cystic fibrosis patients.
- More than \$2million of Health Workforce Australia funding was secured to significantly expand educational opportunities across the Network.
- The Network Simulation Training Program was developed.
- The number of refugee children treated through the newly-funded Refugee Health Plan was tripled.
- The Priority Populations Directorate was created to address the health needs of groups of at-risk children.
- The Sydney Children's Hospitals Network Inflatable and Portable Pool Safety Working Group was established in response to a rise in drownings in small pools.
- Key performance indicator targets set in Service Agreement with NSW Health were achieved.

JUSTICE AND FORENSIC MENTAL HEALTH NETWORK

**PO Box 150
Matraville NSW 2036**

Telephone: 9700 3000

Facsimile: 9700 3774

Website: www.justicehealth.nsw.gov.au

Business Hours: 9.00am - 5.30pm, Monday to Friday

A/Chief Executive: Karin Lines

Justice and Forensic Mental Health Network (JFMHN) fulfils a valuable role in improving the health status of those who come into contact with the forensic mental health system and the criminal justice systems, while also minimising the health consequences of incarceration on individuals, their families and the general community. Commitment to providing the best possible health care to our clients is our key focus.

Year in Review

Justice and Forensic Mental Health Network has continued to enhance the efficiency, quality and effectiveness of services for vulnerable patient populations in NSW.

Over the last 12 months there has been considerable improvements made in the health status of those who came in contact with the Forensic Mental Health and Criminal Justice systems across community, inpatient and custodial settings.

The past year has also seen a strong focus on improving the efficiency of services and improving the care and experiences for our patients.

While the adult and juvenile patient population in custody over 2011-12 has steadied, the incidence of chronic disease and co-morbidities has significantly increased, creating new challenges for JFMHN. This has strengthened the need to build on partnerships with Corrective Services NSW and Juvenile Justice to improve access to patients and ensure the provision of world-class healthcare to our unique and vulnerable population.

In collaboration with the Ministry of Health and Local Health Districts, JFMHN continued the development of the Network. Continued efforts focused on development of clinical governance arrangements, an accountability framework and improvements in patient flow systems.

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

Julie Babinaeu, Chief Executive

Key Achievements 2011-12

- The organisation met budget with the Net Cost of Service totalling \$176.063M for 2011-12.
- Community-based services were expanded and significant improvement in the coordination, navigation and provision of health care through ongoing development of the Aboriginal Chronic Care and the Care Navigation Support programs.
- We increased the number of patients with mental illness diverted from courts into community-based services.
- We continued the implementation of the culture improvement initiative, Focusing on Care.
- 97% of required staff completed Between the Flags Training (an increase of 9% since 2010-11). J&FMHN's completion rate of Between the Flags Training is among the highest in the State.
- Outpatient waiting times for category 1 patients have reduced by more than 65% since the beginning of 2011-12.
- 96% of Connections patients were engaged in community services post-release (increase of 6% from 2010-11). The Connections Program aims to improve continuity of care for patients with drug and alcohol issues.
- Seclusion rates for the Forensic Hospital are among the lowest in the State. Average seclusion rate in the Forensic Hospital was 5.5% (target <10%).
- A patient snapshot survey was completed, which provided valuable insights and will help us to further improve the patient journey.
- Over 2011-12, a total of 1767 patients were managed by the Community Integration Team (CIT) (an increase of 930 from 2010-11). The CIT addresses the health needs of adolescents released from custody to the local and surrounding communities.

ST VINCENT'S HEALTH NETWORK

390 Victoria Street,
Darlinghurst NSW 2010

Telephone: 8382 1111

Facsimile: 9332 4142

Website: www.stvincents.com.au

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

Chief Executive: Jonathan Anderson

The St Vincent's Health Network (SVHN) provides public health services at three Sydney facilities – St Vincent's Hospital and the Sacred Heart Hospice at Darlinghurst and St Joseph's at Auburn.

Year in Review

The last year has been a productive period for the St Vincent's Health Network in terms of achievement and planning for the future.

The Master Planning process for the Darlinghurst Campus has been finalised. The first stage of building will provide St Vincent's Hospital with improved access featuring a new front entrance and better connectivity between Campus buildings and services. It is envisaged that building will commence late 2013, subject to approvals.

The St Vincent's Research Precinct continues to expand and mature. Prime Minister Gillard opened the \$128 million Kinghorn Cancer Centre – a partnership between St Vincent's and the Garvan Institute – in August. The Centre integrates world-class cancer research with best practices, rapidly translating research findings to patient care.

Another research milestone was the opening of the Peter Duncan Neurosciences Research Unit within the St Vincent's Centre for Applied Medical Research. The Unit will focus on neurobiology, stem cell biology, neuroimmunology, neurovirology, and neuropsychology.

Operationally, St Vincent's has focused heavily in the past twelve months on improving patient access and patient flow through the Hospital. The Hospital has focussed on setting a four-hour disposition target for patients attending the St Vincent's Emergency Department.

In April, St Vincent's had its organisation-wide, four-year ACHS survey. At the summation ceremony, the surveyors noted that the sense of mission was palpable around the Campus. They recommended that the Hospital be awarded the highest rating of Outstanding Achievement in two areas – Research Governance and Medication Safety. Their rating recommendations across all criteria were significantly higher than in the previous survey conducted in 2008.

Healthcare for the homeless has been a particular focus in line with our mission. A range of St Vincent's Hospital Departments are working in unison to provide one integrated and cohesive model of care for the homeless. With support from the State Government, St Vincent's is establishing a Homeless Healthcare Centre, Tierney House. The 12-bed unit will provide a holistic and comprehensive service to individuals who are homeless or at risk of homelessness and may be facing a range of co-occurring health issues once they have been discharged from hospital.

Over at St Joseph's Hospital, we have commenced construction of a new Huntington's Disease Unit made possible by COAG funding. Together with the Westmead Huntington's Disease Service, the purpose-built unit will provide integrated care for people across New South Wales with Huntington's disease.

Jonathan Anderson, Chief Executive

Key Achievements 2011-12

- A Campus wide (public and private hospital partnership) approach to service and capital planning on our Darlinghurst Campus culminating in the finalisation of the Campus Planning Statement and Capital Master Plan.
- The \$128 million Kinghorn Cancer Centre – a partnership between St Vincent's and the Garvan Institute was opened.
- We secured state funding and begun capital works to establish a 12-bed Homeless Healthcare Centre – Tierney House.
- We secured COAG funding and commenced construction of a new Huntington's Disease Unit on the St Joseph's Hospital Campus.
- We achieved excellent (and markedly improved) results in the St Vincent's Hospital organisation-wide, four-year ACHS survey.
- St Vincent's Director of Immunopathology, Professor Sam Breit's research into the MIC 1 protein was acknowledged by the NHMRC as being one of Australia's top 10 research projects of 2011.
- Professor Sandy Middleton and her team from the Nursing Research Institute were awarded a prestigious international research prize for their groundbreaking study proving the benefits of specially trained stroke teams on patient recovery.
- We secured a grant from Health Workforce Australia to create a new education and simulation centre.
- St Vincents and Mater Health Sydney was the first in Australia to enrol a patient in a trial of the electronic health record.