
NSW HEALTH ORGANISATIONS

NSW Ministry of Health	138
Statutory Health Corporations	
Agency for Clinical Innovation	138
Bureau of Health Information	139
Cancer Institute NSW	140
Clinical Excellence Commission	140
Health Education and Training Institute	141
NSW Kids and Families	142
Health Administration Corporation	
NSW Ambulance	142
NSW Health Pathology	143
Health Infrastructure	144
HealthShare NSW	146
Local Health Districts	
Metropolitan NSW Local Health Districts	147
Rural and Regional NSW Local Health Districts	158
Specialty Health Networks	
The Sydney Children's Hospitals Network	167
Justice Health & Forensic Mental Health Network	167
St Vincent's Health Network	168

NSW MINISTRY OF HEALTH

73 Miller Street
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 2012-13

In 2012-13, NSW Health continued working towards achieving its NSW 2021 Goals. Key achievements included:

- Strengthened preventive health by:
 - commencing implementation of the *NSW Tobacco Strategy 2012-17*
 - amending the *Smoke-free Environment Act 2000* to reduce exposure to second-hand smoke
 - establishing a Ministerial Advisory Committee on Preventive Health.
- Launched evidence-based public education campaigns on the risks of smoking and drinking as well as reminder strategies on cervical screening.
- Developed the NSW Government response to the *NSW Health & Medical Research Strategic Review 2012* and began implementing its recommendations.
- Invested over \$37 million in the Medical Research Support Program.
- Developed the *NSW Aboriginal Health Plan 2013-23* to close the gap in Aboriginal health outcomes.
- Established a Mental Health Commission and appointed a Mental Health Commissioner.
- Commenced implementing a NSW Healthy Children's Initiative.
- Invested \$1.8 million in an Involuntary Drug and Alcohol Treatment Service.
- Created NSW Kids and Families as the fifth pillar, and brought the Cancer Institute of NSW into NSW Health as the sixth pillar through legislative amendments
- Developed a four-year \$4.7 billion Health Infrastructure Plan and 10-year Total Asset Management Plan to rebuild hospitals across the State.
- Introduced Activity Based Funding for mental health, sub-acute and outpatient services.
- Purchased an additional 38,000 cost-weighted separations (hospital admissions weighted for cost and complexity), with an estimated 369 bed equivalents.
- Developed the Government's Reform Plan for NSW Ambulance.
- Increased the nursing and midwifery workforce by 4,000.
- Reviewed and streamlined the Isolated Patients Travel and Accommodation Assistance Scheme.
- Began implementing the NSW Pain Management Plan 2012-2016 a statewide plan targeted at improving access to patient centred care and improving patient journeys.
- Introduced the Whole of Hospital Program to support Local Health Districts improve access to care and patient flow in NSW hospitals.

AGENCY FOR CLINICAL INNOVATION

Level 4, Sage Building
67 Albert Avenue
Chatswood NSW 2067

Telephone: 9464 4666

Facsimile: 9464 4728

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

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

Chief Executive: Dr Nigel Lyons

Year in review

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

Our focus over the past year has been on building new partnerships between our networks, taskforces, institutes and Medicare Locals, clinicians and managers working in primary and community care settings, and understanding their needs, goals and responsibilities. Our team has visited LHDs, Specialty Networks, Medicare Locals and healthcare providers across the state to build the strong partnerships needed to support the work of our clinical networks, taskforces and institutes.

In consolidating these partnerships, we have also developed frameworks to provide clarity on how we develop models of care, and use health economic data and other evidence to inform implementation and evaluation.

We have focused on improving the application of our models of care to issues facing rural health services, by establishing a Rural Health Network to identify innovations and help target implementation efforts.

The most important task of all is the delivery of the highest quality patient care. Through partnerships and building the capability of our staff to deliver successful innovations we are working to transform patient care and experience, which will pay dividends in better health and use of resources

Dr Nigel Lyons, Chief Executive

Key achievements 2012-13

- Supporting the establishment of five Tier Two Pain Clinics, which deliver timely access to multi-disciplinary and evidence-based care in major regional centres in NSW for patients with chronic pain.
- Implementation of the program One Deadly Step, which establishes chronic disease screening, management and follow up stations in local Aboriginal communities in partnership with NSW Rugby League, Aboriginal Medical Services (AMS) and LHDs.

- Rehabilitation Toolkit and Implementation Support, which comprises examples of LHD rehabilitation programs which have improved patient outcomes.
- Osteoporotic Refracture Prevention implemented to help reduce the likelihood of further fractures in people who have sustained a minimal trauma (sentinel) fracture from a trip or fall.
- The Brain Injury Rehabilitation Directorate (BIRD) Client Centred Goal Training Project provided evidence-based training to clinicians and staff from the rehabilitation and injury management sector in metropolitan and rural NSW.
- NSW Stroke Reperfusion Program, which aims to shorten the patient journey from onset of acute stroke symptoms to an Acute Stroke Thrombolysis Centre for definitive treatment.
- Network to Network Conference, which provided an opportunity for clinicians and managers from rural, regional and remote NSW to access best practice information from Australian and international experts.
- The Respiratory Network partnered with the Intensive Care Coordination and Monitoring Unit (ICCMU) to develop a clinical resource package including the Tracheostomy Audit tool, education resources and Tracheostomy Head of Bed summary to support implementation of the Tracheostomy Care Guidelines in all NSW LHDs.
- *Non Invasive Ventilation (NIV) Guidelines for Adults with Acute Respiratory Failure*. A whole of hospital approach led by the ICCMU and the Respiratory Network has been adopted for the development of NIV guidelines. The guidelines will provide evidence-based and consensus recommendations across the continuum of NIV therapy, including initiation and titration, patient comfort and compliance, infection prevention, escalation of therapy, palliation, nursing care and governance.
- The ACI established the Reducing Unwarranted Clinical Variation (UCV) Taskforce, which comprises senior clinicians, managers and analysts and oversees the development and implementation of a system-wide approach to identify, address and reduce UCV. The four major areas being addressed are: stroke, heart attack (acute myocardial infarction), rare cancer surgery (pancreatic and oesophageal) and hip fracture.

BUREAU OF HEALTH INFORMATION

**Tower A, Zenith Centre
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: Dr Jean-Frederic Levesque

Year in review

The Bureau of Health Information (the Bureau) continued in its role to provide independent reports to government, the community and healthcare professionals on the performance of the NSW public health system. Our reporting focused on safety and quality, effectiveness, efficiency, cost and responsiveness of the system to the health needs of the people of NSW.

In 2012-13 the Bureau increased its capacity to deliver information about, and for patients, with the NSW Patient Survey Program (formerly managed by the NSW Ministry of Health) transitioning to the Bureau in 2012.

Managing the NSW Patient Survey Program expands the Bureau's role, and builds on its previous work analysing, interpreting and reporting survey data. The Bureau will play a central role in the full cycle of the research, contributing to its scientific coherence, relevance and rigour.

The expansion in the Bureau's program of work was supported by a growth in staff from 17 to 23 during 2012-13.

Dr Jean-Frederic Levesque, Chief Executive

Key achievements 2012-13

- Published four Hospital Quarterly reports, which provided information about patient use and public hospital performance in NSW. Each issue contained three modules that reported on admitted patients, emergency department performance and the elective surgery procedures performed for that quarter.
- Published the third annual performance report, *Healthcare in Focus 2012: How well does NSW perform?* The *Healthcare in Focus* series draws on a wide range of quality, safety and performance indicators to build a comprehensive account of healthcare in NSW to compare how the state performs in comparison to Australia and other countries.
- Commenced management of the NSW Patient Survey Program. The program has which has been reviewed and redeveloped, beginning with the Adult Admitted Patient Survey. This redevelopment included consulting with patients about their experiences, analysing past information, reviewing nationally and internationally relevant literature, and talking to clinicians and hospital managers to better understand their needs.

- Developed business requirements and functional and non-functional requirements for a new web-based online reporting tool, which will enhance the Bureau's ability to publicly report on health system performance.
- Expanded stakeholder engagement initiatives to include workshops with doctors, nurses, allied health professionals, managers that work within NSW health services and consumers. These initiatives aim to establish a coordinated approach to working with clinical groups, better understand their information needs and improve the understanding and knowledge of the Bureau's products, tools and services.
- While maintaining its independence, the Bureau worked closely with the NSW Clinical Excellence Commission, NSW Agency for Clinical Innovation, NSW Ministry of Health and other health organisations to strengthen and enhance the quality of, and capability for, analysis and public reporting on health system performance in NSW.
- Developed new performance measures for 30-day mortality rates following hospitalisation for acute myocardial infarction and stroke. This work included an extensive literature review, methodological development and verification and sensitivity testing. This involved engagement with clinicians and collaboration with the Agency for Clinical Innovation's Taskforce on Unwarranted Clinical Variation and clinical networks.
- A background review was conducted of Australian and international practice in the reporting of healthcare associated infections. Available data were analysed to determine potential categories for future public reporting.

CANCER INSTITUTE NSW

Australian Technology Park
Level 9, 8 Central Avenue
Eveleigh, NSW 2015

Telephone: 8374 5600
Facsimile: 8374 3600
Website: www.cancerinstitute.org.au
Business hours: 8:30am – 5:00pm, Monday to Friday
Chief Executive: Professor David Currow

The Cancer Institute NSW is Australia's first statewide government cancer control agency, established under the *Cancer Institute (NSW) Act 2003* to lessen the impact of cancer. The Cancer Institute NSW was deemed to be a Board governed statutory health corporation ('pillar') under legislative amendments in 2012–13.

Cancer touches the lives of everyone in our community. The Cancer Institute NSW's vision is to end cancers as we know them, by keeping as many people off the cancer journey as possible, and by improving health outcomes for those affected by cancer across the State.

The Cancer Institute NSW works to achieve the objectives of the *NSW Cancer Plan 2011-15* by coordinating priorities, resources and efforts among all individuals, organisations and governments involved in cancer control in NSW.

The Institute works across the spectrum of cancer control, providing information about cancer prevention and delivering campaigns targeting tobacco smoking, sun exposure and managing the BreastScreen NSW and NSW Cervical Screening Program. Since January 2013, the Cancer Institute NSW has coordinated the NSW responsibilities of the national bowel screening program on behalf of the Ministry of Health. The Institute also provides grants that foster innovation in, and translation of, cancer research and build globally-relevant research capacity, as well as maintaining quality cancer data repositories and information to inform future policy, health planning and system improvements. The Institute partners with cancer healthcare professionals across the health system to develop and evaluate programs that improve the quality of cancer treatment and care for the people of NSW.

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 financial year has been a year of consolidation and growth for the Clinical Excellence Commission (CEC) in its role as the leader of quality and safety within NSW Health.

The CEC has continued to develop well-established programs in key clinical areas, while also responding to emerging priority areas around end of life care, pressure injuries, open disclosure, antimicrobial stewardship and accreditation of health services against the National Safety and Quality Health Service Standards. These initiatives have been supplemented by policy, databases, educational tools, workshops, reports and support mechanisms led by the CEC, to help meet our mission of building confidence in health care in NSW, by making it better and safer for patients and a more rewarding workplace for staff.

The Clinical Excellence Commission (CEC) is all about people. Patients presenting at all hours of the day and night with urgent problems and people returning to hospitals for management of chronic conditions that impact on their capacity to work and live in the community. People working together as teams in wards, operating rooms, emergency departments and intensive care units across a range of facilities in NSW.

The CEC looks forward to building on these in the coming year, in line with its role and Strategic Plan.

Professor Clifford Hughes AO, Chief Executive

Key achievements 2012-13

- Almost 10,000 records have been entered into the CEC Sepsis Kills database. The median time to antibiotic administration has been reduced from four hours two years ago, to within the recommended one hour.
- The Paediatric Sepsis Program was launched by the Minister for Health on 30 May 2013. The Program facilitates improved detection and management of sepsis in children across NSW.
- Implementation of standardised detection and response processes for deteriorating patients through *Between the Flags* has seen a 24.9 per cent increase in Rapid Response Calls and 38.5 per cent decrease in Cardiorespiratory Arrest Calls since July 2010, resulting in approximately 900 fewer cardiorespiratory arrests.
- 'TOP 5' (using carer knowledge to personalise care for hospitalised patients with dementia) has benefited over 1,000 patients across 20 hospital sites in NSW.
- Over 270 health professionals completed the Clinical Leadership Program in 2012-13.
- International visitors Professors Gordy Schiff, Peter Davey and Mark Graber provided workshops for NSW clinicians and health service managers to help reduce diagnostic error and antimicrobial stewardship.
- In Safe Hands Program was successfully piloted at Orange Base and Canterbury Hospitals, with demonstrated improvements in key clinical areas. This was followed by a residential school in June 2013, with 15 additional clinical units signing up to the program and to the implementation of Structured Interdisciplinary Bedside Rounds.
- Resources and support mechanisms were rolled out across NSW health facilities to support LHDs and networks to meet accreditation against the National Safety and Quality Health Service Standards.
- The Sepsis and Blood Watch Programs have shown that conservative savings of \$20 million per year are achievable through adherence to recommended best practice.
- The CEC completed and issued its first policy after assuming responsibility for development and review of quality and safety policies under new NSW Health governance arrangements on environmental cleaning.

HEALTH EDUCATION AND TRAINING INSTITUTE

Shea Close, Gladesville
Locked Bag 5022
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) pursues excellence in health education and training and workforce capability to improve the health of patients and the knowledge of NSW Health staff.

During the reporting year, HETI's function and structure were approved and the transition of staff and programs from the Ministry of Health to HETI was completed. Governance and finance reviews were carried out and new systems, meta data and online standards were introduced. All this happened while HETI continued to deliver on its Service Compact and produce resources and programs to benefit the work of LHDs.

In 2012-13 HETI set up an operational model to work with LHDs developing over 50 online learning resources to meet LHD identified priority education needs. HETI delivered 139 new and improved statewide standardised resources covering clinical and non-clinical training needs while ensuring improved access, quality and statewide workforce capability.

HETI has been involved in a number of partnerships with LHDs, the CEC, ACI, Whole of Hospital Program team, Nursing and Midwifery Office (NaMO), NSW Kids and Families, HealthShare NSW and Ministry of Health. An important part of HETI's work has been implementing statewide programs including Financial Management Education and People Management Skills.

HETI's role in developing leadership for the NSW Health system saw the production of a statewide leadership framework and the piloting of a Clinicians and Executives Team Leadership Program (CETL) in five hospitals.

Through the development and implementation of programs HETI has enhanced the access and management of education and learning opportunities across the State, including rural and remote areas.

Heather Gray, Chief Executive

Key achievements 2012-13

- HETI established the CETL Program which involved hospital based teams of clinicians and managers working together in an innovative way. Five hospital pilot sites were established in Coffs Harbour, Kempsey, Port Macquarie, Wollongong and Shellharbour.
- HETI developed a leadership framework based on international evidence and broad-based consultation within the NSW Health system.
- Programs delivered through HETI partnerships include:
 - National Standards, Sepsis, DETECT for the CEC
 - Dementia and Delirium and Rural ED online modules for ACI
 - Whole of Hospital online modules
 - Take the Lead online modules for NaMO
 - Female genital mutilation online module with NSW Kids and Families
- Assessment of a new statewide Learning Management System for HealthShare NSW.
- Implemented a Financial Management Education Program (FMEP) which empowers cost centre managers to understand and communicate budgetary issues, improve budgetary control and identify projected cost savings leading to improved patient care. From November 2012 to 1 July 2013, 803 staff have completed FMEP training.
- Delivered the People Management Skills Program, a blended learning program designed to strengthen the people management skills of supervisors, managers and leaders. The program commenced implementation in May 2013 with 401 managers participating from most LHDs.

- HETI's expenditure on four Health Workforce Australia (HWA) programs have totalled almost \$21 million including Interdisciplinary Clinical Training Networks \$2.4 million, a Clinical Supervision Support Program \$1.8 million, a Simulation Learning Environment \$16.4 million (capital and recurrent) and Rural Generalist Mentoring Program \$275,000.
- Significant resources such as training Superguides (Oral Health, Medical, Allied Health, Nursing and Midwifery) and master classes were developed by HETI.
- The Sister Alison Bush Mobile Simulation Centre delivered 1655 occasions of training at 17 sites to staff that face difficulties in accessing professional education and training opportunities.
- The Rural Generalist Training Program created 15 training positions across NSW in rural towns where there are shortages of general practitioners with advanced procedural skills.
- Over 2000 scholarships totalling \$4.2 million were managed with improved reporting capability to provide detailed consolidated reports to the Chief Executives of the LHDs.

NSW KIDS AND FAMILIES

Level 3, 73 Miller Street
Locked Mail Bag 961
North Sydney NSW 2059

Telephone: 93919919

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

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

Chief Executive: Ms Joanna Holt

Year in review

NSW Kids and Families was established as a board governed Statutory Health Corporation under section 42(a) of the *Health Services Act 1997* on 1 July 2012. It commenced operations on 19 November 2012 under the leadership of Ms Joanna Holt as Chief Executive and the Hon Ron Phillips as Chair of the Board. The role of NSW Kids and Families is to provide leadership on health strategy and policy across the life course of a child from pre-conception to 24 years and includes the health impact on families and individuals of violence, neglect and abuse.

During the first six months, over 42 staff were newly recruited or transferred from the Ministry or other health entities to NSW Kids and Families. A review of committees, advisory and communication structures was also conducted to ensure effective information exchange with LHDs and SHNs as well as other NSW Health organisations.

Much of the focus of the organisation's first six months was on setting up systems, processes and developing a corporate plan for the year ahead. A further important area of work for NSW Kids and Families was preparing to develop a 10 year strategic plan in consultation with key partners to advance the health outcomes for children and families of NSW. Gaining a clearer understanding of the relative health and wellbeing of children and families in NSW and investigating data sources and systems that support and inform care was an essential pre-requisite to the planning process.

Considerable work was undertaken during the year to contribute to cross agency initiatives to reform and invigorate policy and practice for women who are victims of violence, as well as for children who are vulnerable, sexually abused or at risk of harm. The provision of surgical services for children and the implementation of paediatric IV fluid guidelines has also been a focus along with developing community child health data systems and contributing to the piloting and national build of a child electronic health record.

Ms Joanna Holt, Chief Executive

Key achievements 2012-13

- Released the Having a Baby Book – a guide for pregnant women.
- Reviewed and released the 'Blue Book' a child's Personal Health Record in 2013.
- Established Family Referral Services in all LHDs.
- Launched the Maternity eBulletin – an electronic newsletter connecting NSW Kids and Families with Maternity Services across NSW.
- Review of the role and functions of Child Health Network Clinical Nurse Consultants completed.
- Reviewed and developed a number of clinical guidelines relating to paediatric emergency care, maternity care and health assessment for children in out of home care.
- Completed the Youth Friendly General Practice Training Toolkit and the Using Technologies Safely and Effectively to promote young people's wellbeing: A Better Practice Guide for Services, (in partnership with Young and Well Cooperative Research Centre and University of Sydney).
- Partnered with the Raising Children Network to develop 26 targeted on-line resources supporting families and young people's wellbeing.
- Conducted a Domestic Violence Workforce Survey (4743 responses) and Victim Survey (79 responses) to inform the review of NSW Health Domestic Violence Policy and Procedure Manual.
- Developed and disseminated a comprehensive policy statement on Child Wellbeing and Child Protection Policies and Procedures for NSW Health.

NSW AMBULANCE

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

Chief Executive: Mr Ray Creen ASM

Year in review

The 2012-13 financial year has been a year of major change for NSW Ambulance, with the appointment of a new Chief Executive and the launch of the Reform Plan for NSW Ambulance in December 2012. The plan outlines five strategic directions aimed at improving ambulance services for the NSW community including:

1. Integrating NSW Ambulance into the broader health system.
2. Separating Non-Emergency Patient Transport from urgent medical retrieval patient services so NSW Ambulance is able to focus on its core role of attending to emergencies.
3. Developing new models of care and investing in new providers to effectively manage demand and response times, reduce paramedic fatigue and improve the operating costs of NSW Ambulance.
4. Ensuring NSW Ambulance has effective infrastructure and a funding model that will ensure financial sustainability in the future.
5. Strengthening the leadership, workforce and governance structure of NSW Ambulance and embracing the CORE values of Collaboration, Openness, Respect and Empowerment.

NSW Ambulance has formed a high level steering committee comprising key stakeholders from across the health system who are working together to implement the reforms. At June 2013, 11 of the 34 reforms contained in the plan were complete and the remaining 23 were on track, with the majority expected to be completed by the end of 2013.

The implementation of the reform plan will assist in ensuring that patient care is delivered in a coordinated way across the entire health system, increasing the ability of ambulances to respond to urgent life threatening emergencies. The leadership capability across the organisation will be strengthened by the realignment of the executive structure, recruitment to vacant positions and enhanced training opportunities.

Mr Ray Creen ASM, Chief Executive

Key achievements 2012-13

- Non-Emergency Patient Transport (NEPT) project improving efficiencies in transporting non-emergency patients, splitting them from the emergency services tier of NSW Ambulance.
- A 24 hour secondary triage service has been established with Healthdirect Australia who provides referral services and self-care instructions.
- Work continues on transitioning NSW Ambulance to StaffLink Human Resource Information System (HRIS) and implementing HealthRoster, bringing NSW Ambulance human resource systems in line with NSW Health.
- Ambulance Operational Showcase was conducted in April 2013, giving LHD representatives the opportunity to view the tools used to manage demand and optimise availability of ambulance resources.
- Turnaround delays reduced through collaboration between NSW Ambulance's Hunter New England (HNE) Sector and the HNELHD. Various initiatives significantly reduced off-stretcher delays from 1555 hours of lost productivity in July 2012 (due to crews waiting in excess of 30 minutes to offload patients) to 748 hours in June 2013, a reduction of 48 per cent.
- Stroke Reperfusion Program launched in January 2013, improving patient access to stroke services, specifically to early stroke thrombolysis at an Acute Thrombolytic Centre (ATC). By June 2013, paramedics had transported 550 patients to ATCs with an average patient thrombolysis rate of 12 per cent.
- Cardiac Care Program. Patients who present to NSW

Ambulance with ST Elevation Myocardial Infarction (STEMI) are provided the most appropriate treatment pathway, either Pre-Hospital Assessment for Primary Angioplasty (PAPA) or Pre-Hospital Thrombolysis (PHT). In 2012-13, 1159 patients were enrolled in the PAPA pathway and 49 patients received PHT.

- The New Emergency Response Grid was implemented, increasing the safety of paramedics and the community with less requirements for lights and sirens responses. It also decrease response time to Priority 1 incidents, meaning the sickest patients receive more expedited care.
- The State Volunteer Coordination Centre trained Volunteer Ambulance Officers (VAOs) and Community First Responders (CFRs) which increased their numbers in regional and remote areas. VAOs and CFRs are now accredited to perform as the nationally accredited Certificate 2 - Emergency Medical Service First Responder, a newly devised course that provides a standard of training equal to that of the other states and territories. Communities have also been supplied with additional life-saving equipment.

NSW HEALTH PATHOLOGY

**Wisteria House, James Fletcher Campus
72 Watt Street
Newcastle, NSW 2300**

Telephone: 02 4924 6714

Facsimile: 02 4924 6715

Website: N/A

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

Chief Executive: Ms Tracey McCosker

Year in review

Established in November 2012, NSW Health Pathology provides quality, reliable public pathology, forensic and analytical science services across NSW. It includes five clinical and specialist networks: Pathology North, Pathology West, South Eastern Area Laboratory Service (SEALS), Sydney South West Pathology Service, and the Forensic and Analytical Science Service.

Pathology is an essential clinical service and plays a critical role in just about every aspect of public healthcare today, from diagnostic testing to the management of complex and chronic conditions, public health disease outbreaks, blood transfusions, organ transplants, research, genetics, critical care, cancer and much more.

Our pathologists are medically trained clinicians who work in public hospitals and modern laboratories. They're supported by scientists, technicians and support staff who ensure samples are quickly and accurately assessed and results shared with clinical teams in LHDs, so they can develop the best management plans for patients.

Our forensic and analytical science service provides critical testing for NSW Health, the NSW Food Authority and local government bodies. It also supports the state's judicial system by providing independent, objective analysis to law enforcement bodies including the police, local coroners and public prosecutors.

In our first year of operation, we've made strides in a number of areas important to LHDs and other partners. Early priorities focused on enhancing the processes and systems that underpin clinical and analytical services, such as transparent, standardised pricing and budget processes.

NSW Health Pathology has developed a strategy to implement point of care testing devices in rural and regional emergency departments, which will help ensure clinicians have access to fast, accurate pathology results that help them determine care plans for patients.

We are also strengthening strategic collaboration and engagement across our networks through statewide working parties on procurement, benchmarking and pricing/costing. And we continue to work closely with law enforcement bodies, using cutting edge science to support analysis of critical pieces of evidence.

Ms Tracey McCosker, Chief Executive

Key achievements 2012-13

- Established a strong executive team to develop the strategic leadership, workforce, and corporate support strategies for NSW Health Pathology – and ensure clinical and scientific teams can focus on what they do best.
- Developed an implementation strategy to deliver point of care testing devices in rural and regional emergency departments. This will help ensure ED clinicians have access to fast, accurate pathology results so they can make more timely, informed decisions for patients. Implementation to begin in 2013-14.
- Began development of our first five-year strategic plan, which will detail the overarching direction for NSW Health Pathology and our vision, values and key priorities.
- Conducted a series of reviews to help inform strategic directions in areas such as research and innovation, asset management, and access to services in rural NSW.
- Finalised laboratory and mortuary specifications with Health Infrastructure to guide future capital investments.
- Introduced new or enhanced instrumentation across the pathology networks to support clinical care for patients, including:
 - new coagulation analysers at several Sydney South West Pathology Service sites (Bowral, Bankstown, Campbelltown and Fairfield), which will increase the portfolio of pathology tests available
 - new haematology and chemistry analysers across multiple Pathology West sites to help deliver faster turnaround times for some tests as well as the introduction of new tests previously unavailable at other laboratories
 - flow cytometer upgrades at SEALS laboratories at St George and Prince of Wales hospitals to help streamline identification of cell markers and support diagnostics and clinical management
 - new blood chemistry analysers at several Pathology North laboratories, including Royal North Shore, Manly, Mona Vale and Ryde. The continued rollout in 2013-14 will deliver greater standardisation and faster turnaround times. Also delivered a new state-of-the-art pathology laboratory as part of the Royal North Shore Hospital redevelopment.

- Our Forensic and Analytical Science Service has improved turnaround times for toxicology results with the introduction of a high end mass spectrometer, which can screen for more than 150 drugs in a single analysis and see results delivered to pathologists in half the time it has previously taken. Technology advances in the forensic DNA laboratory, integration with the NSW Police forensic information system, a shift to paperless reporting and the introduction of dedicated reporting teams have also streamlined workflows for DNA samples.
- Improved strategic collaboration and engagement across the Networks through the formation of statewide working parties on procurement, IT systems, benchmarking, and pricing/costing.
- Achieved efficiencies which helped reduce the price of pathology services to a number of rural LHDs and implemented measures to help LHDs better understand utilisation and cost of pathology services.

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: Sam Sangster

Project value

Health Infrastructure (HI) is responsible for planning, managing and delivering major capital works projects and programs over \$10 million 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 2013 was \$4.899 billion (Including the Royal North Shore Hospital (RNSH) Public-Private Partnership (PPP) project).

PROJECTS	(\$M)
Planning projects	1,171*
Work in progress projects	2,817
Public private partnership projects	721
Sub-acute Beds Program	190

*Total value of project is included

Capital spend in 2012-13

HI capital project spend in 2012-13 was \$627.2 million

PROJECT	(\$M)
Planning projects	70
Work in progress projects	477
Sub-acute Beds Program	80

Planning projects undertaken in 2012-13

The following projects were included in the HI Planning Capital Program in 2012-13:

- Hillston Multi-purpose service (MPS)
- Hunter Valley Hospital
- Illawarra Regional Plan including planning for expansion of Shell Harbour Hospital
- Kempsey Hospital Redevelopment Project Stage 1
- Peak Hill MPS
- Sutherland Hospital Car Parking Expansion
- Sprinklers Review for Residential Aged Care Facilities

New works in progress in 2012-13

The following are major projects commenced in 2012-13:

PROJECT	ETC (\$M)
Ambulance Land Purchase Strategy	20
Blacktown Car Park	24
Blacktown Mt Druitt Hospital Stage 1 Expansion Project	300
Hornsby Ku-Ring-Gai Hospital Stage 1n	120
Lachlan Health Service (Parkes and Forbes)	Commercial in Confidence
Lismore Base Hospital Redevelopment	80
Missenden Mental Health Unit	67
Nepean Car Park	23
South East Regional Hospital (Bega)	170
Tamworth Hospital Redevelopment Stage 2	220
Wollongong Hospital Car Park	28

*Estimated Total Cost (ETC) includes COAG sub-acute funding

Projects Completed in 2012-13

PROJECT	DATE COMPLETED	TOTAL COST (\$M)
Broken Hill Mental Hill Unit	NOV 12	6
Broken Hill Rehabilitation Unit	MAR 13	7
Central Coast Regional Cancer Centre	NOV 12	35
Dubbo Mental Health Unit	FEB 13	9
Grafton Hospital Redevelopment Stage 2	DEC 12	10
Gundagai MPS	SEP 12	13
Liverpool Hospital Redevelopment	DEC 12	397
Liverpool Hospital Car Park Expansion	DEC 12	29
Narrabri Hospital Redevelopment	JUL 12	37
Nepean Hospital Redevelopment Stage 3	OCT 12	95
North Coast Cancer Institute	NOV 12	20
Prince of Wales Mental Health Intensive Care Unit	DEC 12	13
Sydney Children's Hospitals Children and Adolescent Mental Health Services (CAMHS)	MAR 13	28

Other project delivery achievements in 2012-13

- Northern Beaches Hospital Expression of Interest (EOI) process for innovative procurement model delivered
- Signed project agreements for four projects from Health and Hospitals Fund (HHF) Round 4 (Peak Hill, Hillston, Kempsey, Lismore).
- Communication, Consultation and Change Management Development of Interactive DVD for Capital Works Projects.
- Continuation of systemised design philosophy and modular design principals.
- Sub-acute Program a COAG funded program of works managed by Health Infrastructure is in its final year of delivery.
- Car Park Portfolio Model – Fees policy developed and program Management and Governance established. Program of car park works underway.

Major project delivery priorities for 2013-14

Delivery of the 2013-14 capital projects program with a current forecast total value of \$856 million.

PROJECT	ETC (\$M)
Planning	51
Work in progress	698
Sub-acute Bed Programs	55
Public private partnership projects	52

New planning projects in 2013-14

HI will take on the following planning projects in 2013-14, including:

- Sutherland Car Park
- Coffs Harbour Car Park
- Westmead Hospital Car Park
- John Hunter Children's Paediatric Intensive Care
- Northern NSW (Byron Bay) Hospital
- Maitland (Lower Hunter) Hospital

New works in progress in 2013-14

HI will take on the following planning projects in 2013-14, including:

- Hillston MPS
- Kempsey Redevelopment Stage 1
- Lismore Base Hospital Redevelopment
- Northern Beaches Health Service
- Peak Hill MPS

HEALTHSHARE NSW

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

Telephone: 8644 2000

Facsimile: 9904 6296

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

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

Chief Executive: Mike Rillstone

Year in review

Throughout 2012-13 HealthShare NSW demonstrated its commitment to working with LHDs and SHNs to identify efficiencies and savings that can be re-directed within the health system to improve patient care.

The establishment of the HealthShare NSW Board, which commenced in August 2012, has ensured greater transparency and accountability, assisting service lines to engage more with LHDs and SHNs; and the enhanced Business Performance Unit will continue to measure our service performance in more effective and transparent ways and strengthen the organisation's customer service focus.

HealthShare NSW continued many technology programs to provide innovative and streamlined systems for NSW Health. These included ongoing successes in the StaffLink Payroll System implementation; work related to transitioning to the whole of government Data Centre; rollout of the Pharmacy Improvement Program to upgrade public hospital pharmacy management systems; and implementation of clinical tools for the Between the Flags Program in partnership with the Clinical Excellence Commission to support clinician decision-making.

HealthShare NSW achieved many operational goals, such as delivering a new food services menu that offers greater variety to patients and meets statewide nutritional standards; new statewide staff uniforms to make it easier for patients to identify clinical teams in the ward setting; and the introduction of new surgical gowns with fabric that provides greater protection for operating theatre staff.

The third annual HealthShare NSW Expo held in September 2012 showcased our achievements and outlined our innovations and HealthShare NSW was recognised in the 2012 Premier's Awards with EnableNSW's success in reducing waiting times for vital disability support equipment.

In looking to 2013-14 our strong record of achievement will ensure a smooth transition towards new governance arrangements including HealthShare NSW maturing as the principal provider of shared services for NSW Health and eHealth NSW to commence administering statewide information and communications technology.

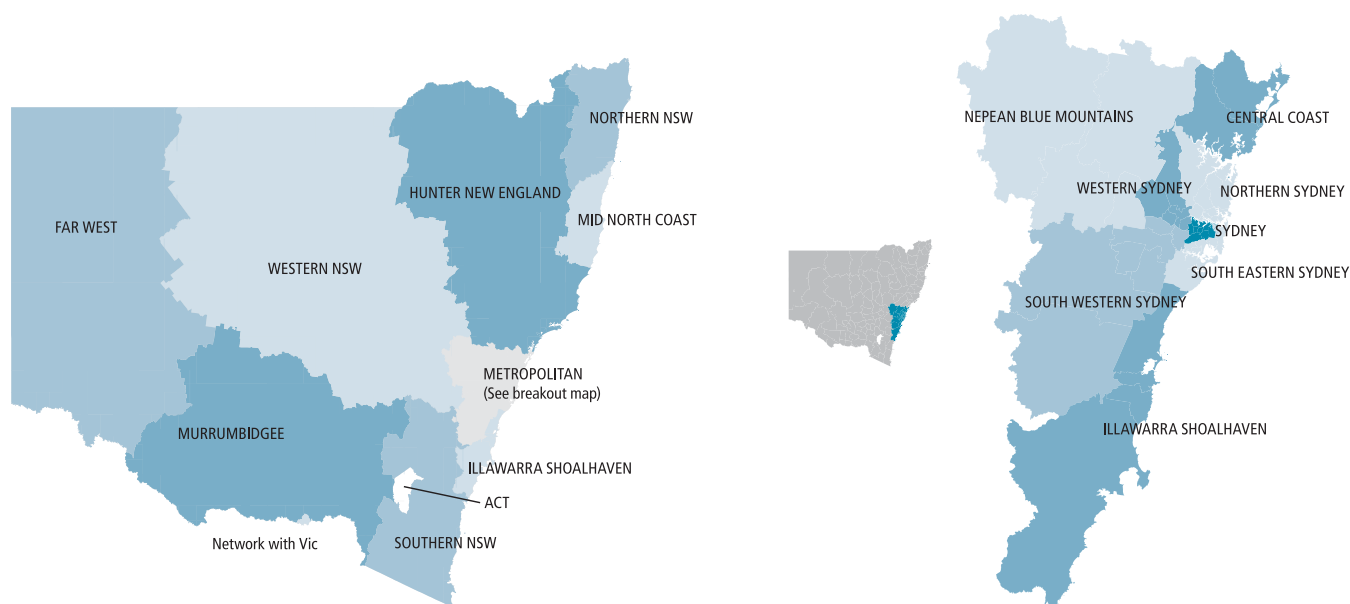
*Mike Rillstone, Chief Executive (until 21 October 2013)**

Key achievements 2012-13

- The refinement of the customer dashboard and KPI reporting has been undertaken to provide improved reporting of HealthShare NSW deliverables and customer service performance.
- HealthShare NSW implemented a new Customer Improvement Program in August 2012 based on health agency feedback, and the creation of a Customer Advisory Council.
- The Pharmacy Improvement Program has been successfully completed to assist hospitals with online claims for highly specialised drugs, facilitating faster reimbursement to LHDs of the \$255 million spent each year.
- In 2012-13 strategic statewide procurement leveraged greater purchasing power for goods through product standardisation and more effective negotiating practices resulting in benefits to the health system valued at \$32 million.
- HealthShare NSW has continued the Food Service Improvement Program improving patient menus across the state and meeting statewide nutritional standards.
- The clinical program has enhanced the statewide electronic medical records capability, trialed voice recognition and commenced planning for electronic medications management.
- Ongoing planning was undertaken throughout 2012-13 for the transition to the whole of government data centre to standardise ICT infrastructure across the State. The project consolidates three existing data centres at Cumberland Hospital, Liverpool Hospital and John Hunter Hospital to two new locations in Wollongong and Silverwater. This will increase the capacity and resilience of NSW Health's ICT systems.
- The StaffLink program is being implemented in all LHDs.

* From October 2013 Mr Michael Walsh is the Acting Chief Executive

LOCAL HEALTH DISTRICTS



There are two Speciality Health Networks (Sydney Children’s Hospitals Network and Justice Health and Forensic Mental Health Network) and one Speciality Network (St Vincent’s Health Network)
Eight LHDs cover the Sydney metropolitan region, and seven cover rural and regional NSW.

Metropolitan NSW LHDs

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

Rural and Regional NSW LHDs

- 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.cclhd.health.nsw.gov.au
Business Hours: 8.30am – 5.00pm, Monday to Friday
Chief Executive: Matt Hanrahan

Local government areas

Gosford City Council and Wyong Shire Council

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), Breast Screen, 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 approximately 1,680 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.

More than 320,000 residents live in the region. CCLHD is a popular retirement area and approximately 6 per cent 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 2012-13, almost 19 per cent of the CCLHD population were aged 65 or more.

The highest growth rates are expected to be in the population aged over 70 years with an increase of 26 per cent in Gosford and 35 per cent in Wyong by 2022.

In the 2011 census, the Aboriginal and Torres Strait Islander population in CCLHD was 9,020 representing 2.9 per cent of the District's population. The majority of Aboriginal people reside in Wyong LGA (around 61 per cent).

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

Caring for the Coast. Those four words encapsulate our mission, motivate our staff and keep us focused on patients. 2012-13 was a year of accomplishment with new and expanded services introduced, existing wards refurbished, new wards opened, an integrated clinician training centre established and nursing, medical, allied health and support staff numbers increased.

While the District found it challenging to meet National Health Reform performance measures, there are a number of initiatives in place to improve performance. This includes plans to open a 13-bed short stay unit and an eight-bed urgent care centre at Wyong Hospital, both of which are expected to relieve pressure on emergency departments.

CCLHD managed resources effectively and accomplished its mission within the allocated budget, reflecting the teamwork and commitment of staff throughout the year.

CCLHD's strong partnership with the Central Coast Medicare Local is already reaping benefits as together we work to improve primary health care in the community.

The Community Engagement Committee had a busy year visiting health facilities, conducting two community forums, establishing a community newsletter, networking and attending corporate and community events.

I acknowledge the support of the District Board Chair, Mr Paul Tonkin, and members of the Board whose diversity of skills, knowledge and experience have provided valued direction and support.

Finally I would like to acknowledge our community who show their support by volunteering in our hospitals, raising funds to enhance our services, or simply by taking time to write a letter saying 'thanks for the care.'

Matt Hanrahan, Chief Executive

Key achievements 2012-13

- Gosford and Wyong emergency departments provided care for almost 117,000 people.
- Almost 79,000 patients were admitted for care and treatment to Central Coast hospitals and sub-acute facilities. Effective bed management strategies enabled Gosford and Wyong Hospitals, both of which have very high occupancy rates, to meet bed demand year round from high activity levels.
- Theatre staff performed exceptionally well performing 15,486 elective surgery operations and 6,936 emergency surgery operations. Overall, through strategies developed with surgeons, 95 per cent of elective surgery operations were performed on time and within clinically recommended time frames.
- Community health staff delivered over 1,234,000 occasions of service providing care and treatment to patients and clients in their homes or community health centres, reducing pressure on hospitals.
- A \$4.53 million Integrated Education Centre and Library at Wyong Hospital was completed and is providing training, education and research facilities for clinicians.
- The \$1.9 million refurbishment and opening of a 12-bed Transitional Care Unit at Long Jetty Healthcare Centre is providing patients with care in a home-like setting designed to maximise their independence when they return to their place of residence.
- The \$38.6 million Cancer Centre at Gosford Hospital was completed and is providing state of the art public radiotherapy services as part of an integrated multi-disciplinary cancer service.
- Expansion of cancer day treatment centres at both Wyong and Gosford Hospitals included additional chemotherapy chairs and patient consultation areas and are a key part of the integrated cancer service.
- The opening of a new \$11.2 million 30 bed Rehabilitation Ward at Woy Woy Hospital provides care and rehabilitation to patients, maximising their ability to return to their homes or place of residence, with follow-up community services as needed.
- Effective management of our resources enabled the District to provide a comprehensive range of services within its budget allocation.

ILLAWARRA SHOALHAVEN

Local Health District

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

Telephone: 4222 5000
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

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

Child and family health

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 Meadow, 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 Illawarra Shoalhaven Local Health District (ISLHD) also provides Public Health Services, Population Health Services, Planning, Performance Redesign and Information Management Services, Workforce Services, Information Technology Services and Other Corporate Services

Demographic summary

ISLHD covers four Local Government Areas (LGAs) including Wollongong, Kiama, Shellharbour and Shoalhaven. The District covers a large geographic region of approximately 5,687 square kilometres and extends along 250 kilometres of coastline, from Helensburgh in the Northern Illawarra to North Durras

in the Southern Shoalhaven. The Illawarra Shoalhaven population is projected to reach 406,873 by 2016, and 425,136 by 2021 demonstrating an annual growth rate of 0.9 per cent.

Year in review

The development of the Health Care Services Plan 2012-22 has reinforced the strengths and key areas where evidence-based decision making will enable us to operate effectively and efficiently. The plan is based on the creation of acute hubs at Wollongong, Shellharbour and Shoalhaven and the significant enhancement of services across these areas has started with substantial capital developments underway.

Bulk excavation works commenced on the \$86 million Illawarra Elective Surgical Services Centre at Wollongong Hospital campus and construction continued on the \$14 million expansion of the Illawarra Cancer Care Centre. Planning and design works also started on the \$27.8 million car park development. At Shoalhaven, construction of the \$34.8 million Cancer Care Centre was in the final stages and work commenced on the \$10.6 million Sub-acute Adult Mental Health Unit.

The district opened Illawarra Shoalhaven Health Education Centre, a \$5 million purpose-built facility that will ensure the provision of professional training using the most advanced interactive simulators and innovative practices.

The ISLHD Community Partnership Council was established to work collaboratively and increase consumer input, knowledge and understanding of health services. The District also commenced the Clinical Excellence Commission's Patient Based Care Challenge focusing on strategies to improve patient-centred care.

Susan Browbank, Chief Executive

Key achievements 2012-13

- The ISLHD is undertaking major expansion including:
 - \$86 million Illawarra Elective Surgical Services Centre
 - \$14 million expansion of the Illawarra Cancer Care Centre
 - \$27.8 million car park development at Wollongong Hospital
 - \$34.8 million Shoalhaven Cancer Care Centre
 - \$10.6 million Sub-acute Adult Mental Health Unit at the Shoalhaven District Memorial Hospital
- Collaborated closely with the ISLHD Board to further develop an integrated health system, build the workforce of the future and enhance services and infrastructure to best suit the needs of our growing community.
- We developed a staff wellness framework, staff engagement strategies and we commenced a reward and recognition program.
- Implemented an Antimicrobial Stewardship Program using MS Guidance across the LHD.
- The budget for 2012-13 complied with requirements and trade creditors were paid within benchmark.
- The Pre Hospital Assessment for Primary Angioplasty (PAPA) Strategy was developed as part of the statewide Cardiology Redesign Project. This strategy has enabled patients who reside within a 45 minute travel time to Wollongong Hospital with suspected ST segment Elevation Myocardial Infarction (STEMI), to have pre-hospital assessment and early access to percutaneous coronary

intervention. This process involves clinical management of the patient by Ambulance Paramedics, including early acquisition of an electrocardiogram (ECG) and transmission of the ECG to the emergency department and Cardiologist. This project has improved door to balloon times and patient outcomes.

- The ISLHD Mental Health Service (MHS) team received four year accreditation standing under the Australian Council of Healthcare Standards (ACHS).
- ISLHD Oral Health service reduced the number of clients waiting on treatment waitlists over recommended waiting time from 30 per cent to 1.5 per cent and with an overall reduction of the treatment list by 44 per cent.
- Awarded three year District wide accreditation status with the Royal Australasian College of Physicians (RACP) for geriatric medicine advanced training program.

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.nbmlhd.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

Blue Mountains District ANZAC Memorial Hospital, Hawkesbury Community Health Centre, Lithgow Community Health Centre, Nepean Hospital (Nepean Centre for Oral Health), 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 (NBMLHD) in 2011 was 336,920, which includes an Aboriginal community (2.7 per cent).

The largest proportions of pre-school aged children (less than 5 years) in 2011 were in Penrith (7.6 per cent) and Hawkesbury LGAs (6.8 per cent). Conversely, the LGAs of Lithgow (12.1 per cent) and Blue Mountains (10.4 per cent) had the highest proportions of older residents aged 70 years and over.

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 per cent of whom settled in the Penrith LGA.

Year in review

In 2012-13 NBMLHD implemented initiatives responsive to local needs with the introduction of a number of innovative staff-led programs, collaborative initiatives with Medicare Local and consumers, and new capital works developments.

The 2012-17 Strategic Plan was launched to staff and the public to provide a roadmap for the delivery of health care for the communities of the Blue Mountains, Hawkesbury, Lithgow and Nepean.

The Nepean Hospital Neonatal Intensive Care Unit (NICU) pioneered a world-class treatment using probiotics to help prevent a common yet deadly bowel condition occurring in premature babies with a high success rate. The Nepean Cancer Care Centre founded an Australia-first combination radiotherapy treatment for lung and spinal cancer patients with successful results. The Nepean Hospital Psychiatric Emergency Care Centre team claimed the Minister for Mental Health Award for Excellence in the provision of mental health services. The work of Nepean Hospital's Heart Failure Service was recognised with an 'exemplary' classification by The Health Roundtable. As a result, Nepean Hospital has moved into the top four hospitals in NSW for length of stay on The Health Roundtable.

Nepean Oral Health Centre significantly reduced waiting times for adults and children despite an increase in demand and NBMLHD has made marked improvements toward achieving KPIs in both emergency performance and elective surgery and has achieved hand hygiene rates above the national benchmark.

In response to the YourSay survey results, the LHD continued to work to progress staff satisfaction establishing a new Reward and Recognition program to highlight staff achievements.

Kay Hyman, Chief Executive

Key achievements 2012-13

- NBMLHD hospitals showed significant overall improvements in meeting targets for the percentage of patients leaving emergency departments within four hours. NBMLHD has been supported by the Ministry's Whole of Hospital project to achieve this improved result.
- Wait times for elective surgery showed an improvement across the LHD.
- The Nepean Centre for Oral Health reduced the adult waiting list from 10,185 in June 2012 to 7,116 in July 2013 and child waiting lists from 2,450 in June 2012 to 1,800 in July 2013 and delivered a significant increase in the number of occasions of service.
- Hand hygiene rates are above the national benchmark across the NBMLHD.
- Nepean Hospital's NICU pioneered an Australia-first treatment for the prevention of a common yet deadly bowel condition among premature babies.
- The Nepean Centre for Robotic Surgery opened at Nepean Hospital, which includes the State's first public surgical robot providing treatment for prostate cancer and performing other complex surgeries through keyhole incisions and with pinpoint accuracy.
- The Nepean Hospital Psychiatric Emergency Care Centre (PECC) Team received the NSW Health Innovation Award for their patient-focussed project, PECC Inspirations.
- Nepean Cancer Care Centre pioneered a radiotherapy treatment (stereotactic body radiotherapy combined with volumetric modulated arc therapy) for lung and spinal-cancer patients with successful results.
- NBMLHD introduced the Reward and Recognition Program to increase staff engagement in response to the YourSay survey results which has helped foster enthusiasm and promote excellence in health service delivery among all staff and in 2012-13, 20 per cent of staff were nominated for an award.
- New facilities were commissioned for Oral Health and In-centre Haemodialysis at Nepean Hospital, and Community Health facilities at Penrith and St Marys have been refurbished and upgraded.

NORTHERN SYDNEY

Local Health District

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

Telephone: 9462 9955

Facsimile: 9463 1029

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

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

Chief Executive: Adjunct Associate Professor 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

Berowra, Brooklyn, Brookvale, Chatswood, Frenchs Forest, Galston, Gladesville, Hillview, Manly, Mona Vale, Pennant Hills, Queenscliff, Royal North Shore, Top Ryde, 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, Galston, Gladesville, Harbord, Hornsby, Lane Cove, Lindfield, Manly, Marsfield, Mona Vale, Narrabeen, Northbridge, Pennant Hills, 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

Allambie Heights Child Physical Ability Unit, 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, Gambling Services, Mental Health, Richard Geeves Centre, Violence, Abuse, Neglect and Sexual Assault, Sexual Health

Demographic summary

Northern Sydney Local Health District (NSLHD) 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 and Ryde.

The estimated resident population of the NSLHD at June 2012 was 845,928 and is projected to increase to 903,644 by 2021. This is an eight per cent increase, although it represents a slightly lower growth rate than the NSW average from 2011-21 of 11 per cent. Population density for NSLHD is 933 residents per square kilometre.

At the time of the last Census, 2466 residents were Aboriginal and/or Torres Strait Islanders, equating to 0.30 per cent of the total District's population. There were 314,507 residents born overseas, equating to 38 per cent of the total District's population.

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 per cent), while the number aged over 84 years is projected to grow at more than twice the background rate (17 per cent).

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

Year in review

In a year which saw major capital works and refurbishment programs underway at most of our facilities, NSLHD maintained its commitment to providing quality health care to its patients.

Our vision is to be leaders in healthcare and partners in community wellbeing and in 2012-13 we implemented our Strategic Plan for 2012 to 2016.

During the reporting year we transferred 7000 staff and patients to the new Acute Services Building at Royal North Shore, and entered the final phase of the \$1.127 billion campus redevelopment with the Clinical Services Block due to open next year.

We also opened a \$36 million mental health unit at Hornsby Hospital and initial work began on the \$120 million Hornsby Hospital redevelopment, starting with the STAR Building which will expand surgical, theatres, anaesthetic and recovery services.

At Ryde Hospital the \$41 million Graythwaite Rehabilitation Centre is near completion and at Mona Vale work continued on the \$12 million sub-acute rehabilitation centre.

A key focus during the 2012-13 financial year was the new funding model introduced on 1 July 2012. Activity Based Funding is a completely new way of financial modelling in NSW and I congratulate our staff for their work in meeting the growing demands on them at a time of such fundamental change.

Voice recognition technology, trialed at Manly Hospital was rolled out across the state, enabling information dictated by clinicians into microphones to be translated as text in the electronic medical record. The Northern Beaches Antibiotic Stewardship program was named winner of the Harry Collins Award for achievement at the 2012 NSW Health Award ceremony, acknowledging its success in reducing infections.

My sincere appreciation goes to all staff, for their dedication, loyalty and continuing commitment to excellence.

Adjunct Associate Professor Vicki Taylor,
Chief Executive

Key achievements 2012-13

- The Royal North Shore Hospital Acute Services Building was completed and became operational.
- The NSW Government announced a hospital operator-led model for the Northern Beaches Hospital and expressions of interest were invited from hospital operators interested in building, maintaining and operating the new facility.
- An IT-enabled risk identification and escalation process was implemented, with a transparent peak committee established with consumer, community and clinician members to advise the Chief Executive on enterprise-wide risks.
- A robust model for community engagement was successfully continued, attracting more than 600 participants to six community forums hosted by NSLHD's Peak Community Participation Council.
- Construction commenced on a 26-bed Rehabilitation Inpatient Unit at Mona Vale Hospital with a capital project cost of \$12 million.
- The Severe Chronic Disease Management (Connecting Care) program exceeded its enrolment target of 4172 by 48, with a total of 4220 patients enrolled in the program.

- The APAC admission target of 3501 was exceeded by 71 with a total of 3572 patients admitted into the program.
- Following organisation-wide surveys conducted by the Australian Council on Healthcare Standards (ACHS), Manly, Mona Vale and Hornsby Hospitals each received ongoing accreditation for a further four years.
- Hornsby Hospital used a \$250,000 grant to establish a plain x-ray room in the hospital's emergency department (ED), resulting in reduced ED waiting times, improved safety and clinical care for patients, and reduced transport of patients to and from the Medical Imaging Department.
- NSLHD led a consortium that opened a new *headspace* facility in Chatswood and another NSLHD-led consortium was established in a bid to see another *headspace* facility opened in the Northern Beaches sector.

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.seslhd.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, Gymea, Hurstville, Hurstville South, Kingsgrove, Kogarah, Menai, Miranda, Oatley, Possum Cottage (at Sutherland Hospital), Ramsgate, Riverwood, Rockdale, Sutherland

Oral Health Clinics

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

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 Services and Programs – Alexandria, Darlinghurst, Surry Hills (Albion Street Centre) Paediatric Disability – Kogarah Sexual Health, Youth Services, Drug & Alcohol – Darlinghurst (Kirketon Road Clinic); Drug & Alcohol – Surry Hills (Langton Centre)

Demographic summary

The South Eastern Sydney Local Health District (SESLHD) geographic area consists of ten LGAs which are divided into the Northern and Southern Sectors: Northern Sector LGAs: Sydney (part–Sydney East & Sydney Inner Statistical Local Areas (SLA), Woollahra, Waverley, Randwick, Botany Bay and Lord Howe Island; Southern Sector LGAs: Rockdale, Kogarah, Hurstville and Sutherland.

In 2011, the SESLHD resident population was estimated to be 838,416, with 45 per cent living in the Northern Sector (378,680) and 55 per cent in the Southern Sector (459,736).

Our population is projected to reach 887,289 by 2021 (a +5.8 per cent increase) and 928,920 by 2031 (a further +4.7 per cent increase). The SESLHD population growth rate is about half the average NSW growth rate.

Between 2011 and 2021, the fastest growing age group in this District will be the 70-84 years age group (+26 per cent), followed by the 85 years and over age group (+18 per cent). Over the same period, the population of children aged 0-4 years is expected to increase by 1.7 per cent.

In 2011, 6,312 SESLHD residents were Aboriginal and/ or Torres Strait Islander, equating to 0.8 per cent of the total SESLHD population. In addition, 331,438 SESLHD residents were born overseas, equating to 40 per cent of the District's population.

Year in review

SESLHD continues to work towards delivering the priorities outlined in the SESLHD Strategy 2012-17 and *Care Service Plan 2012-2017* which were developed with extensive consultation with clinicians and stakeholders to improve services for the community and meet the needs of the ageing population.

Patient-centered care is a priority for SESLHD as it implements the Essentials of Care program across the facilities through nursing and midwifery. SESLHD has been recognised for innovative projects such as Southcare Geriatric Flying Squad, which assists elderly patients in their homes, reducing the need for hospitalisation.

Two new mental health facilities have opened to boost services for the community: the Mental Health Intensive Care Unit at Randwick Hospital Campus and the new Older Person's Sub-acute Unit at St George Hospital.

With an ageing population and chronic diseases on the rise, the SESLHD is building relationships with Primary Health Care organisations such as the Medicare Locals in the district. The Connecting Care program and Integrated Diabetes Project are two examples of how Medicare Locals and SESLHD health facilities are working together to better meet the needs of the community.

Terry Clout, Chief Executive

Key achievements 2012-13

- All SESLHD facilities commenced preparations for accreditation against the new Australian Safety and Quality Health Service Standards in 2013. Sydney Eye Hospital, Prince of Wales Hospital and the Royal Hospital for Women have successfully achieved accreditation while St George and Sutherland Hospitals will soon be accredited.
- Stronger relationships have been forged with the Agency for Clinical Innovation, Clinical Excellence Commission and Health Education and Training Institute throughout the year.
- SESLHD is undertaking innovative models of care to improve the way we deliver and organise health care. Examples of these include, Southcare Geriatric Flying Squad, Computer Assisted Self Interview, Sub-acute Programs, Clinical Trials Refer Application and Access to Meaningful Health.
- The Royal Hospital for Women Transition Board Sub-Committee was established to develop new strategies to promote the Hospital's services statewide.
- The Infection Control Funding Program was established to provide \$500,000 worth of grants across SESLHD for infection control projects. A HAI project officer was employed to ensure greater compliance of hand hygiene.
- The SESLHD Board participated in a Nours Training program and there are plans to undertake the Financial Management and Reporting module in 2013. Three new Board members have joined, including a new Chair, broadening the skills and expertise of the Board. Clinicians and Board members meet through the introduction of new meetings to strengthen the relationship.
- SESLHD has adopted a Sustainability Committee and adopted a Sustainability Plan to reduce carbon emissions and improve efficiencies across the organisation.
- Staff received training in the Strengths Model of Case Management, which focuses on people's strengths rather than deficits and views the client as the director of the helping process. We also opened the new Mental Health Intensive Care Unit at Randwick Campus and the Older Person's Sub-acute Unit at St George Hospital.
- SESLHD worked with two Medicare Locals in the area to develop strategic collaboration and joint activities include the Connecting Care program and the Integrated Diabetes project.
- Construction of the \$76.6 million integrated cancer care centre at Randwick Campus continues. A capital works program is also underway at both St George Hospital with the \$39 million redevelopment of the emergency department and planning work commenced for the construction of a \$10 million car park at Sutherland Hospital.

SOUTH WESTERN SYDNEY

Local Health District

Liverpool Hospital Eastern Campus
Corner of Lachlan and Hart Streets
Liverpool NSW 2170

Telephone: 9828 6000

Facsimile: 9828 6001

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

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 Hospitals

Community health centres

Bankstown, Bigge Park Centre, Bowral, Cabramatta, Campbelltown – Sexual Health Clinic, Fairfield, Hoxton Park, Ingleburn, Liverpool, Miller, Narellan, Prarieewood, 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, South West Sydney Scarba service, The NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS)

Other services

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

Demographic summary

South Western Sydney Local Health District (SWSLHD) is one of the most ethnically diverse and populous LHDs in NSW. In 2011 there was 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 2011-21, the population is expected to increase by almost 18,000 people each year.

SWSLHD includes seven LGAs of Bankstown, Fairfield, Liverpool, Campbelltown, Camden, Wollondilly and Wingecarribee. It covers a land area of 6,243 square kilometres.

It is a vibrant, culturally diverse region with around 36 per cent of the population born overseas and 48 per cent of the population speaking a language other than English at home.

There is high natural population growth in SWSLHD, with approximately 13,000 births per year, representing more than 13 per cent of all births in NSW. SWSLHD contains areas with some of the highest fertility rates in the state, with most LGAs well above the state average of 1.91 births per woman, including Wingecarribee (2.17), Bankstown (2.15), Wollondilly (2.08), Liverpool (2.07), Campbelltown (2.06) and Camden (2.03) (Australian Bureau of Statistics, 2011).

Year in review

SWSLHD created a 10-year strategic plan and a five-year corporate plan during the reporting year.

A Population Health Needs Assessment was developed in partnership with the Medicare Local and work continued on the development of a new model for integrated primary and community care for the South West Growth Centre.

The District continued its commitment to improving the health outcomes of Aboriginal communities, by implementing a Respecting the Difference e-learning program which has been undertaken by more than 4,000 staff to date.

A new state-of-the-art medical training facility with simulation equipment including a high-fidelity robotic mannequin and two of Australia's few fully-simulated operating theatres was opened at Liverpool Hospital in conjunction with University of New South Wales (UNSW), University of Western Sydney (UWS) and the Ingham Institute.

The District's Human Research Ethics Committee was granted national certification by the NHMRC, which has allowed review of multi-centre research applications.

Our engagement with the community increased through the use of social media with the potential to reach more than 80,000 people each week.

Finally, a great deal of work was undertaken to prepare for the implementation of Activity Based Funding (ABF). The District performed well financially in 2012-13 and met its financial targets.

I would like to thank staff and volunteers for the hard work and dedication that has made these achievements possible.

Amanda Larkin, Chief Executive

Key achievements 2012-13

- Liverpool Hospital celebrated its 200 year anniversary with the opening of a museum and the launch of a website.
- An Allogeneic stem cell transplantation for cancer patients requiring bone marrow transplants from a donor commenced at Liverpool Hospital.
- A spacious new BreastScreen NSW clinic was opened in Liverpool offering local women free mammograms for the early detection of breast cancer.

- A 24/7 Acute Stroke Thrombolysis Centre was established at Campbelltown Hospital, offering immediate access to clot-busting drugs that could save patients' lives and reduce the risk of permanent brain damage and disability.
- A \$1.5 million Refugee Health Nurse Program provides health assessments and screening tests to newly arrived refugees across the state and links individuals and families to General Practitioners and the NSW Health system.
- A state-of-the-art medical training facility was opened at Liverpool Hospital.
- Liverpool Hospital implemented an environmental sustainability program that recycles PVC medical products such as IV fluid bags, tubing and oxygen masks.
- A \$3.8 million tomotherapy machine that treats cancer patients with precise radiation therapy was installed at Liverpool Hospital's Cancer Therapy Centre. The new machine combines a CT scanner and linear accelerator to treat tumours with high energy x-rays, while imaging the treatment area to ensure the highest levels of accuracy.
- Works commenced on the \$139 million Campbelltown Hospital redevelopment.
- The College of Emergency Nursing Australia named Liverpool Hospital the 2012 Australasian Emergency Department of the Year. The hospital received the award for a range of initiatives which have been implemented to enhance patient care and clinical outcomes, quality management, professional development of staff and research.
- A new 20-bed Sub-acute Mental Health Unit was opened at Liverpool Hospital offering care and support for patients from a multidisciplinary team including diversional therapists, occupational therapists, social workers, psychiatrists and nursing staff.
- Staff undertook the Respecting the Difference training framework to increase awareness of the diverse culture, customs, heritage and protocols in Aboriginal families and communities in NSW.
- The Research Strategic Plan was developed providing the direction for the ongoing development of research within the District.
- The Ingham Research Centre opened during the reporting year.

SYDNEY

Local Health District

Missenden Road, Camperdown
PO Box M30
Missenden Road NSW 2050

Telephone: 9515 9600

Facsimile: 9515 9610

Website: slhd.nsw.gov.au

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 General, 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 and Liverpool Plaza

Demographic summary

Sydney Local Health District (SLHD) is located in the centre and inner west of Sydney, covering the LGAs of City of Sydney (part), Leichhardt, Marrickville, Canterbury, Canada Bay, Ashfield, Burwood and Strathfield, covering 126 square kilometres with a population density of 4210 residents per square kilometre. SLHD is responsible for providing care to 530,000 people.

Year in review

In 2012-13 SLHD worked collaboratively with staff, the community and other key stakeholders to continue to plan for the future of our hospitals and services over the next five years. The organisation has matured greatly in the past 12 months, and together with the District Executive and oversight of the LHD Board, we are continuing to build on our reputation for world class clinical services, research, and training and education.

In the past year, the District launched strategic plans covering research, education and training, community participation and sexual health, in addition to facility plans for RPA, Canterbury, Concord and Balmain hospitals.

Multiple staff forums across all sites were conducted this year to ensure a smooth introduction to Activity Based Funding, while the District again performed within budget this year and was recognised, for the second consecutive year, as the leading LHD for surgery performance.

Capital works this year included the construction of a new \$67 million 53-bed mental health unit at the Royal Prince Alfred hospital (RPA), a state-of-the-art \$10.5 million Medical Education Centre at Concord Hospital, and a short stay unit at Canterbury hospital.

The District also continues to work closely with The Chris O'Brien Lifecare at RPA, with transition of services in November 2013.

Honouring its commitment to research, the District formed a strong collaboration with 15 research groups to create Sydney Research, a powerful tool in boosting translational research opportunities within the District.

SLHD also revamped its websites as part of our commitment to making health information readily available to our community, and is in the process of launching new social media channels to further enhance connectivity with our consumers. Please visit our site at www.slhd.nsw.gov.au

Teresa Anderson, Chief Executive, SLHD

Key achievements 2012-13

- RPA: Hospital in the Home is working well with 690 patients treated so far, reducing emergency department pressure and admissions, and increasing early discharge rates. It is now being rolled out to Concord and Canterbury.
- RPA Hybrid Theatre provides access to vastly superior imaging capabilities and software applications within one operating suite. Operations performed include Endovascular Aneurysm Repairs, Angioplasty lower limb, Transcatheter Aortic Valve Implantations, Insertion of Biventricular pacemakers and Endarterectomies. At Canterbury Hospital high observation bays have been created to manage patients at risk. There is improved management of delirium and a decrease in falls rates.
- At Concord Hospital, Professor Markus Seibel and team developed a cost effective and innovative model of care for osteoporotic fractures, which was awarded the Premier's Awards for Public Service in the category of Delivering Quality Customer Service, NSW Health Award, SLHD Quality Award and SLHD Quality Award by Chairman of the Board.
- At Balmain Hospital, high risk rooms have been implemented in geriatric wards. This has resulted in significant cost saving with nurse specials and a significant decrease in falls.
- In oral health, all clinical instruments and tray systems have been standardised across all eight departments of Sydney Dental Hospital and 17 Community Oral Health Clinics. Construction and commissioning of a dedicated Centralised Sterilising Department in SDH has been completed.

- In allied health, the RPA Diabetes Centre High Risk Foot Service was awarded the status of Diabetes Centre of Excellence in Education and Diabetic Foot Care, the only centre in the world to hold this dual status.
- An Automatic Dispensing Machine and sharps disposal units at Redfern Community Health Centre were installed to address high hepatitis C and HIV rates in the area. A new Harm Minimisation Manager was employed with a role in community liaison for the Redfern Waterloo area.
- The SLHD Sexual Health Strategy was developed to increase clinical capacity, increase HIV and STI testing among those in the community at higher risk of infection.
- The NSW Premier's Award for Outstanding Cancer Researcher of the Year was awarded to Professor John Thompson of the Melanoma Institute.

WESTERN SYDNEY

Local Health District

**Institute Road, Westmead
PO Box 574
Wentworthville NSW 2145**

Telephone: 9845 9900

Facsimile: 9845 9901

Website: www.wslhd.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 Mount Druitt (two campuses), Cumberland, Westmead

Community health centres

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

Child and family health

Child and Family Health services are provided from a number of locations across Western Sydney Local Health District (WSLHD): in 7 Community Health Centres; 18 Early Childhood Centres on Local Council property and 22 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, Mount Druitt, Westmead

Affiliated Health Organisations

Lottie Stewart Hospital (until 30 August 2013)

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 Mountt Druitt.

WSLHD provides health services ranging from nationally funded programs such as pancreas and islet cell transplants to primary health services. In addition to pancreas and islet cell transplants, a number of other key tertiary and quaternary clinical services are provided to other LHDs and Health Services in NSW including:

Trauma, Adult Eating Disorders Service, Adolescent Eating Disorders Service, Renal Transplant, Neurosurgery, Radiation Oncology, Westmead Centre for Oral Health, Transcultural Mental Health, Complex Dermatology, Cardiothoracic Surgery, Gastroenterology, Cardiology Interventional Services, Intra-utero neonatal referral service for babies requiring high level surgical interventions (Neurological and Cardiac)

Non-clinical services provided to other LHDs and Health Services in NSW include: Multicultural Problem Gambling Service, CALD Women's Health at Work Program, Cedar Cottage and New Street Adolescent Service.

Demographic summary

WSLHD is one of eighteen LHDs and SHNs established in NSW in 2011. The District covers almost 780 km² of urban and semi-rural areas of western Sydney metropolitan area and spans the five LGAs from Auburn, through Parramatta, Holroyd and The Hills Shire to Blacktown in the west.

The estimated resident population in 2013 is 876,500, which is 1.7 per cent greater than in 2012. The District's population growth from 2009 to 2013 was 7.8 per cent, nearly double the 4.2 per cent for NSW for the same period.

Approximately 11,500 people, or 1.5 per cent of western Sydney residents, self-identified as being Aboriginal. The largest Aboriginal community resides in the Blacktown LGA with more than 8,000 people (2011 Census).

The 2011 Census data revealed that 43 per cent of the western Sydney population was born overseas and 45 per cent spoke a language other than English at home.

WSLHD experienced population growth with a continuing influx of refugees and other migrants. Since the last census, Blacktown recorded the largest population increase in NSW (5,800 people) followed by Parramatta (4,300 people).

Year in review

2012-13 has been a significant year for the WSLHD. Key infrastructure developments at its major facilities, continuation and commencement of internationally recognised research and clinical trials and ongoing improvements to models of care are some of the advances that have been made these past 12 months. The District's population growth rate from 2009 to 2013 was 7.8 per cent and the WSLHD Board and its Executive is confident in its key strategic priority areas to cater for this demand.

These key strategic priority areas include culture, integrated care, partnerships, organisational redesign, research and education, financial stability and sustainability. The past year

has seen a variety of highlights for the WSLHD including a visit to Westmead Hospital from His Holiness, The Dalai Lama, the commencement of large-scale construction works at Blacktown Mount Druitt Hospital, a major redesign and renovation of Westmead Hospital Emergency Department (ED) as well as the establishment of WSLHD Quality Awards, presented by the NSW Minister for Health and Director General.

2013-14 will see the launch of a strategic plan that will build on WSLHD's achievements over the past eighteen months. The plan will incorporate each of the six strategic priority areas to support work aimed at improving services for all our patients. Our nurses, doctors, allied health, executive and support staff form the framework of our service, and we look forward to setting a new agenda for healthcare delivery for 2013 and beyond.

Danny O'Connor, Chief Executive

Key achievements 2012-13

- Commencement of construction works at Blacktown and Mount Druitt Hospitals (BMDH) Mount Druitt campus to include a new Urgent Care Centre expansion of the ED and the rehabilitation unit, and dental unit and additional imaging capacity.
- Researchers at Westmead Hospital and Westmead Millennium Institute were investigators on 27 awarded National Health and Medical Research Council (NHMRC) grants to commence in 2013. Westmead grants represented 23 per cent of the total number of grants awarded to the University of Sydney.
- A major redesign and renovation in Westmead Emergency was completed late 2012-13 to include four resuscitation bays, an upgrade of the Urgent Care Centre, the development of an Early Treatment Zone and a front-of-house redesign to facilitate a SAFE-T zone.
- February 2013 was an opportunity to acknowledge the significant contribution of A/Professor Ross Jeremy, after 43 years of dedicated service to Auburn Hospital and residents of the local area.
- Re-establishment of the Nursing and Midwifery Carers Program.
- Interdisciplinary critical response team training is the focus of the LHD's simulation centres at Blacktown and Westmead Hospitals. Over 10,000 teaching hours have been delivered in these facilities in 2012-13.
- For the first time, the Aboriginal Health Unit coordinated Aboriginal Health Tents as part of NAIDOC 2013, in partnership with Blacktown and Parramatta Councils, and Riverstone Neighbourhood Centre.
- In 2012, the inaugural WSLHD Quality Awards were established and awards were presented to winners in nine categories by the Minister for Health and the Director-General at the Annual Public Meeting at the end of 2012.
- A rehabilitation ward was completed in Westmead Hospital accommodating 19 patients. The Mental Health Telephone Access Service, the Community Acute Assessment and Treatment Service (CAATS) Education Program, the establishment of a district wide Vocational, Education, Training and Employment service, and the Carer Support Group Research Project were delivered in the reporting year.

FAR WEST

Local Health District

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

Telephone: (08) 8080 1469

Facsimile: (08) 8087 2997

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

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

Chief Executive: Stuart Riley

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

Other services

N/A

Demographic summary

Far West Local Health District (FWLHD) serves a total population of 30,099 people (ABS 2011 Census). The LHD has the lowest density of residents per square kilometre in the State; the population is dispersed across the second largest geographic area (194,949 square kilometres) of all LHDs in NSW.

The Aboriginal population represents 10.1 per cent of the total LHD population and is significantly higher than the NSW average of 2.5 per cent. This population is relatively young and reflects the lower life expectancy of Aboriginal people. Of the total LHD population, 91.1 per cent are from an English speaking background. The Far West LHD incorporates the LGAs of Broken Hill, Central Darling, Unincorporated Far West, Wentworth and Balranald.

Year in review

Considerable focus has been placed on developing a more positive culture within the organisation and the preliminary results of the YourSay survey, along with feedback from staff, suggest benefits are beginning to accrue in terms of morale, reduced workplace injuries and increasing willingness to take responsibility for improving the environment and services.

Systems established in the previous year to promote financial control and decision making at the activity centre level began to have an impact, though considerable support is still required for frontline managers to confidently take control and responsibility for the operation of their units. The introduction of a leadership program involving most frontline managers and the LHD's executive team, training around budgeting and financial management and ongoing support are all designed to increase front line managers capacity to respond to increased responsibility.

FWLHD performed well against its Service Agreement with the Ministry of Health, meeting its National Emergency Access Target and also the National Elective Surgery Target while performing well in terms of budget.

The establishment of the Medical Workforce Strategy and its implementation began to pay dividends with three medical intern placements being approved and the first team of interns to be based in Broken Hill commencing in June, after an absence of over 20 years.

Dr Stephen Flecknoe-Brown retired from the role of Board Chairman to take on a new challenge as Chairman of the NSW Health Pathology Board.

In the past twelve months considerable progress has been made and services have been expanded and improved.

Stuart Riley, Chief Executive

Key achievements 2012-13

- Improvements in service delivery include the consistent achievement of the National Emergency Access Target and continually improving results to ensure that 90 per cent of patients attending our emergency departments are admitted or discharged within four hours by 2014-15.
- A comprehensive bed management and discharge planning system was re-introduced in Broken Hill.
- We achieved the lowest seclusion rate for mental health inpatients in NSW.
- A visiting medical and radiation oncology service was re-established.
- Local psychiatry cover seven days per week was introduced.
- Palliative care services were expanded to include a Cancer Services Coordinator.
- The emergency department at Ivanhoe was redeveloped.
- The Mental Health Recovery Centre and Sub-acute Rehabilitation Unit was completed.
- Consumer and carer engagement improved. This included the consolidation of the Intangible Project to support carers of people experiencing a mental illness. This project also won numerous awards and a special judge's award for the Carer Focus winner in the Australian and New Zealand Mental Health Service Achievement Awards.
- The Health Advisory Councils have been established and are now operating across the LHD.

HUNTER NEW ENGLAND

Local Health District

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

Telephone: 4921 3000

Facsimile: 4921 4969

Website: www.hnehealth.nsw.gov.au

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

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

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

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

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

Mental health services

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

Five inpatient mental health services at: Maitland, Tamworth, Manning, Armidale and John Hunter Hospitals

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, Bulahdelah, Bundarra, Cessnock, Denman, Dungog, Eastlakes (Windale), East Maitland, Emmaville, Forster, Glen Innes, Gloucester, Gunnedah, Guyra, Gwabegar, Harrington, Hawks Nest/Tea Gardens, Inverell, Kurri Kurri, Manilla, Merriwa, Moree, Mungindi, Murrurundi, Muswellbrook, Narrabri, Nelson Bay, Newcastle, Nundle, Pilliga, Premer, Quirindi, Raymond Terrace, Scone, Singleton, Stroud, Tambar Springs, Tamworth, Taree, Tenterfield,

Tingha, Toomelah, Toronto (Westlakes), Uralla, Walcha, Walhallow, Wallsend (West Newcastle), Warialda, Wee Waa, Werris Creek, Western Newcastle (Wallsend), Westlakes (Toronto)

Child and family health

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

Oral health clinics

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

Affiliated Health Organisations

Calvary Mater Newcastle

Other services

Hunter New England Local Health District (HNELHD) has seven clinical networks (comprising 31 clinical streams) to link staff across the district, build staff capacity and improve service delivery to ensure the equitable provision of high quality, clinically effective care. The seven Clinical Networks are Aged Care and Rehabilitation, Children Young People and Families, Cancer, Women's Health and Maternity, Mental Health and Drug and Alcohol, Critical Care, and Chronic Disease

Demographic summary

HNELHD provides a range of public health services to the Hunter, New England and Lower Mid North Coast regions.

Hunter New England Health provides services to 873,741 people, including 38,552 Aboriginal and Torres Strait Islander people (which equates to 21 per cent of the state's Aboriginal and Torres Strait Islander population), 171,868 residents who were born overseas, employs 15,395 staff including 1568 medical officers, is supported by 1600 volunteers, spans 25 local government areas and is the only district in New South Wales with a major metropolitan centre, a mix of several large regional centres, many smaller rural centres and remote communities within its borders.

Our Chief Executive, Michael DiRienzo, and the Executive Leadership Team work closely with the local health district Board to ensure our services meet the diverse needs of the communities we serve.

Year in review

HNELHD is committed to improving the health outcomes of the communities we serve.

In the past financial year our skilled and dedicated employees continued their hard work and commitment to delivering excellence for every patient every time.

Our focus has been the changing face of healthcare, incorporating modern technology and enhancing our services so that we are equipped to deal with challenges. We also focussed on strengthening our links with Hunter and New England Medicare Locals.

Expanding our use of telehealth technology is improving access and equity of service for people in our rural communities. Pilots and projects across a number of clinical streams are providing both clinical and emotional support to patients, removing the need to travel long distances for face-to-face consultations.

Our commitment to providing appropriate services to our community closer to home has been further boosted with the completion of the North West Cancer Centre. For residents of Tamworth and the northwest, this means they can now receive chemotherapy and radiation treatment closer to home.

Accommodating for the future needs of our District is a key focus with a number of major projects beginning this financial year.

The Hunter Valley Health Services Planning Project is dedicated towards improving services for the community. A comprehensive consultation process is ensuring the people of Maitland and Hunter Valley are fully engaged when it comes to planning for their future health needs.

Through our talented and dedicated staff, our commitment to excellence, robust systems and strong partnerships we look forward to delivering the results of these projects in the year ahead

Michael DiRienzo, Chief Executive

Key achievements 2012-13

- Planning and consultations for clinical services began and an expression of interest was issued for land for the proposed new hospital in the Maitland area.
- Developed a tertiary hospital and regional interventional stroke service based at John Hunter Hospital.
- Expanded the use of telehealth services across the district.
- Opened a mental health drop-in clinic in Quirindi to support and empower Aboriginal people to talk about their mental health.
- Became a registered training organisation, meaning HNELHD is now a registered provider of vocational education and training within the Australian Qualifications Framework. A group of 39 managers across the district will be the first to attain the Diploma of Management – Lead for Excellence.
- Opened the new \$11.2 million Werris Creek Multi-Purpose Service supporting modern, evidence-based models of care such as the use of telehealth technology.
- Began construction on the centrepiece \$220 million Tamworth Health Service Redevelopment which will provide new facilities for essential services including emergency, surgery, maternity and paediatrics.
- Completed construction of the \$41.7 million North West Cancer Centre and began chemotherapy services.
- Opened two paediatric palliative care rooms at Manning and Maitland Hospitals with the support of the Nicholas Trust and Newcastle Permanent Charitable Foundation.
- Received \$500,000 for cochlear implant funding allowing 14 additional implants at John Hunter Children's Hospital between July and December.

MID NORTH COAST

Local Health District

Morton Street, Port Macquarie
PO Box 126
Port Macquarie NSW 2444

Telephone: 1800 726 997

Facsimile: 6588 2947

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

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

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 Mid North Coast Local Health District (MNCLHD), 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

MNCLHD 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 (LGA) in the north. At the 2011 census, it was estimated that there were 200,404 persons in MNCLHD, of which 5 per cent identified as being of Aboriginal and/or Torres Strait Islander descent.

MNCLHD provides quality health care at public hospitals in Bellingen, Coffs Harbour, Dorrigo, Kempsey, Macksville, Port Macquarie and Wauchope. There are ten Community Health Centres in the District which are located at Bellingen, Camden Haven, Coffs Harbour, Dorrigo, Kempsey, Macksville, Port Macquarie, South West Rocks, Wauchope and Woolgoolga.

Year in review

During the past year the Mid North Coast Local Health District (MNCLHD) continued to oversee capital work projects in excess of \$210 million, the largest capital investment in health services on the Mid North Coast (MNC). The capital works at Port Macquarie Base Hospital (PMBH) is nearing completion and Kempsey District Hospital (KDH) is progressing well, along with planning for a \$1.5 million HealthOne Community Health Centre at Nambucca Heads. The 2012-13 financial year saw the opening of a new \$1.9 million Acute Geriatric Evaluation and Management Unit at PMBH and a \$1.4 million Emergency Medical Unit at Coffs Harbour Health Campus. The Rural Dental Van service was launched in December 2012 and will provide a dental service to clients in 33 Residential Aged Care Facilities across the MNC.

The MNCLHD achieved its budget target and continued to make improvement in services for the community. Our staff continue to work tirelessly in meeting the growing demand of services and ensuring the MNCLHD meets its budgetary expectations.

The District strengthened its commitment to local Closing the Gap Committees which are leading the way in providing quality clinical outcomes for our Aboriginal and Torres Strait Islander communities.

The MNCLHD also focused on innovation and service planning initiatives, work commenced on the Strategic Plan, Workforce Plan, Mental Health Strategic Plan, Operational Plan and Clinical Services Plan. These plans will provide a clear strategic direction for the growing population of the Mid North Coast.

The MNCLHD established a number of formal partnerships in 2012/13 with the four local universities. The MNCLHD also established a partnership with the North Coast Medicare Local with the Regional Health Systems Reform Partnership. In Partnership with Charles Sturt University, the MNCLHD will be establishing a Rural Dental School on the Mid North Coast.

The District is very grateful to its 450 volunteers who work tirelessly to support not only our patients and clients but our staff by assisting in our emergency departments, supporting patients and their families and fundraising for equipment.

Stewart Dowrick, Chief Executive

Key achievements 2012-13

- Continued to oversee the largest capital program for sites on the North Coast, with new developments totalling over \$210 million occurring at all sites or regions.
- Significant improvement recorded in regards to National Surgical Target with improvements of 22 per cent for category A, 14 per cent for B, 13 per cent for C. The MNCLHD has improved by 12 per cent the number of people treated within clinically appropriate time and 20 per cent compared to two years ago, and unplanned readmissions were reduced to 7.1 per cent.
- MNCLHD continued its working partnership with regional universities which resulted in continued progress in regards to the Joint Health Education Campus in Port Macquarie with UNSW and the University of Newcastle. Experienced the largest intake of new Nurse Graduates (58) and Medical Interns (32).

- Achieved the state Close the Gap employment target of 2.6 per cent up from 1.8 per cent and is now working towards a regional target of 5 per cent.
- Reduced the number of workers compensation claims by 22 per cent.
- Investing around \$1 million replacing 300 beds.
- Completed the Strategic Directions Plan, and the draft clinical, mental health, maternity and workforce plans.
- Accepted into the Clinician Executive Leadership Program, Whole of Hospital and Health Pathways program and signed up to be a participant in the Clinical Excellence Commission (CEC) Patient Based Challenge program.
- Introduced a new community participation and engagement model.

MURRUMBIDGEE

Local Health District

Johnston Street, Wagga Wagga
Locked Bag 10
Wagga Wagga NSW 2650

Telephone: 6933 9100

Facsimile: 6933 9188

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

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

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, Narrandera, 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 (MLHD) 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 main 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 is also a variety of businesses and industrial enterprises including government departments, defence, universities, forestry and tourism. MLHD significantly contributes to communities being a preferred employer across a range of clinical and non-clinical roles.

Year in review

Work progressed on the Wagga Wagga Health Service Redevelopment project which will see the redevelopment of the acute areas of the hospital along with a new, expanded mental health facility. In addition the new multi-purpose service (MPS) facility for Gundagai was completed and services commenced in October. Progress on the upgrade of Lockhart Hospital to an MPS and planning for a new MPS for Hillston are examples of development of services in our smaller rural communities.

MLHD continues to have a strong focus on health promotion and public health and provides a comprehensive range of services in these areas.

In 2012-13 community consultations were held across the District to seek comments and views about future renal dialysis, maternity, rehabilitation and aged care services. The feedback assisted in the development of new service plans which will ensure safe, sustainable models of care.

Community engagement remains a focus with the Local Health Advisory Committee workshops held with the themes of health promotion, illness prevention and improved community and consumer engagement.

Efforts continue to promote MLHD as a great place to live and work to ensure we have a skilled and sustainable workforce for the future. We welcomed the findings of the first NSW Public Sector Employee Survey, People Matter, with MLHD consistently performing better than its health and other public sector peers in leadership, management of change, innovation, involving employees in decision-making, values, communication and career development.

Susan Weisser, Chief Executive

Key achievements 2012-13

- Work progressed on the \$282.1 million redevelopment of the Wagga Wagga Health Service. A further \$12 million has been allocated from the Australian Government under the COAG New Sub-acute Beds Guarantee for 20 sub-acute mental health beds. Other capital works projects include completion of the \$13 million Gundagai MPS funding for the \$12 million Hillston MPS and work commencing on the \$8 million redevelopment of Lockhart Hospital.
- MLHD launched a Strategic Plan for 2012-15 in consultation with consumers, staff, health professionals and other stakeholders and closely aligns to the State's key strategic direction for public health.
- Community consultations were held to assist in the development of new service plans for renal dialysis, maternity, rehabilitation and aged care services.
- MLHD continues to improve medical and nursing recruitment and reduce the reliance on locum staff. Permanent nursing vacancies have reduced by two thirds and a proactive local medical recruitment campaign to reduce the use of locums at Griffith Base Hospital has resulted in an almost 100 per cent local permanent medical workforce.
- Twenty entries were received for the Staff Excellence Awards with eight entries selected for entry into the 2012 NSW Health Awards. MLHD continues to perform strongly in hand hygiene compliance, with the rate consistently above 80 per cent. MLHD has high rates of completion of the DETECT training program, part of the Between the Flags initiative aimed at detecting and responding to clinical deterioration in a timely manner for our patients.
- An Aboriginal immunisation health care worker was employed to improve the timely vaccination of Aboriginal babies and children. The MLHD school-based vaccination program offered Human Papilloma Vaccine (HPV), hepatitis B, varicella and diphtheria/tetanus/pertussis (Boostrix) vaccine to over 5890 eligible school children in 72 schools, with over 80 per cent initial uptake for the HPV and Boostrix vaccine in year 7 and greater than 70 per cent uptake for HPV in year 9 students.
- A new \$720,000 Maternity Unit at Deniliquin Hospital opened in May 2013 which supports the new midwifery-led model of care supported by local GP Obstetricians.
- Enrolments in the Connecting Care in the Community chronic disease management program have increased with over 600 new participants in 2012-13 and 1,300 people currently enrolled in the program.

NORTHERN NSW

Local Health District

Hunter Street, Lismore
Locked Mail Bag 11
Lismore NSW 2480

Telephone: 6620 2100

Facsimile: 6621 7088

Website: www.ncahs.nsw.gov.au

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

Chief Executive: Chris Crawford

Local government areas

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

Public hospitals

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

Community health centres

Alstonville, Ballina, Bangalow, Banora Point, Bonalbo, Byron, Casino, Coraki (operates 2-3 days per week), 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 NNSWLHD Community Health Centres

Oral health clinics

Ballina, Casino, East Murwillumbah, Goonellabah, Grafton, Maclean, Mullumbimby, Nimbin and 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 (NNSWLHD) is one of the fastest growing rural and remote LHDs in NSW. In 2011, the estimated population was 288,384. Over the next decade to 2021 the population of NNSWLHD is expected to grow by 18 per cent.

The NNSWLHD has a higher proportion of young mothers, with 6.1 per cent of women giving birth at less than 20 years of age. In 2011 the Aboriginal population comprised 3.8 per cent of the population.

The proportion of people aged 65 years and over is increasing. In 2011, this cohort comprised 19.3 per cent of the total LHD population.

The number of people aged 85 years and over is significant from a health needs perspective. This group is projected to be the most rapidly growing population segment for the next 25 years.

Year in review

NNSW LHD has one of the fastest growing and ageing populations in rural NSW and faces significant challenges over the next five years. This requires new models of care, especially relating to chronic disease management.

The North Coast Interdisciplinary Clinical Training Network was established and is a Health Workforce Australia funded initiative being administered by Health Education and Training Institute with the aim of increasing the number of health professionals to meet the future workforce requirements.

The LHD has implemented a positive Workplace Culture program and encourages staff to attend cultural awareness sessions to promote tolerance, respect and understanding of different cultures, particularly the Aboriginal culture. As a consequence, the feedback from staff through the Your Say survey has improved.

In December 2012 we opened the \$13.7 million Medical Imaging Centre which accommodates the Positron Emission Tomography/Computed Tomography Scanner (PET/CT) scanner and a Magnetic Resonance Imaging (MRI) scanner. This equipment was funded by both Commonwealth and state governments and provides the highest level of diagnostic technology available in regional NSW.

Activity Based Funding (ABF) was introduced on 1 July 2012. The introduction of the National Emergency Access Target (NEAT) and the National Elective Surgery Target (NEST) brought new challenges for our Clinicians and Managers. It is a tribute to their hard work and collaboration that both the NEAT and NEST results met these targets.

My sincere thanks go to all staff both clinical and non-clinical for providing high quality services to our patients and clients. To the Board Members and the many community volunteers and the wonderful Hospital Auxiliaries I offer a very big thank you for the time they commit to support the LHD and for the funds that the Auxiliaries and other support groups raised.

Christopher Crawford, Chief Executive

Key achievements 2011-12

- Ballina Clinical Education and Student Accommodation on the Ballina Hospital grounds at a cost of \$4.1 million were completed in June 2013.
- Grafton Base Hospital Medical Imaging, Kitchen and Orthopaedic Beds at \$10 million was completed and opened in December 2012.
- Lismore Base Hospital MRI & PET/CT Scanner and Second Linear Accelerator at \$13.7 million was completed and opened in December 2012.
- The Tweed Hospital Day Procedures Room at \$1.4 million was completed in December 2012.
- Pottsville HealthOne at \$3.7 million was completed in March 2013 is a one-stop-shop of health services with a General Practitioner, Community & Allied Health Services and a Dental Clinic.

- Work commenced on the Lismore Base Hospital Stage 3A \$80 million redevelopment. This is a joint initiative of the state and federal governments.
- An alliance was formed between the Clinical Excellence Commission Directorate of Patient Base Care Partnering with Patient's Program and staff from Nimbin, Kyogle and Urbenville MPS to implement TOP5 initiative across the LHD. The aim is to improve safety and quality of care delivery for hospitalised patients with cognitive impairment, particularly those with dementia.
- Rural Clinician Education commenced with a mobile simulation transport van that is specifically fitted out to carry a high fidelity Sim Man 3G, Sim Junior, nursing baby mannequins and other life-saving equipment, to deliver essential clinical training skills to clinicians in smaller facilities in the LHD.
- A joint initiative was established between North Coast Medicare Local, North Coast General Practice Training and the LHD to establish a Palliative Care GP Registrar Pilot Program.
- Mullumbimby and District War Memorial Hospital has successfully implemented a Home Birth Pilot which received positive feedback from the women who participated in this pilot program.
- Strong partnerships have been developed between NNSWLHD and North Coast Medicare Local especially in collaboration with the local Family and Community Services Cluster to provide more integrated services to vulnerable members of the community.

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.snswlhd.health.nsw.gov.au

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 NSWLHD (SNSWLHD) occupies the south-eastern corner of NSW, covering an area of 44,534km with a population of approximately 196,000 (June 2011) which is expected to grow to around 245,000 by 2026.

Projections to 2026 indicate the fastest growing age group will be those aged 65 years and over.

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.

SNSW LHD contributes significantly to communities, employing around 1780 full-time equivalent staff. In the 2011 Census about 5500 LHD residents, 2.9 per cent of the population identified as Aboriginal and/ or Torres Strait Islander.

Year in review

Across the 2012-13 year SNSWLHD made significant progress against its strategic plan which is an ambitious work program requiring teamwork and partnership between the Health District's Board and Executive team, clinicians, corporate support services, patients, communities and service partners.

In terms of patient care, SNSWLHD delivered on activities outlined in its Service Agreement with the NSW Ministry of Health. Importantly this has been done within the financial resources available to it under the Service Agreement.

There is also evidence of clear improvement in the Health District's capability to lead community and institutional change. SNSWLHD has worked consistently and effectively across the year to ensure credibility with its key stakeholders and communities. Community Consultation Committees have been re-established and care has been taken to be responsive to individual concerns and complaints.

Dr Maxwell Alexander, Chief Executive

Key achievements 2012-13

- SNSWLHD delivered all activities within budget.
- The LHD delivered all the agreed activities as outlined in its Service Agreement with the NSW Ministry of Health.

- In the 2013 Your Say workplace survey SNSWLHD outperformed all its NSW Health peers. The survey showed that SNSWLHD experienced a significant improvement in its employee engagement to 82 per cent compared with 59 per cent in the previous year. Workplace culture results showed a substantial improvement compared in last year's results.
- SNSWLHD continued to improve community relationships with a plan designed by the SNSWLHD Board. Community Consultation Committees have been introduced and the SNSWLHD has strengthened partnerships with communities and key stakeholders.
- Expansion of the Goulburn Chisholm Ross mental health facility was completed during the year. The newly expanded facility includes 12 additional inpatient beds.
- Work on a new sub-acute ward at Goulburn Hospital was completed at the end of the year. The new sub-acute ward includes 20 inpatient beds and is connected to the main hospital complex.
- Pre-work for the development of a new 20 bed sub-acute ward at Moruya Hospital commenced in 2012-13. It is anticipated the new ward will be completed in mid-2014.
- Construction of the early works for the new South East Regional Hospital were completed during the year and an official sod-turning for the site was held in April 2013

WESTERN NSW

Local Health District

23 Hawthorn Street, Dubbo
PO Box 4061
Dubbo NSW 2830

Telephone: 6841 2222

Facsimile: 6841 2225

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

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

Chief Executive: Mr Scott McLachlan

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, 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, Coonamble, 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, Binnaway, Blayney (HealthOne), Bourke, Brewarrina, Canowindra, Cobar, Collarenebri, Condobolin, Coolah, Coonabarabran, Coonamble (HealthOne), Cowra, Cudal, Cumnock, Dubbo (located in Hawthorn, Brisbane and Bultje Streets), Dunedoo, Eugowra, Gilgandra, Goodooga, Gooloogong, Grenfell, Gulargambone, Gulgong (HealthOne), Hill End, Kandos, Lachlan Health Service (Parkes and Forbes), Lightning Ridge, Manildra, Mendooran, Molong (HealthOne), Mudgee, Narromine, Nyngan, Oberon, Orange (located within Hospital and at Kite Street), Peak Hill, Quandialla, Rylstone (HealthOne), Sofala, Tottenham, Trangie, Trundle, Tullamore, 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, HealthOne Blayney, Bourke, Brewarrina, Canowindra, Cobar, Collarenebri, Condobolin, Coonabarabran, HealthOne Coonamble, Cowra, Cudal, Dubbo, Dunedoo, Eugowra, Lachlan Health Service (Parkes and Forbes), Gilgandra, Goodooga (provided by Lightning Ridge), Grenfell, Gulargambone, HealthOne Gulgong, Kandos, Lightning Ridge, HealthOne Molong, Mudgee, Narromine, Nyngan, Oberon, Orange – Bloomfield Campus, Peak Hill, HealthOne 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 and 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 & Private Practitioner use),

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 (fixed Dental Van) at Trundle Central School, Wanaaring Dental Clinic (service provided by Royal Flying Doctor Service), Wellington Health Service Dental Clinic

Non-Western NSW Local Health District (WNSWLHD) clinics utilised by WNSWLHD Oral Health Staff include: Bourke Aboriginal Health Service Dental Clinic, Walgett Aboriginal Medical Service Dental Clinic, Coonamble 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 WNSWLHD serves a population of approximately 271,468 people (2011 estimated resident population). It covers a geographical area of 249,804 square kilometres including 23 local government areas (LGAs) and has a widely dispersed population and a higher proportion of Aboriginal people (9.4 per cent) than most other LHDs. 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. The population is ageing with a projected decline in the number of children and young families 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.

Year in review

WNSWLHD released a significant report on the health and well-being of the LHD.

The 2013 Health Needs Assessment (HNA) was a project by WNSWLHD and Western NSW and Far West NSW Medicare Locals to inform the planning for the District’s Strategic Health Services Plan.

Some of the priority areas identified by the HNA are smoking, diabetes and obesity prevention, nutrition and exercise, mental health and well child care, particularly for Aboriginal children.

Significant capital investment into the LHD provided many highlights during the year including:

Dubbo Hospital redevelopment – Construction began on the Dubbo Hospital redevelopment jointly funded with NSW Government providing \$72.7 million and the Federal Government \$7.1 million.

Lachlan Health Service project – The Lachlan Health Service project was allocated \$2.3 million by the NSW Government to begin planning for the refurbishment of the Forbes Hospital and redevelopment of the Parkes Hospital.

Gulgong MPS – Construction commenced on the \$7 million Gulgong MPS.

Peak Hill MPS – The development application for the Peak Hill MPS was lodged with the Parkes Shire Council.

Mr Scott McLachlan, Chief Executive

Key achievements 2012-13

- WNSWLHD partnered with the Western Medicare Local to develop a Health Needs Assessment of the LHD as part of the planning for the future Strategic Health Services Plan.
- The District hosted a Health Council Summit with representatives from 37 community Health Councils as part of its planning process for its Strategic Health Services Plan
- The \$7.2 million Dubbo Mental Health Rehabilitation and Recovery Centre opened. It is a new mental health facility at Dubbo providing non acute mental health care services for people with a mental illness, their families and carers, with a strong focus on providing care for the Aboriginal and the remote population of the area.
- Aboriginal Maternal Infant Health Strategy – the Building Strong Foundations project established a community implementation committee with consumers, Aboriginal elders and service partners. The Aboriginal Maternal Infant Health Service has had a 25 per cent increase in client numbers.
- Patients at hospitals including Orange, Dubbo, Mudgee, Parkes, Forbes, Bathurst, Cowra, Coonabarabran and Bourke benefited from a \$3 million endoscope equipment upgrade.
- The NSW Trachoma Screening Project screened 10 at risk communities across WNSW LHD with trachoma identified in one community. Planning is now underway to work with other LHDs to screen at risk communities.
- A partnership with the WNSW LHD and the Western NSW Medicare Local implemented the NSW Ministry of Health/ ACI Chronic Disease Management Program focusing on building relationships with care providers across acute and community settings, including General Practice to deliver coordinated care for patients with complex needs. The cohort of people studied recorded a 40 per cent (Aboriginal 46 per cent) reduction in potentially preventable hospital admissions.
- In Safe Hands, a Structured interdisciplinary Bedside Rounds project created transformational change to care delivery in the Orange Medical Unit. A statewide education program was held at Orange in June to educate staff from across the state on the model of care.
- The Sister Alison Bush AO Mobile Simulation Centre was rolled out to nursing staff across the District providing access to state of the art simulation training facilities and Nurse Educators.
- The new Aged Care Access Centre provides a hub for the WNSW LHD for referrals and information resulting in equity of access to services and more appropriate pathways for patients to meet their needs.

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 (SCHN) includes The Children's Hospital at Westmead, Sydney Children's Hospital at Randwick, the Newborn and paediatric Emergency Transport Service (NETS), the Pregnancy and Newborn Services Network (PSN) and Children's Court Clinic.

Year in review

The SCHN performed well against key Ministry of Health performance indicators during a year of increased activity and demand for services. This was reflected in results for emergency departments, Surgery, Quality and Safety and financial performance metrics.

We implemented the Activity Based Funding as part of the health reform agenda. The SCHN successfully completed the scheduled capital works and replacement program including construction of a \$27.8 million clinical services building (the Ainsworth Building) at Sydney Children's Hospital, Randwick. Additional capital works implemented include \$2.2 million for enhanced learning facilities at both tertiary hospitals funded by Health Workforce Australia and a \$3.2 million expansion to the visitor car park at The Children's Hospital at Westmead, an additional Magnetic Resonance Imaging (MRI) machine and operating theatres with state of the art smart theatre equipment.

The Kids Cancer Alliance continued to enhance collaborations between clinicians and leading child cancer researchers and the Alliance is well positioned to progress extensive work to improve the outcomes and quality of life for children with cancer.

Risk management has been a key focus area throughout the organisation and staff were recognised with the Risk Leadership Award from the Treasury Managed Fund

We thank all SCHN Board members, the Executive team and all staff for their hard work, dedication and commitment. The work we do makes a difference to the lives of many children and families across NSW.

Elizabeth Koff, Chief Executive

Key achievements 2012-13

- Finalisation of the SCHN Clinical Services Plan marked a key milestone since the formation of the Sydney Children's Hospitals Network and will enable the organisation to develop consistent clinical practice across the two hospitals to improve health care with the sharing of expertise, policy and protocols.

- Trapeze, a new service developed to facilitate young people transitioning from paediatric care to the adult health system was introduced.
- The \$27.8 million Ainsworth Building was completed at Sydney Children's Hospital, Randwick.
- Donor funding of \$2.6 million enabled an upgrade to operating theatres at The Children's Hospital at Westmead to feature an integrated communication system allowing surgical teams to communicate between theatres as well as with observers remotely via teleconference.
- The Network finalised the 2013-16 Research Strategic Plan which provides the vision of a world leading entity for translational research in children and young people.
- The Memory Strategy was developed to guide Information Management & Technology improvements to create a complete clinical documentation system to record all aspects of paper records electronically, resulting in a single patient record view.
- The Network Clinical Education Plan will support the highly skilled workforce to continue to develop and for the future workforce to be sustained. Educational facilities were enhanced with a \$1.6 million Student Learning Space co-located with the new simulation centre at Sydney Children's Hospital, Randwick.
- Newborn and Paediatric Emergency Transport Service trialled Vision for Life, where video is included on calls from referring hospitals. A Return Transfer Service in Sydney was trialled offering transfer for babies and children back to their referring hospital.
- The Kids Can Drown Without a Sound portable pool safety campaign, designed for English and non-English speaking community groups, won two government category awards at the 2013 Multicultural Health Communication Awards.

JUSTICE HEALTH & FORENSIC MENTAL HEALTH NETWORK

**PO Box 150
Matraville NSW 2036**

Telephone: 9700 3000

Facsimile: 9700 3774

Website: www.justicehealth.nsw.gov.au

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

Chief Executive: Julie Babineau

The Justice Health & Forensic Mental Health Network (JH&FMHN) 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, across community, inpatient and custodial settings, while also minimising the health consequences of incarceration on individuals, their families and the general community.

Year in review

In 2012-13 the adult population increased from the previous year while the adolescent population slightly decreased. The incidence of chronic disease and co-morbidities continue to increase reflecting the poorer health status of people entering custody and creating new challenges for JH&FMHN. These challenges have provided opportunities to develop new innovative models of care and enhance partnerships with our key stakeholders Corrective Services NSW and Juvenile Justice to improve access to patients and ensure the provision of world-class healthcare to our unique and vulnerable populations.

In collaboration with the Ministry of Health and LHDs, JH&FMHN continued the development of the Forensic Mental Health Network, with efforts focused on development of clinical governance arrangements, an accountability framework and improvements in patient flow systems.

Service Level Agreements were established with Western Sydney, Western NSW and Hunter New England LHDs regarding Forensic Patients in Medium Secure Units. A second Service Level Agreement should be finalised early 2014 in relation to Forensic Patients under the care of General Mental Health Inpatient Units and Community Teams; and high risk civil patients.

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

Julie Babineau, Chief Executive

Key achievements 2012-13

- We welcomed the appointment of Christopher Puplick AM as the new Chair of the JH&FMHN Board effective 1 September 2012 by the Minister for Health, Minister for Medical Research
- The 2013-17 strategic plan was launched by the Chair of the JH&FMHN Board on 22 April 2013.
- Results for the 2012-13 reporting year were favourable to budget and we performed well against key Ministry of Health performance indicators.
- The first Service Level Agreement was established with Hunter New England, Western Sydney and Western NSW LHDs in relation to the care of forensic patients in the state's three medium secure mental health units.
- We commissioned the opening of a new health centre at the Cessnock Correctional Centre.
- The Connections Program won joint first prize in the 2013 National Drug and Alcohol Awards in the Category of Excellence in Treatment and Support Services. To win the Award was a great achievement as Connections is only the second NSW health based service to receive the Award.
- We received the Injury Management Award at the 2012 Treasury Managed Funds Awards for Excellence for 'The Power of One – Achieving Better Outcomes in Injury Management' which focused on reducing our injury footprint and improving outcomes for employees.
- The Aboriginal Chronic Care Program was assessed by 951 patients in 2012-13.

- The Statewide Court & Community Liaison Service diverted 1,743 adults to community mental health services.
- There were 500 adolescent patients with mental illness diverted from court into treatment by the Adolescent Court and Community Team.
- In 2012-13 there was a 44 per cent increase in the number of participants supported by the Network's Connections Program; 87 per cent were successfully engaged with relevant community based services post release. The Connections Program aims to improve continuity of care for patients with drug and alcohol issues.
- Continued the implementation of the Culture Improvement Project: Focusing on Care through local action plans.

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 Officer: Jonathan Anderson*
(until 4 October 2013)

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

Year in review

At St Vincent's Hospital a number of novel projects have gained momentum in the past twelve months. Within the Emergency Department a new model of care commenced implementation in late 2012. The model is designed to improve patient care through timely and effective triage for presenting patients in line with Ministry of Health Key Performance Indicators. Improvements to date are encouraging and no doubt further improvements will be delivered as the model matures.

St Vincent's has commenced Program Engage which offers staff reward and recognition for their work. Hundreds of staff have received Signature Rewards points from their managers and peers for living the values of the organisation above and beyond what would normally be considered acceptable performance. The next phase; ExeConnect has also been implemented with members of the Executive engaging in ward discussions with staff to improve the staff and patient experience.

Two important initiatives on the Campus launched last year are about to celebrate their first anniversaries. The Kinghorn Cancer Centre – a partnership between Garvan and St Vincent's is already proving a major success story with patients, researchers and clinicians alike. We are already seeing some terrific collaborations and we hope that this will go from strength to strength – including the announcement by the Federal Government of \$5.5 million over 4 years to establish The Kinghorn Cancer Centre's National Prostate Cancer Research Centre.

It is twelve months since we opened Tierney House which provides the homeless with sub-acute medical care, including post-surgical recovery and convalescence following an inpatient admission; stabilisation on treatment programs, and; sub-acute care for individuals with mental health problems. Already Tierney House is facilitating collaboration in care planning between health specialties and other community agencies, as well as providing an assertive and holistic approach to generate more sustainable change to help break the cycle of homelessness.

The Hospital has been working collaboratively with Medicare Local to encourage patients and also staff to opt in to the Personally Controlled Electronic Health Record program (PCEHR). The electronic health record enables communication between hospitals and primary healthcare providers in the community through provision of discharge summaries and GP letters to better facilitate follow up care after hospitalisation.

Another innovative project that St Vincent's is piloting is a program to encourage inter-professional collaboration. The program brings together medical, nursing and allied health staff in combination to form high performance teams, receive education programs and provide ward based clinical governance.

Following the recent launch of refreshed branding, the Sacred Heart Hospice will now be known as Sacred Heart Health Service.

After a successful 4 year co-location model, the Navy Ward was decommissioned from St Vincent's Hospital to take up a combined defence forces service model for health care delivery. At the farewell function earlier this year, the ADF expressed their appreciation to St Vincent's for the learning and development opportunities that have been provided to their medical team during their term at St Vincent's Hospital.

In an important development for the Campus' research endeavours, Professor Terry Campbell AM was this year appointed as the St Vincent's Director of Research. Terry brings with him many years of research expertise and will oversee the research precinct for St Vincent's Health Network. As well as driving our direct St Vincent's research activities, he is also responsible for fostering our many research partnerships across SV&MHS to continue our proud history of focussing on research to improve patient outcomes in keeping with our Darlinghurst Research Plan.

We recently completed the first phase of our process to integrate our interventional labs on the St Vincent's Campus with the opening of our first hybrid interventional lab which came on line in July 2013. This lab enables our clinicians for the first time to shift mid-procedure from a percutaneous to an open case if the need arises. The other three interventional labs across the Campus will be integrated within the next six months. This means that essentially we will have a shared public and private endovascular and interventional program.

In June last year, St Joseph's Hospital unveiled the Huntington's Disease Unit which comprises a 14 bed residential service and 4 neuropsychiatric beds for behavioural management. The unit will address the specific needs of those with Huntington's Disease and create a framework to better support patients, their families and staff alike. The Unit will be officially opened soon.

Dr Brett Gardiner, Acting CEO

Key achievements 2012-13

- Opening of the Huntington's Disease Unit at St Joseph's Hospital.
- One year anniversary of Tierney House which provides those who are homeless with sub-acute medical care,
- Implementation of ExeConnect – a program designed for the Executives to engage in ward discussions with staff to improve the staff and patient experience.
- One year anniversary for The Kinghorn Cancer Centre – including the announcement by the federal government of \$5.5 million over 4 years to establish The Kinghorn Cancer Centre's National Prostate Cancer Research Centre.
- Integration of St Vincent's interventional labs including the opening of the hybrid intervention lab.
- Launch of the branding of Sacred Heart Health Service, previously known as Sacred Heart Hospice.
- Collaboration with Medicare Local in relation to the use of Personally Controlled Electronic Health Record program (PCEHR).
- Appointment of St Vincent's Director of Research, Professor Terry Campbell AM which will continue St Vincent's research activities and partnerships.
- Pilot of the Inter-professional Collaboration Program. The program brings together medical, nursing and allied health staff in combination to form high performance teams, receive education programs and provide ward based clinical governance.
- Successful implementation of a new model of care in the emergency department which aims to improve patient care through timely and effective triage for presenting patients in line with Ministry of Health key performance indicators.

* From 4 October 2013, Dr Brett Gardiner is Acting Chief Executive

