

# NSW HEALTH ORGANISATIONS

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# NSW Ministry of Health

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Secretary: Dr Mary Foley

## Key achievements for 2013–14

The NSW Ministry of Health continued working toward achieving goals set out in NSW 2021 and the NSW State Health Plan including:

- Developed the *NSW State Health Plan: Towards 2021* (launched by the Minister for Health in June 2014) which draws together and builds upon existing plans, programs and policies and sets out priorities across the system for the delivery of 'the right care, in the right place, at the right time' for everyone. Also developed a reporting framework to monitor progress in achieving our objectives.
- Developed the *Rural Health Plan: Towards 2021* through the Ministerial Advisory Committee for Rural Health, which was launched by the Minister for Health on 7 November 2014 and sets out strategies to improve health and healthcare for those living in rural and remote communities.
- Rolled out the Quit for New Life program across the State to deliver smoking cessation care to mothers of Aboriginal babies during their pregnancy.
- Contributed to obesity prevention and treatment through the Healthy Children Initiative with:
  - *Live Life Well* at School reaching over 76 per cent of all primary schools in NSW
  - Munch and Move has reached 82 per cent of all centre-based child care services
  - Go4Fun® reached over 3800 children and families.
- Launched the *Get Healthy at Work* program in 2014 with 153 businesses registering for the program and a further 18 businesses participating in the developmental stages. The program has reached approximately 4300 workers.
- Made the *Get Healthy Information and Coaching Service* available to employees to improve health and health-related goals as part of the Healthy Lifestyle program.
- Continued to support Aboriginal communities across NSW to lose weight through the *Knockout Health Challenge*. In 2014, 30 communities are involved.
- Co-hosted the international AIDs conference in Melbourne.
- Commenced a partnership with NSW Sport and Recreation and the Department of Ageing Disability and Home Care in November 2013 to increase physical activity opportunities for older people through the Aquatic Recreational Institute.
- Developed and launched the *NSW Service Plan for People with Eating Disorders 2013-2018* in September 2013
- Worked with other Government agencies on the preparation of a whole of government response to the Mental Health Commission's draft Strategic Plan for Mental Health, which seeks to improve care for those experiencing a mental illness.
- Convened two highly successful Symposia bringing together a total of 1500 consumers, clinicians and clinical support staff to share ideas for patient care improvement.
- Held the 15th Annual NSW Health Awards showcasing the excellent work done by team, individuals, volunteers and groups from across the State.
- Continued to deliver *NSW Hospital in the Home*, a program of defined service delivery models providing (acute and post-acute) care delivered in the home (including Residential Aged Care Facilities), clinics or other settings as a substitution for hospital admission.
- Expanded the NSW ComPacks program and over 16,000 care packages were made available.
- Provided funding through the *Non-Government Organisation Grants Program* to over 80 organisations.
- Initiated the *Grants Management Improvement Program* to improve the administration of funding to the non-government sector.
- Achieved the State National Elective Surgery Targets.
- Achieved the Council of Australian Governments agreed 71 per cent National Emergency Access Target in 2013.
- Expanded the *Whole of Hospital Program* across NSW to 44 sites, an increase of 21 sites on the previous year.
- Delivered Service Agreements with local health districts, networks and pillars for 2013-14 to clearly articulate performance obligations and accountabilities.
- Oversaw the implementation of the NSW Ambulance and Aeromedical (Rotary Wing) Retrieval Services in NSW.
- Introduced a series of new community palliative care services across NSW to offer patients, families and carers improved choice about their care at the end of life.
- Announced the *Integrated Care in NSW Strategy* in March 2014. This Strategy includes a Planning and Innovation Fund to provide seed funding for innovative integrated care initiatives at the local level to support the bigger integrated care picture over time.
- Continued to invest in the development and rollout of key tools like the Activity Based Management Portal to give clinicians and managers the information they need to deliver better patient outcomes.
- Developed the *Blueprint for eHealth in NSW* (launched by the Minister for Health in December 2013) which sets out the vision for technology led improvements in patient care; established eHealth NSW as an operation entity; established eHealth Executive Council to provide strategic advice and guidance on technology investments; appointed a Chief Executive to lead eHealth NSW and a Chief Clinical Information Officer to lead clinician engagement in planning and implementing new eHealth technologies.
- Funded research to evaluate nurse practitioner models of care to highlight innovative services to grow the nurse practitioner workforce and improve access to services in NSW.
- Held the inaugural NSW Nursing and Midwifery Excellence Awards in September 2013.
- Successfully introduced '*Take the lead*' for Nursing and Midwifery Unit Managers to provide ongoing professional development and networking opportunities.

- Offered scholarships in partnership with the Department of Education and Communities and TAFE NSW for 300 Diploma of Nursing training places to recognise the vital role Enrolled Nurses fulfil in hospitals and health services.
- Launched the *Small Acts of Kindness* film to support a caring, compassionate culture and healthcare system.
- Implemented work, health and safety awareness strategies including Safe Work Week promotion, Seasonal Influenza vaccination program, Australian Red Cross Blood donations and Workstation Clean-Up Days.
- Supported the WorkCover Authority of NSW, *Hazard A Guess*, a young workers' injury prevention campaign and the *Homecomings* campaign, emphasising the importance of workplace safety for workers, family and other members.
- Decreased reportable Injury/Illness incidents by 13, compared with the previous year.
- Reduced energy consumption by 2% as highlighted in the Auditor General's Performance Audit of Building Energy Use in NSW Public Hospitals.

## Statutory health organisations

### Agency for Clinical Innovation

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Business hours: 8.30am – 5.00pm, Monday to Friday  
Chief Executive: Dr Nigel Lyons

#### Year in review

The Agency for Clinical Innovation works with clinicians, consumers and managers to design and promote better healthcare for NSW. The Agency provides valuable expertise in service redesign and evaluation; specialist advice on healthcare innovation; initiatives including guidelines and models of care; implementation support; knowledge sharing and continuous capability building.

Over the past year, the Agency has strengthened partnerships with local health districts and networks, Medicare Locals and healthcare providers. The Agency for Clinical Innovation has worked with its partner agencies to streamline communications and improve understanding of shared initiatives, in particular through the Excellence and Innovation in Healthcare web portal.

The Agency for Clinical Innovation supports clinical networks, taskforces and institutes who lead the design of evidence-based initiatives that transform the experience and delivery of healthcare. A new focus for next year will be identifying better ways to engage consumers in the redesign of healthcare delivery.

A priority for the Agency continues to be supporting the NSW health system to identify, understand and develop strategies to address unwarranted variation in clinical practice.

Dr Nigel Lyons, Chief Executive

#### Key achievements for 2013–14

- Established the Electronic Persistent Pain Outcome Collaboration through provision of seed funding. The Collaboration will facilitate national benchmarking of patient outcomes achieved through pain clinics. The Agency has been the lead in developing a minimum dataset for the project and assisted in the establishment of software in 17 of the 19 sites across NSW.
- Continued as a partner in the NSW Knockout Health Challenge with the NSW Office of Preventive Health, the NSW Ministry of Health and NSW Rugby League. This project engages Aboriginal communities through their association with rugby league, in particular the NSW Aboriginal Rugby League Knockout using Aboriginal rugby league players as ambassadors, advocating healthy lifestyle behaviours. The Knockout Health Challenge is a community-based program run as a healthy competition between communities with the most successful communities awarded incentives to promote local health initiatives.
- Developed and implemented the Culture Health Communities Activity Challenge which is an innovative internet and pedometer-based program to increase physical activity in primary school children. Pedometer steps are used to take students on a 'virtual journey' around the world. This program was piloted in nine schools in 2014. Targeted schools are those with significant numbers of Aboriginal students which leverage community groups involved in the NSW Knockout Health Challenge.
- Finalised and disseminated Nutrition Standards for Consumers of Inpatient Mental Health Services in NSW to define the types and amounts of foods that must be offered on the menu for people admitted to inpatient mental health facilities.
- Collaborated with NSW Ambulance and local health districts on the State Cardiac Reperfusion Strategy to improve health outcomes for all patients with an Acute Coronary Syndrome and to specifically reduce the time from symptom onset to reperfusion for patients with an ST Segment Elevation Myocardial Infarction.
- Led the development and implementation of Criteria Led Discharge – a statewide initiative to reduce the amount of time that patients spend in hospital unnecessarily. Under this initiative a senior medical clinician with a multidisciplinary team identifies eligible patients and documents a set of discharge criteria.
- *Stroke Reperfusion Program* improves early access to thrombolysis for ischaemic stroke patients. The program aims to improve pre-hospital assessment by paramedics for identification of stroke through a validated standardised assessment tool, to improve in-hospital reception, assessment and management of stroke patients to achieve early access to safe reperfusion and to improve mechanisms across the whole patient journey to deliver effective rehabilitation.

- Launched the *Minimum Standards for the Management of Hip Fracture in the Older Person* in June 2014. The Standards are designed to improve the outcomes of patients with fractured hips requiring surgery and management in NSW. The document and tools developed to assist implementation can be downloaded from the Excellence and Innovation in Healthcare Portal at [www.eih.health.nsw.gov.au](http://www.eih.health.nsw.gov.au).
- Created a *Nurse Delegated Emergency Care Framework* to provide appropriate, timely and high-quality patient care to low-risk and low-acuity patients in emergency departments in rural and remote NSW. The Framework will enable timely provision of care in emergency department settings by credentialed registered nurses for low risk, low acuity presentations. This framework is designed for hospitals that do not have 24 hours a day, seven days a week medical officer coverage. There are seven sites in NSW that are participating in the initial roll-out phase and the first site started in March 2014.
- Worked with the Cancer Institute NSW, Surgical Services Taskforce and NSW upper gastro-intestinal surgeons on The Rare and Complex Cancer Surgery Project – providing analysis of NSW data on volume-outcome relationships in oesophageal and pancreatic curative surgical resections for the period 2005-08. The Project confirmed that higher surgical procedure volumes are associated with a reduced in-hospital and 90 day mortality, and an improved one year conditional survival rate. Following discussion of these analyses, the general consensus amongst the Agency/Cancer Institute NSW/Surgical Services Taskforce and NSW upper gastro-intestinal surgeons, was that the evidence created an imperative for change and consolidation of services. A process has been adopted to identify the NSW hospital networks where the specialist multidisciplinary management of these patients will be focused.

## Bureau of Health Information

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Chatswood NSW 2067

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Business hours: 9.00am – 5.00pm, Monday to Friday  
Chief Executive: Dr Jean-Frederic Levesque

### Year in review

The Bureau of Health Information continued in its role of providing independent reports to government, the community and healthcare professionals on the performance of the NSW public health system. Our reporting focuses on accessibility, appropriateness, effectiveness, efficiency, equity and sustainability.

In 2013–14, the Bureau expanded its series of reports and adopted a new integrated performance assessment framework to ensure that the complexity of healthcare is reflected in our reporting. In addition to publishing 11 reports, the Bureau of Health Information launched a new interactive online portal, Healthcare Observer that enables users to access accurate and comparable data about the healthcare system.

The Bureau of Health Information continued to manage the NSW Patient Survey program, developing and rolling out four new surveys during the year. This year has also seen the Bureau engage more actively with clinicians, both in the development of relevant measures and in the dissemination of our reports.

Dr Jean-Frederic Levesque, Chief Executive

### Key achievements for 2013–14

- Developed a new performance framework which brings together information about the performance of the healthcare system. This framework incorporates different perspectives on performance – from the patient's point of view and from a system perspective – and looks at the aspects of accessibility, appropriateness, effectiveness, efficiency, equity and sustainability.
- Launched a new interactive online portal – Healthcare Observer – that allows users to access accurate and comparable data about the NSW healthcare system. It provides dynamically generated content and enhances the ability of users to understand and interpret data using simple visualisations.
- Managed the NSW Patient Survey which asks different groups of people in NSW about their healthcare experiences. The Bureau of Health Information continued running the Adult Admitted Patient Survey and published the first results on Healthcare Observer. The Bureau also developed and implemented four new surveys looking at patient experiences of emergency departments, outpatient clinics and children and young peoples experience of hospital care.
- Published its fourth annual performance report, Healthcare in Focus 2013 – How does NSW measure up? The Healthcare in Focus series takes a wide ranging look at the NSW health system, comparing performance with Australia and ten other countries.
- Published four Hospital Quarterly reports which look at NSW public hospital performance in three modules: admitted patients, emergency department and elective surgery. It also provides performance profiles for up to 85 NSW hospitals and each local health district in NSW.
- Published an Insights Series report – 30-day mortality following hospitalisation, five clinical conditions, NSW, July 2009–2012 which provides an analysis of 30-day mortality following hospitalisation for five clinical conditions. The Insights Series provides in-depth analyses in selected performance areas, highlighting variation in care provided to patients with a particular disease or those with specific characteristics.
- Published two volumes of Patient Perspectives: Mental health services in NSW public facilities which drew on the self-reported experiences of 5000 people who used mental health services in February 2010 and February 2011. The Patient Perspectives series provides information about what patients are saying about their healthcare experiences.
- Published three issues of *Spotlight on Measurement*, a new series which provides in-depth analysis of methods and technical issues relevant to the Bureau's work.
- Worked collaboratively with a number of organisations including the Cancer Institute NSW, the Agency for Clinical Innovation, the Kolling Institute's Clinical and Population Perinatal Health Research Group and the IMPACT Centre of Research Excellence to collaboratively assess inequalities in access to care for vulnerable populations using the *International Health Policy Survey* of the Commonwealth Fund.

- Expanded stakeholder engagement initiatives by visiting a number of hospitals and local health districts to talk about the Bureau's work and learn from healthcare experts to find out how the Bureau's research can be used at a local level. Also presented at a number of state and international conferences and launched a seminar series – *Challenging Ideas*.
- Consulted with a broad range of experts both locally and internationally who guided and informed the Bureau of Health Information's work. This was achieved through a number of advisory committees and the peer review process, through which performance reporting or subject matter experts provide feedback on the Bureau's draft reports.

## Cancer Institute NSW

Level 9, 8 Central Avenue  
 Australian Technology Park, Eveleigh  
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 Alexandria NSW 1435

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 Website: [www.cancerinstitute.org.au](http://www.cancerinstitute.org.au)  
 Business hours: 8:30am – 5pm, Monday to Friday  
 Chief Executive: Professor David Currow

### Year in review

Cancer remains the single biggest cause of premature death in our community, which makes cancer control an important priority for NSW. The Cancer Institute NSW was established in 2003 to lessen the impact of cancer on individuals and the NSW health system. Driven by the objectives of the NSW Cancer Plan 2011–15, the Institute continuously works to:

- reduce the incidence of cancer
- increase the survival rate of people with cancer
- improve the quality of life for people living with cancer
- provide a source of expertise on cancer control for the Government, health service providers, medical researchers and the community.

The Institute continues to achieve a great deal each year. Smoking rates continue to decline, and breast and cervical screening rates have increased, particularly in Aboriginal and culturally and linguistically diverse communities where focused education and awareness initiatives are in place.

The Cancer Institute NSW continues to support, facilitate and collaborate with all involved in the cancer control sector to turn new breakthroughs into meaningful knowledge that can inform effective health system change. The Institute's Reporting for Better Cancer Outcomes Program, for example, allows us to bring key data together to inform quality cancer system performance, reduce variation in care across NSW and improve cancer outcomes at a local level.

Also, as we expand our Translational Cancer Research Program, we are giving NSW the best chance to make cutting-edge discoveries that will see the rapid translation of research into real outcomes for people with cancer.

The Institute will continue to strengthen its collaboration with the NSW Ministry of Health, pillars, local health districts, cancer organisations and the community to identify synergies and add value to each of our endeavours as we work to improve health outcomes across the state.

Professor David Currow, Chief Cancer Officer and CEO

### Key achievements for 2013–14

- Implemented seven anti-tobacco media campaigns in 2013–14. Ensured ongoing promotion and delivery of smoking cessation services and programs, iCanQuit.com.au and Quitline, including the provision of Aboriginal Quitline services and translation services to people from non-English speaking communities.
- Implemented the new skin cancer prevention campaign, Pretty Shady. This digital campaign targeted the sun protection message at tech-savvy teenagers throughout the 2013–14 summer, and motivated thousands of 13 to 24-year-olds to join the Pretty Shady 'movement' and change their sun protection behaviour. The campaign is planned to continue in 2014–15.
- Supported a number of community-based projects that aim to break down cultural taboos associated with cancer. For example, the *Alive and Out There* project is aimed at addressing the cancer myths and misconceptions in the Arab, Greek and Macedonian communities with in-language plays. These plays have had several repeat seasons and the Macedonian play recently returned from a tour of seven cities in Macedonia. Educational videos were also developed about breast and cervical screening for women in Arabic and Mandarin-speaking communities, as well as an English version for women in low socioeconomic communities.
- Developed the Aboriginal Cancer Partnerships Grants Program to support five lead Aboriginal Community Controlled Health Services across NSW to deliver projects that enhance relationships between these organisations and cancer services, build staff capacity and improve the quality of care for Aboriginal people with cancer and their families.
- The Reporting for Better Cancer Outcomes Program has expanded to include more than 40 routinely-reported outcome measures to highlight the State's cancer health system performance at the local health district and Medicare Local level.
- Finalised merger of the NSW Cancer Registries. This means that we are now capturing both cancer cases and clinical (treatment-based) information in one system, providing greater insight into cancer system performance. This is a critical step in achieving a population-based understanding of variations in treatment that may impact on outcomes experienced by people with cancer.
- The Institute's eviQ Cancer Treatments Online website now has 40,000+ registered users from more than 148 countries, and receives approximately 800 new registrants each month. It has secured national endorsement from each state and territory (through the Council of Australian Governments) as the preferred provider of evidence-based cancer treatment protocols. The Union for International Cancer Control has also included eviQ on its Cancer Partnerships Portal.
- The eviQ Education Antineoplastic Drug Administration Course is now being used in 235 hospitals and cancer centres across Australia, including 85 in NSW. This year, eviQ Education introduced a paediatric Antineoplastic Drug Administration Course and radiation oncology modules to its suite of online and blended educational programs.
- Funded three new Translational Cancer Research Centres – Hunter Cancer Research Alliance, the Centre for Oncology Education and Research Translation and Sydney Vital. Now seven in total, these centres will continue to bring together researchers and clinicians from local health districts to collaborate on cancer programs.



## Clinical Excellence Commission

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Business hours: 9.00am – 5.00pm, Monday to Friday  
Chief Executive: Professor Clifford Hughes AO

### Year in review

The Clinical Excellence Commission is all about making the NSW healthcare system demonstrably better and safer for patients and their carers and a more rewarding workplace for staff.

The 2013-14 year has been one of further consolidation and growth. Our areas of focus have included engaging patients and consumers in care, improving clinical practice, building capacity in healthcare and using data and information to drive change. The Clinical Excellence Commission has continued to develop well established programs in key clinical areas while also responding to emerging priority areas such as venous thromboembolism, open disclosure and end of life care. These initiatives have been supplemented by policy, databases, educational tools, workshops, reports and support mechanisms led by the Commission.

The Commission acknowledged its tenth birthday in August 2014 and has a solid foundation of programs and committed staff to meet its role as leader for quality and safety improvement within the NSW public health system and as one of the pillars in NSW Health.

Ultimately, we are an organisation that is about people. We work closely with our consumers, clinical and management partners, to design, deliver and evaluate the effectiveness of our programs. The Clinical Excellence Commission acknowledges with grateful appreciation the support and input of the many clinicians, managers, staff, consumers and partner organisations that have worked alongside the Commission during 2013-14.

Professor Clifford Hughes AO, Chief Executive

### Key achievements for 2013-14

- Engaged 242 participants in the Commission's *Clinical Leadership Program*. Each participant undertakes a clinical improvement project. Six of these costed projects identify total annual projected cost savings in excess of \$1.7 million.
- Embedded electronic *Between the Flags* charts into the electronic medical record (eMR) and published an article on the program's implementation in the *BMJ Quality and Safety journal*.
- Continued roll out of the sepsis program. Sepsis is one of the leading causes of death in hospital patients worldwide. Sepsis can present in any patient, in any clinical setting and is a medical emergency. Since 2010, the median time from diagnosis of sepsis to the administration of the first dose of antibiotics has reduced from 290 minutes to 55 minutes.
- Undertook a pilot study to demonstrate the transferability of the UK AMBER care bundle to the NSW health system. The AMBER care bundle is a systematic approach for multi-disciplinary teams to follow when clinicians are uncertain whether a patient may recover and are concerned that they

may only have a few months to live. It was developed at the Guy's and St Thomas' National Health Service Foundation Trust in the United Kingdom.

- Supported the *Collaborating Hospitals' Audit of Surgical Mortality* program which recorded 2087 deaths notified by local health districts and networks; received 1558 completed surgical case forms from surgeons; and audited 1453 notified deaths. The peer review identified potentially preventable deficiencies of care in 118 audited deaths.
- Continued Quality Systems Assessment site visits with evidence indicating that falls prevention strategies are highly evolved across most of NSW. In 86 per cent of cases, there is always, or often, a standardised approach or protocol implemented around assessment and management for patients who have a fall during their stay in hospital.
- Updated and redesigned *A general guide to blood transfusion: Information for patients and families* to provide user-friendly information for consumers. With support from NSW hospitals in identifying specific language diversity in local areas, the information is now available in 13 languages.
- Launched the *Clean in Clean out* campaign in May 2014 to improve hand hygiene among healthcare workers – the single most effective intervention to reduce the risk of healthcare associated infections. The campaign included a suite of tools designed with clinicians to improve awareness and compliance before touching the patient and after touching the patient or surrounds. The tools include posters, patient information pamphlet and clinician engagement.

## Health Education and Training Institute

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Business hours: 9am to 5pm Monday to Friday  
Chief Executive: Heather Gray PSM

### Year in review

The Health Education and Training Institute pursues excellence in health education and training and workforce capability to improve the health of patients and the working lives of NSW Health staff. This year in review represents the Institute's second full year of operation.

During 2013-14, the Health Education and Training Institute continued to deliver on its Service Compact in collaboration with its partners, developing resources and programs to benefit the work of local health districts and specialty networks. The Institute's leadership and management portal, Springboard, was developed for release, offering new ideas and directing staff to more information on the Institute's online learning modules, research articles, a self-assessment tool and other Health Education and Training Institute programs.

Collaborating with rural local health districts and the NSW Ambulance Service, the Institute's Sister Alison Bush AO Mobile Simulation Centre took training to 1053 health professionals in small health facilities statewide from 1 January to 30 June.

The New South Wales Institute of Psychiatry began its staged two to three year transition to integrate as a portfolio within the Health Education and Training Institute.

Heather Gray PSM, Chief Executive

### **Key achievements for 2013–14**

- By 30 June 2014 more than 90,000 NSW Health staff were able to access HETI Online, the new statewide learning management system. There had been 78 e-learning modules published with a further 29 in development. The implementation of HETI Online was the result of collaboration between the Institute, HealthShare NSW, eHealth NSW and many other stakeholders. The end of June 2014 saw almost 90,000 online course completions with over 17,000 recorded that month alone. Course completions are expected to accelerate with the introduction of statewide mandatory training.
- During the year over 100,000 historical training records were loaded onto HETI Online to ensure a seamless transition for staff who had completed mandatory courses in legacy systems.
- Creation and release of the HETI App made video and other resources accessible using Android and Apple smartphones and tablets, anywhere and at any time.
- The draft *NSW Health Team Framework* and *NSW Health Education and Training Framework* underwent statewide consultation with local health districts, pillars, networks and NSW Ministry of Health.
- The Institute's Medical Portfolio Programs Review report was published after more than 180 written submissions and interviews with approximately 800 people and an extensive review of documents and published literature. The Review aimed to ensure that the Institute's medical portfolio is 'fit for purpose'. The Institute is currently developing an initial response to its findings.
- The *NSW Health Leadership Program*, formerly the Clinicians and Executives Team Leadership Program, was piloted in six sites. The Program is a nine month hospital-based program designed to build individual, team and facility leadership capability. Attendance rates remained above 70 per cent.
- The Institute established the CORE Chat initiative which created workplace tools that assist conversations to bring about positive change and mutually acceptable solutions, in line with the NSW Health values of collaboration, openness, respect and empowerment.
- Building on the success of the 2013 Clinical Supervision Masterclass Series, Masterclass 2014 focused on delivering effective clinical supervision.
- Working with its partners, the Institute led the implementation of NSW Interdisciplinary Clinical Training Networks to improve the quality and increase the capacity of clinical placements. In the first half of 2014, activity embraced several thousand interactions with over 2300 stakeholders and more than 20 projects incorporating quality clinical placements, clinical supervision training and simulated learning.
- In June 2014, a combined Institute/Southern NSW Local Health District team won the Agency for Clinical Innovation Award at the District's quality awards for its work with the Sister Alison Bush AO Mobile Simulation Centre.

## **NSW Kids and Families**

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Business hours: 8.30am – 5.00pm, Monday to Friday  
Chief Executive: Joanna Holt

### **Year in review**

NSW Kids and Families provides leadership to the NSW health system and partners with its stakeholders to champion the health interests of children and young people whether they are at home, in the community or in hospital. This includes health services for babies, children, young people, mothers and families. NSW Kids and Families also works to reduce the health impacts of sexual, domestic and family violence as well as child abuse and neglect.

As a young organisation, NSW Kids and Families has actively collaborated with its stakeholders to build capacity and strengthen the health service system via research partnerships, production of guidelines, policy development and implementation. Another important focus over the past year has been establishing advisory and communication structures to ensure all of our teams are able to exchange information effectively with local health districts and specialty health networks as well as other NSW Health organisations in their respective areas of work.

NSW Kids and Families has a vision for a future where the use of information, applications and technology helps drive improved health outcomes for the children and families of NSW. In the past year, an eHealth strategy for NSW Kids and Families including obstetric care has been developed in collaboration with service providers across NSW.

Joanna Holt, Chief Executive

### **Key achievements for 2013–14**

- Carried out extensive consultation on the development of a ten year strategic health plan for children, young people and families – *Healthy, Safe and Well*, as a shared vision for NSW Health. The strategic health plan will guide NSW Health's efforts to promote health, prevent illness and provide excellent, equitable healthcare in hospital and community settings. It will also identify how we can develop a resilient health system across the State, to drive safe, high-quality care at the right time and in the right place. A NSW Kids and Families Council has been formed to drive the implementation of the final strategic health plan.
- Released the *Surgery for Children in Metropolitan Sydney Strategic Framework* with agreement by metropolitan local health districts to increase their capacity to provide surgical care to children close to home.
- Released a number of new clinical guidelines to improve quality of care for mothers, babies and children – including *Supporting Women in their Next Birth After Caesarean Section* (with a consumer brochure: *Your Next Birth After Caesarean Section*), *NSW Rural Paediatric Emergency Clinical Guidelines* and *Management of Infants and Children with Congenital Talipes Equinovarus*. Eight more new paediatric guidelines are in development.

- Released the *Youth Friendly General Practice* video and teaching resources to encourage young people to access general practitioners.
- Enhanced the capacity of rural local health districts to provide 24 hour forensic, medical and psychosocial services for victims of sexual assault.
- Developed a set of standards to guide the content, procurement and administration of intravenous fluids for children receiving care in NSW Health facilities.
- Released the *Suspected Child Abuse and Neglect Medical Protocol* to guide medical staff in conducting and recording medical assessments of children or young people who have been, or are, suspected of being physically abused or neglected.
- Completed evaluations of *Keep Them Safe* programs to inform future resourcing of these programs and improve their effectiveness in promoting child health, safety and wellbeing.
- Evaluated a caseworker pilot in five Family Referral Services in collaboration with the Department of Family and Community Services (FACS) to establish evidence for the efficacy of a Health/FACS/non-government organisation partnership in promoting child health, safety and wellbeing.
- Completed the *Talking about Birth* project to investigate opportunities to provide birthing care within the Aboriginal Maternal and Infant Health Service model of care.
- Published translated parent materials from the NSW Child Personal Health Record (in 15 languages) and the *Statewide Eyesight Preschooler Screening* program brochure (in 27 languages).

## Specialty health networks

### Justice Health & Forensic Mental Health Network

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PO Box 150  
Matraville NSW 2036

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Website: [www.justicehealth.nsw.gov.au](http://www.justicehealth.nsw.gov.au)  
Business hours: 8.00am – 5.00pm, Monday to Friday  
Chief Executive: Julie Babineau

#### Year in review

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

In 2013-14, the average adult custodial population increased compared to the previous year while the adolescent custodial population slightly decreased. With an ageing and growing adult population comes a number of health challenges to an already vulnerable community facing high incidences of chronic disease and associated co-morbidities.

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.

In collaboration with the NSW Ministry of Health and local health districts, the Network continued the development of the Forensic Mental Health Network with efforts focused on the 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 local health districts regarding forensic patients in medium secure units. A second agreement regarding forensic patients under the care of

general mental health services was finalised after a six month consultation process with local health districts. This second agreement seeks to strengthen collaboration between the Justice Health & Forensic Mental Health Network and local health districts to support the safe care and management of forensic and high risk civil patients. Eleven out of 15 local health districts have signed the Service Level Agreements and discussions are continuing with the remaining four districts.

The continued high quality 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 for 2013-14

- Welcomed the appointment of Peter Dwyer, Barrister to the Board, effective 1 July 2013 to 30 June 2015.
- Performed well with budget results for the reporting year favourable and good performance against key performance indicators in our Service Agreement with the NSW Ministry of Health.
- Increased the number of adults and adolescents with mental illness diverted from court to community-based mental health services, with 2414 people diverted in 2013-14 (four per cent increase from 2012-13).
- Increased the number of patients assessed in the Network's Aboriginal Chronic Care Program, which provides systematic screening, health education, health promotion and early intervention strategies for Aboriginal patients in custody. A total of 1273 patients were assessed in 2013-14 (34 per cent increase from 2012-13).
- Continued to target reductions in tobacco consumption by enabling 1117 patients in custody to commence Nicotine Replacement Therapy across 2013-14. In addition, we increased the average number of patients accessing Nicotine Replacement Therapy each month to 472 (a 123 per cent increase since 2012-13).
- Increased the number of patients referred to the Network's *Connections Program*, with 1880 patients referred in 2013-14 and 96 per cent successfully engaged with relevant community-based services post release. The *Connections Program* provides patients with a history of drug and alcohol use with integrated health services through comprehensive



pre-release assessments and care planning, as well as post-release assistance to improve health outcomes, reduce factors associated with reoffending and support patients in their transition back into the community.

- Increased the number of young people managed by the Network's Community Integration Team to 423 in 2013-14 (a 7 per cent increase from 2012-13). The Community Integration Team supports successful reintegration into the community by coordinating integrated and ongoing care for young people with mental health and/or drug and alcohol concerns leaving custody, and linking patients with appropriate specialist and generalist community services.
- Supported 1052 young people as part of the Antenatal Care Coordination Project *Babies and Daddies Now Know*. Of these, 502 identified as Aboriginal or Torres Strait Islander.
- Implemented the electronic medical record system for adult and adolescent staff in June 2014. This program enables clinicians across the State to view clinical information on patients including medical conditions, allergies, radiology results and pathology results. This system will improve the quality and completeness of documentation, reduce duplication of data, increase clinician satisfaction and reduce clinical risk.
- Held the 2014 Recognition & Awards Program ceremony on 30 June. The Program included the presentation of Quality and Innovation Awards, Team of the Year Award, Employee of the Year Award, Chief Executive Encouragement Award and Employee Years of Service Awards.

## The Sydney Children's Hospitals Network

Locked Bag 4001  
Westmead NSW 2145

Telephone: 9845 0000  
Facsimile: 9845 3489  
Website: [www.schn.health.nsw.gov.au](http://www.schn.health.nsw.gov.au)  
Business hours: 9am to 5pm, Monday to Friday  
Chief Executive: Elizabeth Koff

The Sydney Children's Hospitals Network includes The Children's Hospital at Westmead, Sydney Children's Hospital at Randwick, Bear Cottage at Manly, Newborn and Paediatric Emergency Transport Service, Pregnancy and Newborn Services Network and Children's Court Clinic.

### Year in review

The year has been a continuing period of change and maturation for the Network guided by the roadmap outlined in the Strategic Plan and the changing environment associated with the health reform agenda. The Network has responded to the challenge with considerable achievement across the portfolio areas of care delivery, research, education and advocacy. It is through our comprehensive approach to each of these portfolio areas that we can enhance the health and wellbeing of the children and families across the State.

The implementation of the Clinical Services Plan continues to be a strong foundation for our work. Enhanced networking and collaboration of clinical services has occurred which has facilitated improved access to services and enhanced quality of clinical practice through standardisation of care. Significant work has been undertaken in ambulatory care redesign which will ensure care is provided in line with family preferences and supported by new technologies.

Partnerships in service delivery continued to feature strongly in our work and were reflected across a range of care programs. Funding was received for the development of an eating disorder day program working with the Butterfly Foundation and the development of statewide paediatric palliative care services. The value of partnerships will continue to be realised through our formal associations with primary healthcare providers, ensuring better integration of care for chronically ill children.

Our research and its translation demonstrated significant benefit to our patients. The Kids Cancer Alliance underwent a successful external review and continued to win awards and recognition for its work in bringing together doctors and scientists to improve treatment and outcomes for children with cancer. Genomic healthcare was identified as an area of strength for future development, consolidating the capacity of our research arm to bring real research breakthroughs to improve our care of patients with genetic disorders. We continue to work in partnership with medical research institutes both within NSW and Australia-wide to achieve this goal.

A highlight of the year for patients and staff of our children's hospice, Bear Cottage, was the visit by the Duke and Duchess of Cambridge in April 2014. This visit was a chance to showcase their outstanding work caring for some of the sickest children in the State.

Special mention of the Network Board members, Executive and staff for consistently upholding the values of the organisation and working cohesively towards the Network's goal – Children First and Foremost. Thanks also to our community supporters and donors who work in partnership with us to deliver quality care and provide support services for families.

Elizabeth Koff, Chief Executive

### Key achievements for 2013-14

- Reached all key milestones in the *MEMORY Strategy* which guides information management and technology improvements to create a complete clinical documentation system to record all aspects of patient records electronically. This three-year strategy included the opening of the Health Information Unit at Sydney Children's Hospital.
- Opened the Kids Care Centre within the Emergency Department of the Children's Hospital Westmead. The Centre treats triage category four and five patients with non-life threatening illnesses and injuries. Emergency waiting times have been reduced as a result of this initiative, especially during peak afternoon and evening periods.
- Achieved an Australian first with doctors at Sydney Children's Hospital successfully performing a life-saving kidney transplant on a child from a donor who did not have a matching blood type.
- Implemented an innovative program through the Newborn and Paediatric Emergency Transport Service to assist in the care of critically-ill newborns in rural areas. Packs with the basic equipment enable quick and effective resuscitation and commencement of critical care, in parallel with the activation of a Newborn and Paediatric Emergency Transport Service retrieval. This is in addition to the continued rollout of the *Vision for Life* program.
- Introduced a Clinical Nurse Specialist role at Bear Cottage, the children's hospice, to manage new referrals and link families of children with life-limiting illnesses to other appropriate services across the child health networks of NSW.

- Held a workshop as part of our focus on transitional care to showcase positive models of care. Models included those which provide a safe and reliable transition for young people as they outgrow the expertise of childrens' health providers and turn to adult health providers for ongoing management of their chronic health condition. This, coupled with the ongoing success of *Trapeze*, the Network transition support service, is improving the experiences of chronically-ill young people interacting with the health system.
- Released a publication for families that provides comprehensive information regarding the outcomes of premature birth through the work of the Pregnancy and Newborn Service Network. The booklet is provided to parents where there is a high-risk of premature birth, guiding them in conjunction with obstetric and neonatal experts.
- Acted as a key partner in the Paediatric Trials Network Australia, drawing together researchers from around the country to improve child health through the facilitation of paediatric clinical trials.
- Recognised as one of 'Ten of the Best' research projects for 2013 by the National Health and Medical Research Council for the *Urgent call for research on H1N1 influenza 09 to inform public policy* project.
- Released the tenth edition of the Australian Immunisation Handbook, the pre-eminent guidelines on immunisations in Australia through the work of the National Centre for Immunisation Research and Surveillance, based within the Network.

## Health Administration Corporation

### NSW Ambulance

State Headquarters  
Balmain Road  
Rozelle NSW 2039

Telephone: 9320 7601  
Facsimile: 9320 7800  
Website: [www.ambulance.nsw.gov.au](http://www.ambulance.nsw.gov.au)  
Business hours: 9:00am – 5:00pm, Monday to Friday  
Chief Executive: Ray Creen ASM

### Year in review

This year has been a year of major change and innovation for NSW Ambulance, with our organisation looking to the future with our new patient-centred, staff-focused concept of operations. The Chief Executive met with staff around NSW in workshops and focus groups, gathering feedback on the way we operate, and identifying ideas and opportunities for shaping our future. This information was captured and developed into the basis for a new concept of operations for our organisation, which will see changes to the way we operate and are perceived in the community.

No longer just an emergency transport service, our new concept of operations will see us positioned firmly as a mobile emergency health service which ensures that the right care is delivered to the right patient, in the right way, in the right place, at the right time. This new vision will inevitably free up our resources and those of emergency departments, benefiting both our staff and patients.

Ray Creen ASM, Chief Executive

### Key achievements for 2013–14

- Developed *Today is the day we make tomorrow different*, the new concept of operations for NSW Ambulance, which sees a change in how we respond to our patients. This vision means improved care for patients, a more appropriate localised approach to treatment, more consistency and a greater sense of satisfaction for staff.
- Restructure of the executive leadership team was finalised during the year. The executive leadership team is designed to streamline the way NSW Ambulance works. This also

included the creation and appointment of the Deputy Chief Executive and Chief Operating Officer.

- Developed the highly successful Frequent User Management program which won an award at the NSW Health 2013 Awards and attracted global interest. Frequent User Management works collaboratively with patients and other key stakeholders to provide timely and appropriate treatment to patients in metropolitan and regional NSW who have been identified as frequent callers to NSW Ambulance.
- Introduced a new Mental Health Acute Assessment Team which transports appropriate patients directly to mental health facilities. The Team is a proof of concept project exploring an alternate service delivery model. This project teams an extended care paramedic with a mental health nurse to provide a comprehensive medical and mental health assessment, with a view to either non-transport or transport directly to a declared mental health facility.
- Launched the Non-Emergency Assessment and Referral Proof of Concept with NSW Medicare Local on the Central Coast, which sees suitably identified patients who phone Triple Zero (000) referred and/or transported directly to their general practitioner instead of a hospital emergency department.
- Appointed 62 new paramedics, including 44 for regional NSW and 18 for Aeromedical.
- Developed the successful campaign *If You Hurt a Paramedic* and the accompanying Anti-Violence Training for Paramedics. The campaign raised community awareness of the increasing violence towards paramedics, demonstrating that paramedics are more than a uniform; they are human and part of someone's family. The training was designed to increase paramedic safety and minimise the risk of assault when attending an incident.
- Developed Destination NONE (Not One; Not Ever) Manual Handling campaign and Safety Management Framework to be integrated into all areas of NSW Ambulance, from procurement of equipment to clinical skills.
- Developed the NSW Ambulance Initiated System Activation for Cardiac Reperfusion, a methodology for paramedic determination of the type of reperfusion pathway most appropriate to each patient's location and clinical circumstances.

- Separation of Non-Emergency Patient Transport (NEPT) coordination from our Triple Zero (000) control centre. Booking, scheduling and dispatch functions for non-emergency patient transport were transitioned to the HealthShare NSW Greater Metropolitan NEPT Booking Hub, which dispatches NSW Ambulance patient transport services throughout metropolitan Sydney.

## Health Infrastructure

Level 6, 77 Pacific Highway  
PO Box 1060  
North Sydney NSW 2059

Telephone: 9978 5400  
Facsimile: 8904 1377  
Website: [www.hinfra.health.nsw.gov.au](http://www.hinfra.health.nsw.gov.au)  
Business hours: 9am – 5pm, Monday to Friday  
Chief Executive: Sam Sangster

### Year in review

In 2013-14, Health Infrastructure continued a strong track record for delivering quality infrastructure for communities across NSW. Health Infrastructure currently manages a \$4.4 billion portfolio of capital works projects, with expenditure of over \$800 million in projects in 2013-14. The portfolio of capital works is larger than any other state health infrastructure organisation, and this is testament to our demonstrated capacity to deliver. In 2013-14, there were more than 14 projects completed by Health Infrastructure throughout the State; from the Woy Woy Sub Acute Rehabilitation Unit and Shoalhaven Cancer Care Centre, to the Graythwaite Rehabilitation Centre and Nepean Mental Health Unit.

But Health Infrastructure is not only about construction and buildings, it is also about people.

We have fostered a collaborative and high performing workplace, cultivated at all levels within the organisation. We are committed to investing in our staff through learning and development opportunities, including mentoring and leadership programs – together with a strategic resource planning focus to ensure we have the right people for the job. We ensure engagement with our partners and government organisations is integrated into our planning and delivery process. We continue to work closely with the local health districts and key stakeholders to ensure outcomes are not delivered in isolation, but rather through the collaborative interchange of expertise and skill.

The Health Infrastructure Board continues to provide excellent governance and guidance. We acknowledge and applaud the contributions of Mr Alan McCarroll and Ms Lou-Ann Blunden, who retired from the Board during the year, and warmly welcome Ms Dianne Leeson to the Board.

Sam Sangster, Chief Executive

### Key achievements for 2013-14

- Planning for over \$3 billion in NSW Health major capital works projects.
- Managed and coordinated the development and maintenance of the Australian Health Facility Guidelines on behalf of New Zealand and Australian states and territories.
- Developed the Change Management network across NSW for capital works projects.
- Strengthened our communication requirements and strategic direction to support the growing portfolio of capital works

- projects administered by Health Infrastructure.
- Delivered more than 14 health facilities throughout NSW.
- Embedded an improved organisational risk management framework.
- Established a single online portal for organisation-wide project reporting.
- Introduced asset maintenance support to better assist local health districts.
- Developed a consumer engagement process to involve more people in planning health infrastructure projects.
- Reorganised senior management structure to strengthen organisational leadership.
- Encouraged learning and development opportunities for managers and staff including mentoring programs and nationally recognised leadership programs.

### Major projects delivered in 2013-14

- Blacktown Hospital Car Park (\$24 million)
- Goulburn Sub Acute Rehabilitation Unit (\$10 million)
- Graythwaite Rehabilitation Centre (\$41 million)
- Gulgong Multipurpose Service (\$7 million)
- Hornsby Hospital Mental Health Unit (\$34 million)
- Illawarra Regional Cancer Centre (\$14 million)
- Lockhart Multipurpose Service (\$8 million)
- Mona Vale Sub Acute Rehabilitation Unit (\$10.5 million)
- Nepean Hospital Expansion (\$139 million)
- Nepean Hospital Car Park (\$23 million)
- New England and North West Regional Cancer Centre (\$42 million)
- Port Macquarie Hospital Expansion (\$104 million)
- Shoalhaven Regional Cancer Centre (\$32 million)
- St George Sub Acute Mental Health Unit (\$8 million)

### Projects in planning

- Armidale Hospital Redevelopment
- Bankstown Hospital Redevelopment
- Blacktown Mt Druitt Hospital – Stage 2 Redevelopment
- Campbelltown Hospital Redevelopment – Stage 2
- Dubbo Hospital Stage 3 & 4
- Forensic Pathology & Coroner's Court Planning
- Goulburn Base Hospital Redevelopment
- Hornsby Hospital Redevelopment – Stage 2
- Lismore Base Hospital Redevelopment – Stage 3B
- Multipurpose Strategy Stage 5
- New Maitland Hospital
- Shellharbour Ambulatory Care Expansion Project
- Sydney Ambulance Metropolitan Infrastructure Strategy
- Westmead Hospital Health Redevelopment
- Wagga Wagga Health Service Redevelopment – Stage 3
- Wyong Hospital Redevelopment

### Projects under construction

- Byron Bay Hospital
- Coffs Harbour Health Campus Car Parking
- Dubbo Hospital Redevelopment – Stages 1 & 2
- Gosford Hospital Redevelopment
- South East Regional Hospital Bega
- Hornsby Ku-ring-gai Hospital – Stage 1
- Parkes and Forbes Hospitals – Lachlan Health Service
- Peak Hill Multipurpose Service
- Missenden Mental Health Unit
- Moruya Hospital Sub Acute Rehabilitation Unit
- Northern Beaches Hospital
- Royal North Shore Hospital Clinical Services Building

- Shoalhaven Sub Acute Rehabilitation Unit
- St George Hospital Emergency Department
- St George Hospital Redevelopment
- Sutherland Hospital Redevelopment
- Sutherland Hospital Car Park Expansion
- Tamworth Hospital Redevelopment – Stage 2
- Wagga Wagga Hospital Redevelopment
- Wollongong Hospital Elective Surgery Unit
- Wollongong Hospital Car Park

## HealthShare NSW

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

Telephone: 8644 2000  
Facsimile: 9904 6296  
Website: [www.healthshare.nsw.gov.au](http://www.healthshare.nsw.gov.au)  
Business hours: 8.30am – 5.00pm, Monday to Friday.  
Chief Executive: Conrad Groenewald

### Year in review

With a change in leadership, 2013-14 was a year of redefining direction for HealthShare NSW and establishing a new operating model for eHealth services. The launch of the Blueprint for eHealth in NSW in December 2013 paved the way for new governance arrangements for eHealth delivery across the public health sector and the establishment of a distinct entity, eHealth NSW on 1 July 2014.

The new direction for HealthShare and eHealth NSW is outlined in the *HealthShare NSW Strategic Plan 2014-17* and *eHealth NSW Corporate Plan 2014-17*. These plans articulate the organisation's vision of being trusted and valued partners enabling excellent healthcare in NSW and define three key focus areas of our people, our customers and our services with goals, strategies and key measures of success.

Focusing on its customers, HealthShare implemented the first ever Customer Value Proposition Survey which comprehensively surveyed all Health agencies to better understand their needs and how these can be met. Focusing on its people, HealthShare embarked on a significant culture and organisational development program. The implementation of a safety message continues to be spread across the organisation through a range of health promotion activities, reminding staff to always be mindful to think safe, work safe and live safe. Focusing on its services, HealthShare has been able to improve services to the community by reducing costs. In 2013-14 costs were reduced by \$40 million through strategic procurement initiatives and by \$2.2 million via the introduction of electronic payslips. EnableNSW Equipment Allocation Program costs were reduced by between 20 per cent and 50 per cent on bulk purchased disability support aids and equipment.

Conrad Groenewald, Chief Executive

### Key achievements for 2013-14

- Introduced new technologies to support improved delivery of linen services; deployment of improved finance and workforce reporting via the Statewide Management Reporting System; ongoing implementation of software solutions including the learning management system, invoice scanning, a financials application, online visiting medical officer claims, electronic

employment and recruitment forms as well as weekly online roster and payroll performance reporting.

- Finalised the transition of 140,000 plus NSW Health employees to a single payroll system.
- Designed, piloted and implemented a new food service delivery model, offering patients improved choices, greater interaction with food services staff and close-to-consumption ordering. In addition, the food service improvement program has continued to improve patient menus across the state while simultaneously meeting statewide nutritional standards. Information Services has increased its overall portfolio of supported applications to include Personally Controlled eHealth Record, Enterprise Imaging Repository, Endoscopy Information System and statewide authentication and messaging systems.
- Supported the smooth transition following the establishment of eHealth NSW as a distinct entity on 1 July 2014, in line with the Blueprint for eHealth in NSW which sets the foundations for a comprehensive eHealth system across NSW Health.
- Completed the biggest email migration project in Australia, with 40,000 NSW Health employees transitioned to a statewide email system and active directory.
- Deployed the largest e-business solution in the southern hemisphere to further support the consolidation of statewide financial reporting.
- Supported integrated care through the implementation of HealtheNet in Western Sydney and Nepean Blue Mountains, Sydney, South Eastern Sydney and Illawarra Shoalhaven local health districts and The Sydney Children's Hospitals Network to enable submission of electronic discharge summaries to the NSW Clinical Repository, primary care providers and Personal Controlled Electronic Health Record.
- Achieved cost savings in excess of \$2.2 million through a reduction in printing costs by transitioning 97 per cent of NSW Health employees to electronic payslips.
- Delivered savings of \$38.1 million to the health system through strategic procurement initiatives.
- Developed a new service delivery model for food services and completed a conceptual trial at Mona Vale Hospital which saw the time between menu ordering and food delivery reduced from 24 hours to four hours.
- Implemented the first ever enterprise-wide Customer Value Proposition Survey to better understand the needs of customers and set benchmarks for future improvements.
- Fitted all linen delivery vehicles with GPS tracking and recording, resulting in improved safety standards, better delivery schedules and overall reduction in vehicle operation times.

## NSW Health Pathology

Level 5, 45 Watt Street  
PO Box 846  
Newcastle NSW 2300

Telephone: 4920 4001  
Facsimile: 4920 4004  
Website: [www.health.nsw.gov.au/pathology](http://www.health.nsw.gov.au/pathology)  
Business hours: 9am – 5pm, Monday to Friday  
Chief Executive: Tracey McCosker

### Year in review

NSW Health Pathology provides expert pathology, forensic and analytical science services across the state. Created in late 2012,



NSW Health Pathology includes five networks: Pathology North, Pathology West, South Eastern Area Laboratory Service, Sydney South West Pathology Service and the Forensic and Analytical Science Service.

Pathology is the scientific study of disease, its causes and impacts on the human body. It is at the core of modern medicine and plays a role in just about every aspect of healthcare, including diagnostic testing, the management of complex and chronic conditions, public health disease outbreaks, blood transfusions, organ transplants, genetic research, critical care, cancer treatment and more.

Our pathologists are medically trained clinicians who work in public hospitals and modern laboratories. They are supported by teams of scientists, technicians and support staff who ensure samples are quickly and accurately assessed and results shared with clinical teams, so they can make the best possible decisions for their patients. Our Forensic and Analytical Science Service provides independent, objective analysis to our justice system in areas such as forensic medicine, forensic biology and DNA, forensic toxicology, drug toxicology, illicit drugs and chemical criminalistics. It also provides environmental health testing to public health units and local government bodies.

Tracey McCosker, Chief Executive

### **Key achievements for 2013–14**

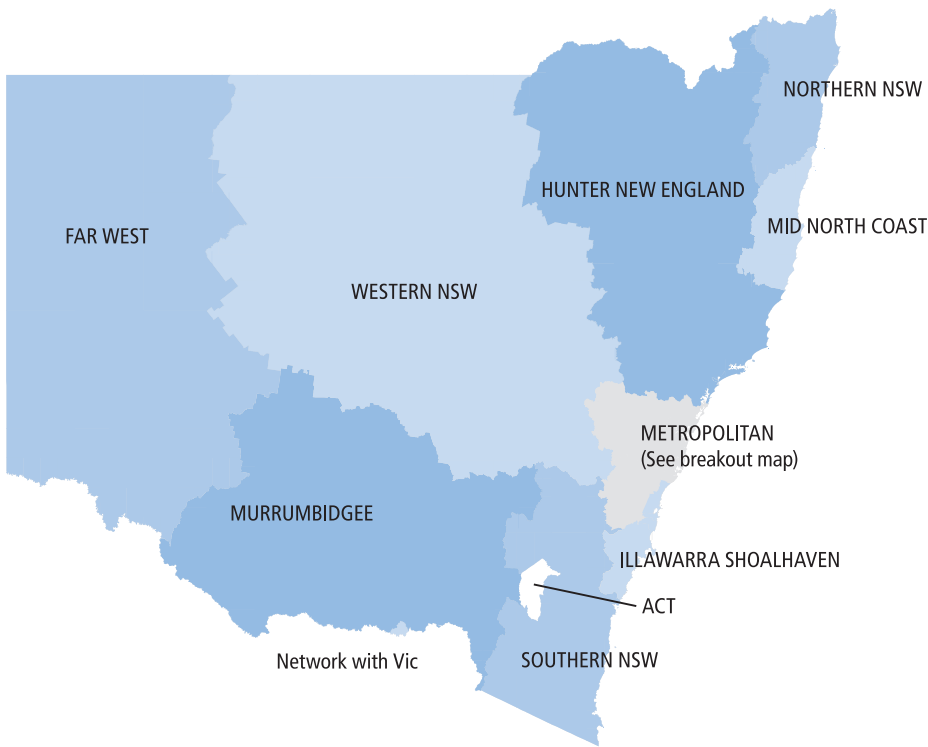
- Completed the *NSW Health Pathology Strategic Plan 2014 – 2018*, the first five-year strategic plan for the organisation. The Plan was developed with input from nearly 1300 staff across our networks.
- Continued implementation of the largest known managed Point of Care Testing program in the world. The Program is giving emergency departments without a 24 hour seven day-a-week pathology laboratory enhanced access to critical tests. Hand-held devices provide on-site analysis for tests emergency department teams rely on, are managed to the same quality standards as traditional laboratory instruments and are supported by software that enables results to be electronically transmitted to pathology information systems and patient electronic medical records.
- Completed work on the Forensic and Analytical Science Service new DNA laboratory, which is a fully automated operation that is streamlining workflows while protecting sample integrity. Driven by advances in robotic platforms,

laboratory workflows are totally automated and delivering benefits including sustainable elimination of backlogs in DNA analysis, high throughput capacity, faster turn-around times and integrated sample tracking through robotic barcode scanning.

- Established eight clinical streams which will further improve the quality, safety and efficiency of public pathology services. The streams involve representatives from across our networks, including staff from regional and metropolitan areas. They will provide expert advice and undertake tasks to help achieve the strategic directions in the *NSW Health Pathology Strategic Plan 2014 – 2018*.
- Officially opened Pathology North's new laboratory at Lismore Hospital, which features a Pneumatic Tube System that enables specimens to be sent from the emergency department and operating theatre directly to the laboratory. This frees up staff time so they no longer have to traverse the corridors to deliver samples and has improved turn-around times.
- Completed the largest equipment rollout in the history of Pathology West. New chemical pathology instrumentation has delivered standardised testing methods, allows results to be transferrable across all network labs, has improved turn-around times and offers a greater range of tests.
- Completed the rollout of haematology, chemistry and coagulation equipment across the Sydney South West Pathology Service and introduced automation across that network's microbiology laboratories.
- The South Eastern Area Laboratory Service implemented next generation sequencing technology for the diagnosis of constitutional genetic disorders and a range of other genetic conditions.
- The Pathology North laboratory at John Hunter Hospital was the first in Australia to receive national accreditation for the use of its next generation sequencing technology in routine diagnostic testing for mutations in BRCA1 and BRCA2 genes associated with breast and ovarian cancer. The instrumentation is dramatically increasing the number of samples staff can test, the number of genes they can analyse and the speed at which they can process samples.
- Worked with the Office of Health and Medical Research to lead or contribute to major initiatives in the fields of biobanking, genomics and bioinformatics – each of which will shape future advances in healthcare.



# Local health districts

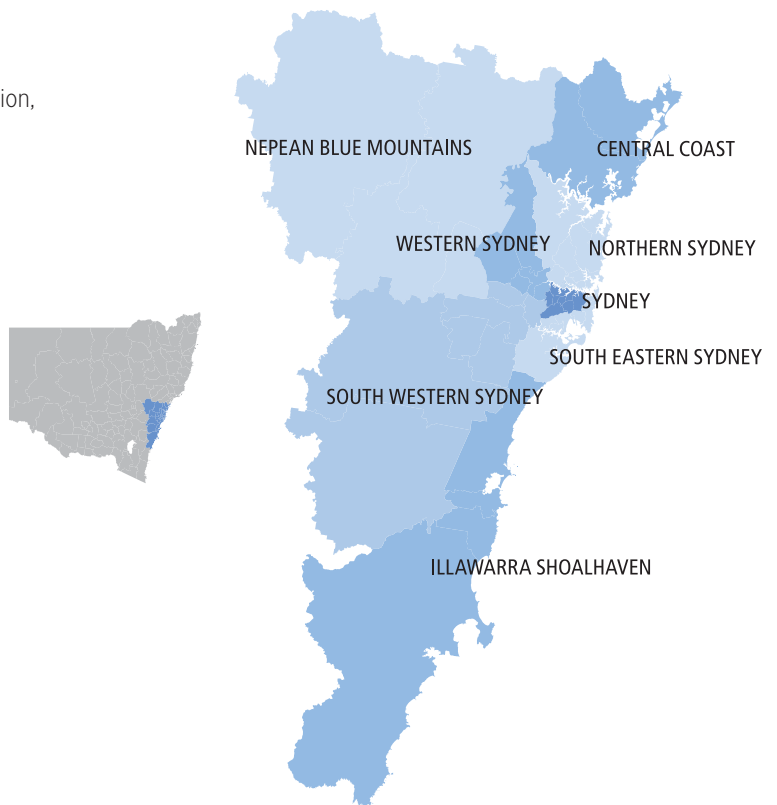


There are two speciality health networks (The Sydney Children's Hospitals Network and Justice Health & Forensic Mental Health Network) and one speciality network (St Vincent's Health Network).

Eight local health districts cover the Sydney metropolitan region, and seven cover rural and regional NSW.

## Metropolitan NSW local health districts

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



## Rural and Regional NSW local health districts

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

# Central Coast Local Health District



Holden Street  
PO Box 361  
Gosford NSW 2250

Telephone: 4320 2111  
Facsimile: 4320 2477  
Website: [www.cclhd.health.nsw.gov.au](http://www.cclhd.health.nsw.gov.au)  
Business hours: 8.30am – 5.00pm, Monday to Friday  
Chief Executive: Matthew Hanrahan

## Local government areas

Gosford City, Wyong Shire

## Public hospitals

Gosford, Wyong, Woy Woy Hospitals, Long Jetty Healthcare Centre

## Community health centres

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

## Child and family health services

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

At community health centres: Erina, Kincumber, Lake Haven, Long Jetty, Toukley, Woy Woy, Wyong Central, Mangrove Mountain

## Oral health clinics

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

## Other services

Aboriginal health, Acute Post-Acute Care, ambulatory care, BreastScreen, children and violence prevention service, chronic care, community nursing, drug and alcohol, mental health, HIV and related programs, palliative care, women's health, youth health

## Demographic summary

Central Coast Local Health District is located to the north of metropolitan Sydney and provides healthcare services to an area of approximately 1680 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.

About 330,000 residents live in the region. The District is a popular retirement area and approximately six 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 healthcare than the general population.

In 2013-14, almost 20 per cent of the District's 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 31 per cent in Gosford and 36 per cent in Wyong by 2024. In the 2011 census, the Aboriginal and Torres Strait Islander population was 9020 representing 2.9 per cent of the District's population. The majority of Aboriginal people reside in Wyong local government area (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 District residents are significantly above NSW average rates. Cardiovascular disease and cancer are the most common cause of death.

## Year in review

An integral part of caring for our patients is recognising the important contribution a healthy and innovative workforce makes to our community and the health services we provide. To improve the health of our workforce we implemented the Work4Wellness program involving 1364 staff health checks.

Enhancing our capacity to train clinicians, we established the Central Coast Simulation Centre, a NSW Government and Commonwealth partnership, providing state-of-the-art simulation techniques to enable clinicians to gain skills, knowledge and experience within a safe and controlled environment. The implementation of patient journey boards in wards at Gosford and Wyong Hospitals, has led to improved coordination of patient care, patient flow, time management and team communication.

During the year we progressed our commitment to Closing the Gap with the launch of the Aboriginal Health Plan, a partnership between the District, Eleanor Duncan Aboriginal Health Centre, and Central Coast NSW Medicare Local, that identifies areas such as maternal and child health and chronic disease where we can work together to make a difference to the health outcomes for our indigenous population.

In recognition of the increasing number of people from culturally and linguistically diverse backgrounds, we launched the District's Multicultural Health Plan to drive strategies to ensure equal access to health services.

Helping to support the growing demand for health services we commenced a number of capital projects including construction of a short stay unit, an urgent care centre at Wyong Hospital and a short stay unit at Gosford Hospital that are expected to relieve pressure on our emergency departments. Renal services will

be expanded following the announcement of \$1.3 million for a new Satellite Dialysis and Training Unit at Long Jetty Healthcare Centre, while the announcement of \$1.8 million to plan the major redevelopment of Gosford and Wyong Hospitals heralded a new era for health on the Central Coast. We look forward to progressing these plans to the construction phase next year.

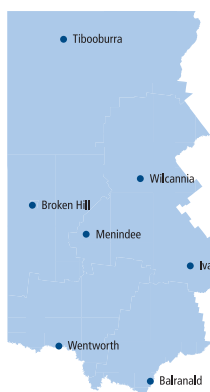
Finally, I would like to acknowledge our staff and volunteers for their dedication, commitment and enthusiasm with which they embrace caring for our community.

Matthew Hanrahan, Chief Executive

### Key achievements for 2013–14

- The District was selected as one of three demonstrator sites for the NSW Government integrated care in NSW strategy to provide people with seamless care between community and acute settings.
- Achieved performance agreement targets and implemented focused managerial strategies to improve workplace safety resulting in a significant reduction in workers compensation claims.
- Created two leadership coach positions to improve leadership skills within the District in response to the YourSay staff survey.
- Launched the *Aboriginal Health Plan 2013-2017*; a partnership between the District, Eleanor Duncan Aboriginal Health Centre and Central Coast NSW Medicare Local to assist in improving the health and wellbeing of the local Aboriginal community.
- A Multicultural Health Plan was launched to ensure the increasing number of people in the region from culturally and linguistically diverse backgrounds have equal access to health services.
- Launched a four year plan to grow the District's research capacity and embed a research culture reflecting our vision of Caring for the Coast. The plan will support the translation of research into actions to improve patient care.
- Construction commenced on the \$6.2 million Urgent Care Centre and Short Stay Unit at Wyong Hospital and the \$5.8 million Short Stay Unit at Gosford Hospital.
- A community health survey was conducted for over 1000 Central Coast residents, aged 18 years and over between January and March 2014. The survey results enable trend monitoring and aid in service planning.

## Far West Local Health District



Morgan Street  
PO Box 457  
Broken Hill NSW 2880

Telephone: (08) 8080 1333  
Facsimile: (08) 8087 2997  
Website: [www.fwlhd.health.nsw.gov.au](http://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 Area

### Public hospitals

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

### Community health centres

Dareton Primary Health Care Services

### Child and family health services

Broken Hill, Dareton

### Oral health clinics

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

### Demographic summary

Far West Local Health District serves a total population of 30,099 people (Australian Bureau of Statistics 2011 Census). The District 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 local health districts in NSW.

The Aboriginal population represents 10.1 per cent of the total 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. Broken Hill has the largest number of Aboriginal people within the District as a whole, whereas Central Darling Shire has the highest local government area proportion of Aboriginal people.

Of the total population, 91.1 per cent are from an English speaking background and a further 6.1 per cent did not state their language background. Only 0.4 per cent of the Far West population stated they did not speak English well or at all.

There are five local government areas within the catchment. Two are classified as 'remote' (i.e. Australian Remote Index of Australia 5.95 to < 10.5), while the remainder are classified as 'moderately accessible' (2.4 to < 5.95).

The District is also unique in that it shares a border with three states (South Australia, Victoria and Queensland) and is geographically closer to Adelaide and Melbourne than Sydney (1100 kilometres away). Dubbo is its next major referral hospital in NSW, 800 kilometres away. Both Adelaide and Melbourne referral hospitals are closer, Adelaide being 500 kilometres south-west.

### Year in review

This year Far West Local Health District began to consolidate developments that had been initiated in the first two years of operation.

The District resumed direct management of services and facilities outside Broken Hill from July 2013 requiring renegotiation of the relationship with Maari Ma. A new, three-year Service Agreement was finalised in December 2013.

The District gained accreditation as a Home Hospital for interns in April 2014. From January 2015, three junior medical officers will now be able to be employed directly by the District. Coupled with recruitment of a full-time Director of Medical Services, this represents significant progress in the implementation of the District Medical Workforce Strategy.



In February, the District Strategic Plan was finalised. The District is now integrating the directions outlined in the Plan with the Far West Performance Framework.

Across the year we improved our access to data and how it is reviewed to help identify a number of areas for greater focus. As surgical activity had declined, the reasons for the decline in operating theatre use were reviewed with a view to expanding the range and volume of surgical procedures available locally. The reliance on locum and agency staff declined considerably, particularly for nursing and allied health positions. This improved the continuity of care we were able to provide to the community as well as reducing costs. The new 10-bed Sub-acute Rehabilitation Unit commenced operation in November 2013, complementing the recently opened Mental Health Recovery Centre.

These, along with other achievements across the year underscored the extent to which the District has begun to mature and to consolidate organisational developments over the preceding three years.

Staff are to be commended for their efforts over the year which allowed the District to progress while operating within its allocated budget.

Stuart Riley, Chief Executive

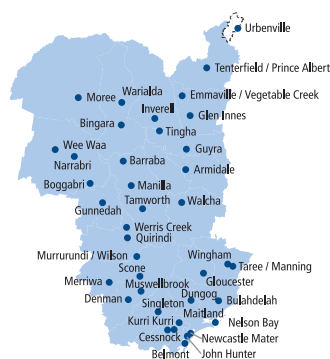
### Key achievements for 2013–14

- Supported young people locally to gain long term employment with the District in all communities by offering, for the first time, 10 School-Based Apprenticeships and Traineeship positions for Year 10 students to gain an industry recognised qualification and paid work experience as part of their Year 11 and 12 Higher School Certificate studies.
- Completed an extensive process of consultation regarding the future of healthcare services in Wentworth local government area with community, staff and other service providers both in NSW and Victoria. A discussion paper supported these consultations and participants were invited to identify service gaps and priorities, and express their views on the location and configuration of future services.
- Commenced redevelopment of the Ivanhoe Health Service into a HealthOne. State Budget funding allowed completion of detailed planning and progress towards construction.
- Appointed a full time resident Clinical Director Psychiatry and gained accreditation to accept trainee psychiatrists contributing to a more sustainable psychiatry workforce.
- Supported consumer and carer participation improvements including appointment of a Consumer Participation Coordinator and establishment of a Consumer and Carer Advisory Group.
- Rated as the best performing local health district in relation to consumer experience in mental health care as evidenced by the Bureau of Health Information Community Mental Health Report, with 90 per cent of respondents rating their care as good to excellent, well above the NSW average of 81 per cent. Thirty four per cent rated their care as excellent, higher than the state average.
- Reviewed the Child and Adolescent Mental Health Service referral criteria, assessment and triage processes and intake protocols resulting in a reduction in a waiting list from 60 people to zero within three months.
- Expanded and improved budgeting and reporting systems.
- Completed an organisation-wide survey against the 10 National Standards in June 2014 for the Lower Western Sector

inpatient facilities (Wentworth, Balranald and Wilcannia). This resulted in four AC90 recommendations. Actions are in place to meet these by September 2014 which will support the granting of accreditation.

- Reduced use of agency nursing and midwifery staff by 82 per cent and recruited 30 nursing and midwifery positions across the District. There were no vacancies in either the Mental Health or the Maternity Unit specialities which had been difficult to recruit to previously.
- Consistently achieved National Emergency Access Target and National Elective Surgery Target at Broken Hill Health Service with 87.6 per cent in June 2014 (2.5 per cent increase compared to June 2013) and 100 per cent for June 2014 in Categories 1, 2 and 3 patients respectively.
- Continued to improve in developing a positive workplace culture following implementation of a cross-organisational culture change program including the introduction of the Studer Program and a Leader Development program.

## Hunter New England Local Health District



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Locked Bag New Lambton NSW 2305

Telephone: 4921 3000

Facsimile: 4921 4969

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

Multipurpose 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 services

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 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 Emergency Services, and Chronic Disease

## Demographic summary

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

The District provides services to 873,741 people, including 34,852 Aboriginal and Torres Strait Islander people (which equates to 21 per cent of the State's Aboriginal and Torres Strait Islander population), and 169,846 residents who were born overseas. Hunter New England employs 15,395 staff including 1568 medical officers, is supported by 1600 volunteers, spans 25 local government areas and is the only local health district in NSW with a major metropolitan centre, mix of several large regional centres and many smaller rural centres and remote communities within its borders.

## Year in review

The past 12 months at Hunter New England Local Health District has been a time of achievement, with a significant focus on putting the patient at the centre of everything we do.

A number of facilities have undergone redevelopment including the emergency departments at Singleton and Cessnock hospitals and the construction of a five-storey hospital building, the centrepiece of the Tamworth Health Service Redevelopment is nearing completion.

Hunter New England Local Health District announced a \$3.3 million bed replacement project that will see 860 new electric beds delivered in hospitals across the District. Nine hundred additional car parks have been allocated to two of our busiest campuses, John Hunter Hospital and Calvary Mater Newcastle.

Firmly placing the patient at the very centre of all decision-making and care, as well as building better relationships with our communities and stakeholders, is the central platform of the cultural shift that has been our key focus this year.

To this end, patient care boards have been rolled out across the District. Care boards situated at every bedside help to individualise patient care and allow the patient, their carer and family an opportunity to play a role in the decision making and planning process.

The boards aim to improve communication between the patient, their carer, family and the health care team about the goals, priorities and plan of care.

The effectiveness of care boards has been bolstered by our staff adopting patient rounding. Patient rounding involves our staff taking the time to simply talk to our patients, to ensure the expectation of care is being met and making improvements where the opportunity presents.

Creating a culture where the care of a patient does not end when they go home or to other levels of care is also important. All patients leaving a Hunter New England Local Health District facility receive a phone call the day after they go home. This phone call checks in with the patient, makes sure they are okay, that they understand their medications and know what needs to happen next with their care.

As our talented and dedicated staff members continue to work toward embedding this culture into every aspect of our work, we look forward to delivering results in the years to come.

Michael DiRienzo, Chief Executive

## Key achievements for 2013–14

- Rolled out patient care boards across the District.
- Established a collaboration between the District, Hunter Medicare Local and Little Company of Mary Health Care Limited (operators of Calvary Mater Newcastle and Calvary Aged and Community Care Services) and the Hunter Alliance to share the organisations' unique abilities, knowledge and specialist skills to improve healthcare for people of the region.
- Completed the Hunter Valley Clinical Services Plan which provides a strategic roadmap and direction for public health services in the Hunter Valley and a guide to how the Hunter New England Local Health District will structure and organise its services into the future.
- Released the *Aboriginal Health Service Plan 2013-2015*. With a focus on service development, delivery of the Plan will build on the work already occurring with the aim of further closing the gap in health outcomes between Aboriginal and non-Aboriginal Australians.
- Began planning for a new paediatric intensive care unit and refurbished neonatal intensive care unit.
- Opened Singleton Hospital \$2.5 million emergency department redevelopment to patients, as well as Cessnock Hospital \$2 million upgrade.
- Began work on the \$6.5 million Muswellbrook Hospital emergency department after the \$4 million provided by the NSW Government was bolstered with an additional \$2.5 million donated by BHP Billiton's community investment program.
- Held an official opening for the North West Cancer Centre. The community is now benefiting from a new linear accelerator for radiation therapy, five additional places for chemotherapy treatment and on-site accommodation for patients and families from elsewhere in the region.
- Opened the new \$15 million Raymond Terrace HealthOne GP Superclinic to the public. The centre offers those living in Raymond Terrace and surrounding areas a range of health services closer to home and under one roof.
- Provided a range of services through the \$8 million Armidale Ambulatory Care Centre including chemotherapy, ambulatory care and outpatient clinics, specialist consulting rooms for surgeons, anaesthetists, renal physicians, obstetricians and gynaecologists and chronic disease services, including dietician services.

## Illawarra Shoalhaven Local Health District



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

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

Chief Executive: Sue Browbank

### Local government areas

Kiama, Shellharbour, Shoalhaven, Wollongong

## Public hospitals

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

## Community health centres

Bulli Community Health Centre, Cringila Community Health Centre, Culburra Community Health Centre (outreach clinic only), Dapto Community Health Centre, Helensburgh Community Health Centre, Jervis Bay Community Health Centre, Nowra Community Health Centre, St Georges Basin Community Health Centre, Sussex Inlet Community Health Centre, Ulladulla Community Health Centre, Warilla Community Health Centre, Wollongong Community Health Centre (located at Fernhill), Wreck Bay Community Health Centre

## Child and family health services

Albion Park Early Childhood Centre, Berkeley Early Childhood Centre, Child and Family Service Kids Cottage (Warilla), Child and Family Service (Port Kembla), Corrimal Early Childhood Centre, Cringila Early Childhood Centre, Culburra Early Childhood Centre, Dapto Early Childhood Centre, Fairy Meadow Early Childhood Centre, Figtree Early Childhood Centre, Flinders Early Childhood Centre, Gerringong Early Childhood Centre, Helensburgh Early Childhood Centre, Illawarra Child Development Centre, Kiama Early Childhood Centre, Mount Terry Early Childhood Centre, Northern Family Care Centre (Woonona), Nowra Early Childhood Centre, Oak Flats Early Childhood Centre, Shoalhaven Family Care Centre, Shoalhaven Heads Early Childhood Centre, Southern Family Care Centre (Berkeley), St Georges Basin Early Childhood Centre, Sussex Inlet Early Childhood Centre, Thirroul Early Childhood Centre, Ulladulla Early Childhood Centre, Warilla Early Childhood Centre, Warrawong (Anglican Church) Early Childhood Centre, Wollongong Early Childhood Centre, Woonona Early Childhood Centre

Aboriginal Maternal and Infant Health: Illawarra Aboriginal Maternal Infant Child Health Service Shellharbour Hospital, Jervis Bay Early Childhood Centre, Binji and Boori, Aboriginal Maternal Infant Child Health Service (AMICH) Shoalhaven, Wreck Bay Community Health Centre

## Oral health clinics

Bulli Hospital Dental Clinic (including Child Dental Clinic) – currently closed, Kiama Hospital Dental Clinic (including Child Dental Clinic), Nowra Community Dental Clinic (including Child Dental Clinic), Port Kembla Dental Clinic (including Child Dental Clinic), Shellharbour Hospital Dental Clinic (including Child Dental Clinic), Ulladulla Community Dental Clinic (including Child Dental Clinic), Warilla Dental Clinic (including Child Dental Clinic), Wollongong Dental Clinic (including Child Dental Clinic)

## Other services

Integrated Chronic Disease Management (Aboriginal Health, ACI Clinical Variation Project, Access and Referral Centre (ARC), Carer's Program, Connecting Care, diabetes services), health improvement services (health promotion, HIV / AIDS and related programs, multicultural health and refugee health), Mental Health Homelessness Project, targeted clinical services (sexual health, women's health and youth health), Violence Abuse

and Neglect (VAN) Service, Youth Health and Homelessness Strategy, ambulatory care, asthma education service, continence service, palliative care, primary health nursing, speciality wound service, stomal therapy service, BreastScreen, cancer services, drug and alcohol program, medical imaging, mental health service, multicultural health, pathology, refugee health, research/research support, rehabilitation, aged and extended care, renal services

## Demographic summary

The Illawarra Shoalhaven Local Health District covers a large geographic region of approximately 5687 square kilometres, extending along the coastline from Helensburgh in the north to North Durras in the south.

The Australian Bureau of Statistics 2013 estimated resident population for the Illawarra-Shoalhaven was 387,575. The population has a projected growth rate of 0.9 per cent per annum and is projected to reach 402,800 by 2016 and 419,800 by 2021.

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

Rurality: approximately 97,000 people, or 25 per cent of the population, are currently living in the Shoalhaven local government area.

Age: based on the premise that older people and children use health services more than others, Illawarra-Shoalhaven has a higher proportion of people aged 75 years and older (8.4 per cent), compared to the NSW average (6.8 per cent). Children aged less than five years make up 6 per cent of the population, lower than the NSW average of 6.5 per cent and the fastest growing age group between 2011 and 2021 will be persons aged 85 years and over, with a 51 per cent increase.

Relative disadvantage: the Illawarra-Shoalhaven population, on average, is more disadvantaged than the NSW population, based on the composite Socio Economic Index for Areas.

Culturally and linguistically diverse communities are well represented in the Illawarra-Shoalhaven. In 2011, an estimated 67,773 people or 17.5 per cent of the Illawarra-Shoalhaven population were born overseas (excluding country of birth not stated). As at 2013, the estimated Illawarra-Shoalhaven Aboriginal and/or Torres Strait Islander population was 13,048 (3.4 per cent of the Illawarra Shoalhaven Local Health District population). Of the Aboriginal and/or Torres Strait Islander population, 7761 (59 per cent) live in the Illawarra (Wollongong, Shellharbour and Kiama) local government areas and the remaining 5287 (41 per cent) reside in Shoalhaven.

## Year in review

In 2013-14, the District's capital infrastructure was a key focus. The \$34.8 million Cancer Care Centre at Shoalhaven District Memorial Hospital campus was opened together with a \$14 million expansion to the Illawarra Cancer Care Centre at Wollongong Hospital. This enhancement enabled the installation of a third linear accelerator.

Construction on the \$106 million Illawarra Elective Surgical Services Centre, including ambulatory care unit and emergency department expansion, reached the half-way point signalling a massive change to the Wollongong Hospital campus footprint.

The District welcomed the region's first Positron Emission Tomography (PET) scanner to the Nuclear Medicine Department. Developed with a public-private partnership, the PET service will significantly enhance the District's diagnostics capability. This machine is currently one of only two of its kind in Australia.

Work on the \$30.5 million Wollongong Car Park Project commenced in the late stages of the reporting period and Illawarra Shoalhaven Local Health District's first sub-acute Adult Mental Health Unit on the Shoalhaven campus took its first patients in June. Preliminary planning commenced for a significant redevelopment and expansion of the Shellharbour Hospital campus in line with the District's Health Care Services Plan.

The District achieved a three-year accreditation status across its nine hospital sites with Wollongong achieving six commendations for healthcare delivery. Wollongong Hospital also earned accreditation as a Level Three teaching hospital for the first time, enabling the highest level of training for junior doctors.

A Disability Action Plan was launched, strengthening the District's commitment to identifying and reducing barriers for people with disabilities. The Plan sets out priorities and key inclusion strategies for action. The District has also been particularly focussed on improving communication with consumers and has made significant steps towards becoming a more health-literate organisation with the implementation of key initiatives including the Health Literacy Program and the Patient Information Portal.

Sue Browbank, Chief Executive

## Key achievements for 2013-14

- Commenced extension to the Child Development Centre at Porter Street, at a cost of \$750,000.
- Completed a new 20-bed sub-acute mental health facility at the Shoalhaven District Memorial Hospital at a cost of \$10.6 million.
- Finalised agreement between the District and Illawarra Shoalhaven Medicare Local for the establishment of a general practitioner Superclinic within the Shoalhaven Hospital site. Construction of the Superclinic has commenced and is expected to be completed in February 2015.
- Achieved the National Elective Surgery Target and the National Emergency Access Target trajectory for the District.
- Awarded funding from the Restart NSW Illawarra Infrastructure Fund to continue the development of Bulli Hospital into a Centre of Excellence in Aged Care in partnership with the Illawarra Retirement Trust.
- Consolidated the success of the Pre-hospital Assessment for Primary Angioplasty Program, which halved the average wait time for presentation of a patient with a myocardial infarction to the time the procedure was undertaken from 100 minutes to 50 minutes.
- Gained three year accreditation for all hospitals against the National Safety and Quality Health Care Standards under the National Accreditation Scheme.
- Achieved budget compliance for 2013-14, including achieving own revenue budget target; applied NSW State Funding Framework across the District with Activity Based Funding reporting on a monthly basis.
- Developed the District's Workforce Strategy 2012-2022 with development and implementation of a District-wide *Reward and Recognition Program*, recognising service excellence and length of service.



- Established a community palliative care multidisciplinary team providing an excellent service to our patients needing palliative care both in the in-patient unit and in the community.

## Mid North Coast Local Health District



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Port Macquarie NSW 2444

Telephone: 6588 2946  
Facsimile: 65882 947  
Website: [www.mnclhd.health.nsw.gov.au](http://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 Multipurpose 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 services

There are no tertiary level facilities in Mid North Coast Local Health District, so these services are sourced from other partners. John Hunter Children's Hospital is the tertiary facility for Mid North Coast's children's services, with the exception of some quaternary services that are provided at Sydney and Westmead Children's Hospitals

### Oral health clinics

Coffs Harbour, Kempsey, Laurieton, Port Macquarie, Wauchope

## Other services

Aboriginal health, cancer services, drug and alcohol, mental health, public health, sexual health, violence, abuse, neglect and sexual assault

## Demographic summary

Mid North Coast Local Health District covers an area of 11,335 square kilometres which extends from the Port Macquarie Hastings local government area in the south to Coffs Harbour in the north.

The traditional custodians of the land covered by the District are the Birpai, Dunghutti, Naganyaywana and Gumbainggir Nations.

At the 2011 Census, it was estimated that in the Mid North Coast Local Health District there were approximately 200,404 persons, with five per cent of persons identified as being of Aboriginal and/or Torres Strait Islander descent. Forty thousand or 20 per cent of the total population were under the age of 16 years, with 10.3 per cent of those under 16 being of Aboriginal and/or Torres Strait Islander descent.

Mid Coast Local Health District has some of the lowest Socio-Economic Indexes for Areas scores in NSW, with Kempsey and Nambucca local government areas ranking 7 and 8 in terms of disadvantage in NSW.

The Mid North Coast has one of the fastest growing and ageing populations in NSW, with the District providing a diverse range of services to a population of around 215,000.

## Year in review

This year was an exciting year for the Mid North Coast Local Health District. The District performed well to achieve budget targets while continuing to deliver excellent public health services to the communities of the Mid North Coast.

The Closing the Gap Committee is leading the way to support the initiative while keeping a focus on quality outcomes within the clinical environment. The indigenous workforce has exceeded the state Close the Gap employment target with a result of three per cent and is now working towards a regional target of five per cent.

The District is currently overseeing capital works projects in excess of \$210 million which is the largest ever capital investment into health services on the Mid North Coast. The Expansion Project at Port Macquarie Base Hospital is nearing completion and Kempsey District Hospital is progressing well.

Projects at other facilities have included an upgrade to the emergency and theatre departments at Bellinger River District Hospital and the completion of both the Palliative Care Unit and Urgent Care Centre at Wauchope District Memorial Hospital.

Planning continues for a \$1.5 million HealthOne Community Health Centre at Nambucca Heads. The rural dental van service has now provided a substantial number of visits and individual services to aged care residents in 33 residential aged care facilities across the District.

Mid North Coast Local Health District regularly recognises the excellent work undertaken by more than 450 volunteers who work tirelessly at our hospitals and community health centres to support our patients, clients and staff. These volunteers assist within our hospitals and emergency departments, support patients and their families and coordinate fundraising efforts.

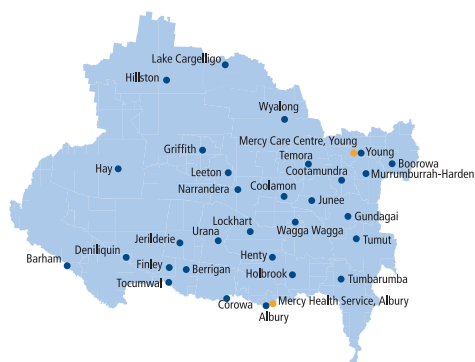
Over the next few years we will see the benefits of the significant capital works programs across the District. These projects will allow our staff an excellent opportunity to work in state-of-the-art facilities and implement efficiencies and improvements in the provision of quality healthcare and support to our communities along the Mid North Coast.

Stewart Dowrick, Chief Executive

### Key achievements for 2013–14

- Made sound progress on key Tier one and two performance measures. Significant improvements of 13 per cent for category A, 6 per cent for B and 8 per cent for C recorded with regards to National Elective Surgery Target compared to the previous year. The District achieved an 8 per cent increase in the number of people treated within clinically appropriate time.
- Established the Mid North Coast Health Research Collaborative as a joint project with healthcare providers, Aboriginal Medical Services and universities. Healthcare professionals will identify practical health research questions and academics will assist through the application of robust research methods to address those questions and identify evidence-based solutions for implementation. These partnerships will benefit the healthcare system through identification of improved models of care and will contribute to the universities' research output performance indicators.
- Reduced the number of workers compensation claims recorded by 25 per cent.
- Completed the *Mental Health Clinical Services Plan 2012-2021*, the *Maternity Services Review* and the *Nursing and Midwifery Workforce Action Plan 2014-2016*.
- Participated in the Clinician Executive Leadership Program, Whole of Hospital and HealthPathways programs.
- Successfully transitioned the Wauchope District Memorial Hospital emergency department to the new Urgent Care Centre following an 18 month community consultation process. The new Urgent Care Centre now operates from 8am to 6pm seven days a week.
- Commenced provision of renal dialysis services for Nambucca Valley residents in partnership with a local general practitioner clinic.

## Murrumbidgee Local Health District



Johnston Street  
Locked Bag 10  
Wagga Wagga NSW 2650

Telephone: 6933 9100  
Facsimile: 6933 9188  
Website: [www.mlhd.health.nsw.gov.au](http://www.mlhd.health.nsw.gov.au)  
Business hours: 8.30am – 5.00pm, Monday to Friday  
Chief Executive: Jill Ludford

## Local government areas

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

## Public hospitals

Base Hospital: Wagga Wagga and Griffith

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

Multipurpose Services: Batlow, Berrigan, Boorowa, Coolamon, Culcairn, Henty, Gundagai, Jerilderie, Junee, Lake Cargelligo, Lockhart, Tumberumba and Urana

## Public nursing homes

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

## Community health centres

Adelong, Albury, Ardlethan, Arian Park, Borellan, Barmedman, Barham, Batlow, Berrigan, Boorowa, Boree Creek, Coleambally, Coolamon, Cootamundra, Corowa, Culcairn, Darlington Point, Deniliquin, Finley, Ganmain, Goolgowi, Griffith, Gundagai, Harden-Murrumburrah, Hay, Henty, Hillston, Holbrook, Howlong, Jerilderie, Junee, Khancoban, Lake Cargelligo, Leeton, Lockhart, Mathoura, Moama, Moulamein, Narrandera, Oaklands, Rand, Rankin Springs, Tarcutta, Temora, The Rock, Tocumwal, Tooleybuc, Tumberumba, Tumut, Ungarie, Urana, Wagga Wagga, Walla Walla, Weethalle, West Wyalong, Young

## Child and family health services

Adelong, Albury, Ardlethan, Arian Park, Borellan, Barmedman, Barham, Batlow, Berrigan, Boorowa, Boree Creek, Coleambally, Coolamon, Cootamundra, Corowa, Culcairn, Darlington Point, Deniliquin, Finley, Ganmain, Goolgowi, Griffith, Gundagai, Harden-Murrumburrah, Hay, Henty, Hillston, Holbrook, Howlong, Jerilderie, Junee, Khancoban, Lake Cargelligo, Leeton, Lockhart, Moama, Moulamein, Narrandera, Oaklands, Rand, Rankin Springs, Temora, The Rock, Tocumwal, Tooleybuc, Tumberumba, Tumut, Ungarie, Urana, Wagga Wagga, Walla Walla, West Wyalong, Young

## Oral health clinics

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

## Affiliated health organisations

Mercy Health Service Albury, Mercy Care Centre Young

## Other services

South West Brain Injury Service

## Demographic summary

Murrumbidgee Local Health District covers an area of 125,561 square kilometres and as of June 2012, has an estimated resident population of 287,869 and is projected to grow to reach approximately 307,000 by 2031.

People of Aboriginal background made up 3.1 per cent of the District's population compared to 2.1 per cent for all NSW. There were 10,546 people in Murrumbidgee who identified as being either Aboriginal or Torres Strait Islander. Note this includes Albury local government area.

The people of Murrumbidgee were mostly born in Australia or were from English speaking countries. Only 4.7 per cent of the population were born in a non-English speaking country and five per cent stated speaking a language other than English at home, compared to 18.6 per cent and 22.5 per cent in NSW respectively. Less than one per cent of the District's population had difficulty speaking English compared to 3.7 per cent in NSW. A total of 22,644 people in the 2011 Census for Murrumbidgee identified as being born outside Australia.

Population density for Murrumbidgee Local Health District is 2.3 residents per square kilometre.

The main health issues for the District 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. Murrumbidgee Local Health District significantly contributes to its communities by being a preferred employer across a range of clinical and non-clinical roles.

## Year in review

Murrumbidgee Local Health District consulted widely with our staff, community and wider stakeholders in 2013-14 to map our future direction.

Our Strategic Plan 2013-15 was launched following extensive consultation with consumers, staff, health professionals and other stakeholders. The Plan aims to build on the strengths of our organisation and further develop the capability and sustainability of the Murrumbidgee Local Health District. The District also completed plans for renal, surgical, aged care and rehabilitation services.

This year the District treated more than 69,000 people in our hospitals and multipurpose services. This was an increase of more than 9000 patient admissions (16 per cent). In addition, the District provided over 876,000 non-admitted occasions of service for people in the community or through our patient services.

Work continued on the \$282.1 million redevelopment of the Wagga Wagga Health Service with completion of a new, expanded mental health facility and construction starting on the new acute building. Stage Three Redevelopment planning is well underway. Stage Three will bring to fruition the benefits of the overall hospital redevelopment for the delivery of contemporary, well-integrated health services for the people of Wagga Wagga and the wider area. In our smaller rural communities, an \$8 million redevelopment of Lockhart Multipurpose Service was completed and a sod turning ceremony was held for the new \$12 million Hillston Multipurpose Service.

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

Community engagement remains a focus with Local Health Advisory Committee workshops held with the themes of patient-based care, health promotion, illness prevention and improved community and consumer engagement. More than 1200 people responded to a community survey to evaluate the level of communication between the District and consumers, providing valuable feedback on how we can improve communication.

Efforts continue to promote Murrumbidgee as a great place to live and work to ensure we have a skilled and sustainable workforce for the future. The District has appointed a Wellbeing Manager to improve the health and wellbeing of our 5000 employees, the first position of its kind in NSW Health.

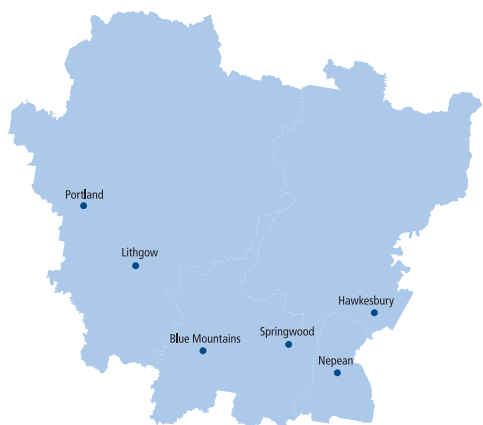
Jill Ludford, Chief Executive

## Key achievements for 2013-14

- Supported the Enhancing Scope of Practice Program with 28 Registered Nurses being locally authorised to provide care to patients who present to emergency departments in small rural facilities for a number of conditions guided by clinical pathways.
- Introduced innovative models of care including midwifery led and shared care maternity models at Deniliquin and Narrandera. These models were developed through community consultation to provide continuity of care throughout pre and post natal care.
- Developed an in-house Business Intelligence Clinical Analytics system to provide a consolidated, single point of information. This brought together clinical measures including financial, workforce and activity and improved the value of monthly reporting.
- Delivered 90 Tai Chi or Gentle Exercise classes with 702 participants per week in 33 towns across 24 local government areas within the District, many being small isolated rural communities through A Physical Activity Leaders Network of 55 leaders. The Network was a previous recipient of the Chief Executive's Excellence Award and Australian Institute of Tai Chi Annual Excellence Award for its quality framework and program reach. This strategy is the District's key population level falls prevention initiative.
- Opened a new 50 bed mental health unit as the first phase of the \$282.1 million redevelopment of the Wagga Wagga Health Service, a milestone for the community. This redevelopment provides an increase of 30 beds, including 10 acute beds and a new 20-bed sub-acute unit to provide rehabilitation services for mental health consumers in the region, for the first time.
- Introduced point-of-care pathology testing in 27 regional hospital emergency departments.
- Continued to improve nursing recruitment and reduce reliance on locum staff with increased numbers of new graduate Registered Nurses continuing to be employed (58 for 2014). Rotation programs with Metropolitan and Base hospitals has also opened up opportunities for newly qualify Registered Nurses to be employed in smaller facilities.
- Continued the rollout of the SEPSIS pathway in Murrumbidgee facilities, improving patient clinical outcomes. District staff were invited to share our processes and procedures with other healthcare professionals across NSW at a State conference.

- Embraced the journey towards achieving accreditation of the 10 National Standards. Ten governance groups have been meeting each month to ensure we can meet the requirements for the surveys.
- Initiated and co-led with Charles Sturt University an intervention to address food insecurity, a major social determinant of health. A consortium of seven stakeholders from health, university, local government and welfare agencies have partnered to form a local coalition, the Wagga District Food Group. The Group has a three year strategic goal to provide healthy food for people in need.

## Nepean Blue Mountains Local Health District



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Penrith NSW 2751

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Facsimile: 4734 3737  
Website: [www.nbmlhd.health.nsw.gov.au](http://www.nbmlhd.health.nsw.gov.au)  
Business hours: 9.00am – 5.00pm, Monday to Friday  
Chief Executive: Kay Hyman

### Local government areas

Blue Mountains, Hawkesbury, Lithgow, Penrith

### Public hospitals

Blue Mountains District ANZAC Memorial Hospital, Hawkesbury District Health Service (as part of Catholic Healthcare), Hawkesbury Hospital (for public patients is operated under contract with Hawkesbury), Lithgow Hospital, Nepean Hospital, Portland Tabulam Health Centre, Springwood Hospital

### Public nursing homes

Portland Tabulam Health Centre

### Community health centres

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

### Oral health clinics

Nepean Blue Mountains Local Health District Oral Health

## Affiliated health organisations

Tresillian Centre

## Demographic summary

The estimated resident population of Nepean Blue Mountains Local Health District in the 2011 Census was 348,100, including Aboriginal and Torres Strait Islander's (3.2 per cent). The Darug, Gundungarra and Wiradjuri people are the acknowledged traditional owners of the land covered by the District. The number of people identifying as Indigenous in the Census has been increasing in recent years and was estimated to be 11,196 in 2011, although this is widely regarded as an underestimate. The largest indigenous community resides in Penrith. The indigenous population is younger than the wider Nepean Blue Mountains community with 55.6 per cent under 25 years of age and a median age of 21 years.

In the 2011 Census, two in 10 of the population reported being born overseas. The most frequently reported countries of birth were United Kingdom, New Zealand, Germany, Netherlands, Philippines, India, Malta and United States of America. In 2010, the Nepean Blue Mountains area received 503 migrants, 79 per cent of whom settled in the Penrith local government area.

The largest proportions of pre-school aged children (less than five years) in 2011 are in the local government areas of Penrith (7.6 per cent) and Hawkesbury (6.8 per cent). The local government areas of Lithgow (12.1 per cent) and Blue Mountains (10.4 per cent) have the highest proportions of older residents aged 70 years and over.

Births and new arrivals to the area contributed to population growth in the District. There were 4902 births to residents in 2011. The highest total fertility rate occurs in Lithgow and Hawkesbury with 2.1 children per woman followed by Blue Mountains and Penrith with 2.0 children per woman.

The projected population growth for Nepean Blue Mountains is 23.8 per cent from 2011 to 2026. The proportion of the population aged 0 to 14 years is expected to remain steady (from 20.7 per cent in 2011 to 20.5 per cent in 2026), while the proportion of older residents will increase from 7.6 per cent in 2011 to 12.1 per cent in 2026.

Based on the Socio-Economic Indexes for the Area in 2011 and Index of Socio-economic Disadvantage, the District had local government areas at both ends of the spectrum. Lithgow was in the second most disadvantaged 10 per cent of NSW. At the opposite end, Blue Mountains was among the second least disadvantaged 10 per cent. Hawkesbury and Penrith were among the third least disadvantaged 10 per cent of local government areas.

Life expectancy at birth ranged from 76.7 to 78.9 years for males and 81.8 to 83.3 years for females.

## Year in review

The 2013-14 year was a period of continued success for Nepean Blue Mountains Local Health District, where it celebrated many and varied achievements across a wide range of services and saw the District build stronger bonds with the community, particularly during the devastating bushfire emergency in October 2013.

The year saw many exciting developments, including the opening of the Nepean Mental Health Centre, a purpose-built



facility featuring 64 beds replacing the former Pialla acute mental health unit. Two of our Primary Care and Community Health facilities completed major refurbishments while advances were made in Telehealth technology providing ease of access to healthcare for patients in regional areas.

It has also been a year of improvement for our Oral Health Service which continues to go from strength to strength and celebrated its lowest ever child and adult wait lists.

Furthermore, a number of our staff-developed initiatives have been identified as best practice. The electronic Quality Audit Tool Exchange has been rolled out for use across NSW and our innovative toolkit for processing visiting medical officer payments has also been flagged to be implemented statewide.

Staff-led initiatives were also celebrated at the inaugural Nursing and Midwifery Research and Practice Development Conference in May, with dozens of health professionals from across the state visiting the Nepean Clinical School to learn about innovative nursing and midwifery projects developed by District staff.

The hard work of the award-winning workforce Reconciliation Committee at Blue Mountains Hospital continued throughout the year with ongoing engagement with the local Aboriginal and Torres Strait Islander community about health service delivery. Nepean Blue Mountains is fortunate to be supported by a large body of dedicated volunteer and auxiliary groups and 2013-14 saw one of the largest single donations made to date with the Lithgow Hospital Ladies Auxiliary donating \$278,000 worth of endoscopy equipment to the hospital.

In October, the District worked with the Rural Fire Service and NSW Ambulance to coordinate the response to a bushfire emergency which devastated much of the District. The staff in the Emergency Operations Centre worked around the clock to pre-emptively evacuate 24 patients and 17 staff from Springwood Hospital to Nepean Private Hospital.

Kay Hyman, Chief Executive

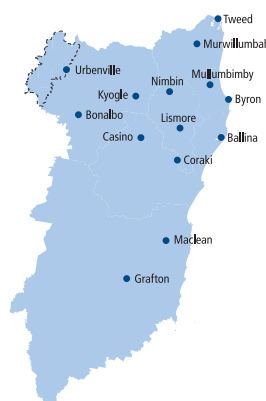
### Key achievements for 2013-14

- Two Primary Care and Community Health facilities, Lemongrove and Cranebrook, have undergone major improvements. The new \$5 million Lemongrove Community Health Centre was opened during the year and Cranebrook Community Health Centre was extended to include a new clinic and therapy rooms and a new outdoor area.
- Increased capacity for low-risk caesarean births with Blue Mountains Hospital used as an alternate birthing location for low-risk, elective caesarean sections. This has decreased demand on Nepean Hospital operating theatres while improving efficient use of resources across the District.
- Expanded telehealth video conferencing, the latest initiative to come out of the Nepean Telehealth Technology Centre. This initiative is changing the way care is being delivered to residential aged care facilities in the local area by linking suitable aged care patients to specialists via video conferencing.
- Developed a variety of purpose-driven Aboriginal and Torres Strait Islander engagement initiatives including the continuation of the award-winning Workforce Reconciliation Committee at Blue Mountains Hospital that actively engages the local Aboriginal community in healthcare delivery and a variety of activities to mark significant events, including NAIDOC Week and Reconciliation Week.
- Exceptional performance of the Nepean Blue Mountains Local

Health District Oral Health Service across all key performance indicators. The Service achieved 128 per cent of its activity target, with a marked increase of occasions of service from 158,099 in 2012-13 to 185,685 in 2013-14. At the same time the Service reduced adult and child wait lists to their lowest ever recorded level.

- Developed Top 5, a simple program for carers of dementia patients that has shown a significant, positive impact on safety, quality and length of stay in aged care wards across the District. The program identifies five key 'comfort' strategies for each patient, such as words or routines used at home, and uses these appropriately to help patients.
- Implemented a new, staff-driven clinical handover model, where shift handovers are completed at the patient's bedside. The model is significantly improving quality, safety and efficiency on the ward with patients reporting they feel more empowered and involved in their care.
- Hosted the inaugural Nursing and Midwifery Research and Practice Development Conference in May to showcase the expertise of the District's nurses and midwives.
- Received a \$278,000 endoscopy equipment donation from the Lithgow Hospital Ladies Auxiliary. The donation consisted of a high-definition processor and monitor, three gastroscopes and three colonoscopes.
- Hand Hygiene Australia recognised Nepean Blue Mountains as a leader in hand hygiene and the District continues to record excellent results in the National Antimicrobial Utilisations Surveillance Program audit.

## Northern NSW Local Health District



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Facsimile: 6620 7088  
Website: [www.ncahs.nsw.gov.au](http://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 Council

### Public hospitals

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

### Community health centres

Alstonville, Ballina, Bangalow, Banora Point, Bonalbo, Byron, Casino, Coraki Campbell, Evans Head, Grafton, Iluka, Kingscliff, Kyogle Lismore (Adult), Maclean, Mullumbimby, Murwillumbah, Nimbin, Tweed Heads, Urberville



## Child and family health services

Lismore and Goonellabah Child and Family Services. Child and Family Services are provided across the District at Northern NSW Local Health District (NNSWLHD) Community Health Centres

## Oral health clinics

Ballina, Casino, East Murwillumbah, Goonellabah, Grafton, Maclean, Mullumbimby, Nimbin, Pottsville 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 is one of the fastest growing rural and remote regions of NSW and also has one of the oldest age profiles. In 2011, the estimated population was 288,241. Over the decade to 2021, the overall population of the District is projected to increase by 8.2 per cent and by 34 per cent for the population aged 65 years and over.

The proportion of people aged 65 years and over is increasing. In 2011, this cohort comprised 19.3 per cent of the total population and is expected to increase to 24 per cent in 2021. Within the older person population, the cohort of people aged 85 years and over is significant from a health needs perspective. The needs of the older aged group will be reflected in the burden of disease and demand for healthcare services.

A number of local government areas in Northern NSW will experience significant population growth over the decade to 2021. The areas of highest population growth include Tweed with a projected population growth of 12.3 per cent, Byron (9.5 per cent) and Lismore (7.3 per cent). The Tweed Hospital also experiences significant cross border patient flows from Southern Queensland.

Northern NSW has a higher proportion of young mothers with 6.1 per cent of women giving birth at less than 20 years of age (compared to NSW rate of 3.5 per cent) and 25.7 per cent of mothers aged less than 25 years compared to the NSW rate of 16.8 per cent.

Northern NSW has a high proportion of Aboriginal people estimated at 13,660 or around 4.7 per cent of the total population in 2012.

## Year in review

The past 12 months has been fast paced and very exciting with all the building works underway. The Lismore Base Hospital Stage 3A Redevelopment managed by Health Infrastructure is our major project and it is pleasing to see the development being made on this and a number of projects across the District.

A Memorandum of Understanding was signed between Northern NSW and Southern Cross University School of Health and Human Sciences. This has strengthened the partnership between the District Nursing and Midwifery Directorate and Southern Cross University in developing opportunities for education, research capacity and curriculum and allowing clinicians to teach in school programs and support student placements. The District has strived to improve clinician and community engagement and has

a number of committees that provide an opportunity to share views and knowledge on how this can be achieved. This past year we have been fortunate to have the NSW Minister for Health and Minister for Medical Research visit the District on a number of occasions, allowing opportunities to meet with clinicians and senior staff.

Fluoride being added to the water was a big issue on the north coast this past year. The Chief Health Officer and Director of Environmental Health from NSW Ministry of Health attended several meetings with local councils in Lismore, Ballina and Byron Bay. As a result of their attendances and strong advocacy for fluoride the only council to vote against fluoride in the water was Byron Bay. In April 2014, the Bureau of Health Information released the Patient Survey on Adult Admitted Patient Experiences, which revealed the majority of patients admitted to our hospitals had a very good or good experience, giving a vote of confidence in our clinicians and support staff.

I extend a huge thanks to our staff, especially the surgeons and emergency medicine specialists and their teams, who are at the frontline, for their outstanding work to treat patients in a timely way. I also acknowledge and thank all the wonderful volunteers who fundraise or those who come into our hospitals to offer comfort to patients in times of need. They provide a valuable service that enables our staff to attend to the clinical needs of patients.

Chris Crawford, Chief Executive

## Key achievements for 2013–14

- Completed relocation in October 2013 of the North Coast Brain Injury and Spinal Injury Service from Lismore Base Hospital to more modern and purpose-built accommodation within the Ballina Hospital as an extension of the rehabilitation building. The accommodation cost was \$175,000 and was funded by the State Government.
- Gained Board endorsement for the Bonalbo Multipurpose Service Feasibility Study Report on 4 December 2013. Health Projects International was engaged to conduct a site Master Planning Study for a proposed Multipurpose Service on the site, which also looked at integration of adjoining Caroon-Bonalbo Residential Aged Care Facility. The \$45,000 study is for an estimated \$10 million future Multipurpose Service.
- Gained approval by the Board in November 2013 for the Final Project Brief supporting Master Plan Option Five as the preferred option for the development of a new HealthOne Centre on the former Campbell Hospital site at Coraki. Estimated capital cost is \$4 million with construction over a 12 month period.
- Supported planning for an upgrade to the Casino Hospital emergency department following allocation of preplanning funding of \$200,000 by the NSW Ministry of Health and a Commonwealth allocation of \$3 million towards the redevelopment. The District is awaiting tender finalisation.
- Completed Grafton Pathology and Pharmacy upgrades in June 2014 at a cost of \$800,000.
- Commenced the \$80.25 million Lismore Base Hospital Stage 3A Redevelopment of a Clinical Procedures Block, managed by Health Infrastructure.
- Completed Murwillumbah Hospital Emergency Department upgrade stages one and two in December 2013 at a cost of \$1.25 million. This was made possible by a \$1 million Rural Health Minor Works allocation and the sale of local assets providing an additional \$250,000.

- Increased staff participation rates in the second Your Health Survey released in September 2013. It was pleasing to learn there was a 10 per cent improvement in the engagement index to 68 per cent.
- Completed the Tweed Hospital Dental Clinic upgrade in November 2013 after Griffith University was successful in obtaining a Commonwealth Health Workforce Australia grant for \$2.42 million to add six training dental chairs to the Tweed Hospital Dental Clinic, which opened in November 2013.
- Completed the Tweed Hospital Transit /Discharge lounge in September 2013 at a cost of \$350,000. This improved the waiting times for patients in the emergency department.
- Completed the Yamba Community Health Centre in June 2014 at a cost of \$4.7 million.
- Achieved 71 per cent participation in the Live Life Well at School program (125 schools) and 85 per cent participation in the Munch and Move program (110 preschools and long day care centres). Of participating schools and services, over 80 per cent implemented 70 per cent of the desirable healthy eating and active living practices, well above the State key performance indicators.

## Northern Sydney Local Health District



Reserve Road  
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Website: [www.nslhd.health.nsw.gov.au](http://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, Willoughby

### Public hospitals

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

### Community health centres

Allambie Heights, Berowra, Brooklyn, Brookvale, Cox's Road, Chatswood, Cremorne, Dalwood, Dee Why, Fisher Road, Frenchs Forest, Galston, Gladesville, Hillview, Hornsby, Manly, Mona Vale, Pennant Hills, Pittwater, Queenscliff, Richard Geeves, Royal North Shore, Ryde, Top Ryde, Wahroonga, Wiseman's Ferry

### Child and family health services

Avalon, Balgowlah, Berowra, Brooklyn, Carlingford, Chatswood, Cremorne, Crows Nest, Dee Why, Frenchs Forest, Galston, Gladesville, Harbord, Hornsby, Lane Cove, Lindfield, Marsfield, Mona Vale, Narrabeen, Northbridge, Parenting Support Services, Dalwood, Pennant Hills, St Ives, Top Ryde, West Ryde, Wisemans Ferry

### Oral health clinics

Hornsby Hospital, Top Ryde, Cox's Road (Macquarie Hospital, North Ryde), Royal North Shore Community Health Centre, Dee Why, Mona Vale Hospital

### Affiliated health organisations

Greenwich, Royal Rehabilitation, Neringah

### Other services

Aboriginal health, acute post-acute care, aged care and rehabilitation, ambulatory care, BreastScreen, child protection, chronic care, community home nursing, domestic violence, HIV and related programs, interpreter services, men's health, mental health drug and alcohol, multicultural health, palliative care, sexual assault, women's and children's health

### Demographic summary

Northern Sydney Local Health District covers approximately 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 District for 2013-14 was 879,983 and is projected to increase to 1,005,727 by 2024. This is a 14 per cent increase, which is similar to the NSW state increase for the same period. Population density for Northern Sydney is 978 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 179,039 residents born overseas in predominantly non-English speaking countries, equating to 22 per cent of the total District's population.

Northern Sydney residents compare favourably on most socioeconomic and health status indicators to the rest of New South Wales and have, on average, greater access to both public and private health services. There are however, identifiable geographical areas and population sub-groups with higher health and social care needs and lower economic means.

The number of residents aged 70 to 84 years is projected to increase at more than double the rate of the general population (35 per cent) to 2024, while the number aged over 84 years is projected to grow at 22 per cent.

Healthcare 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

The District embarked on a period of change in 2013-14 which will ultimately see our operating model transition over time from a facility-based model to a network-led operating model.

The new operating model will support the implementation of integrated care across the District, and our clinical networks will be transformed to ensure they align with the current and future needs of our patients. The model will ensure the patient remains at the centre of all we do and that we provide safe, appropriate, timely and efficient care to patients right across the District.

The unprecedented mix of capital development and investment underway across Northern Sydney provided an ideal time for us to review the roles, functions and models of care being delivered. As always, the priority when changing the way we operate remains our patients. The views of our staff, both clinical and non-clinical, and of our community are being taken into account and we have also researched models operating successfully in other local health districts and health services in other states. To ensure the transition to the new model is a smooth one, a dedicated Change Manager has been recruited to support our staff.

By the fourth quarter of 2013-14, plans were progressing to strengthen clinical governance through our clinical networks, based on the principle that performance and financial objectives are best achieved through good, reliable care and strong clinical participation. The new, flatter more streamlined management structure empowers our divisions and networks to be accountable for the planning and delivery of services.

Our aim is to have our new operating model fully implemented by 2017-18 with the support of staff and the community.

Adjunct Associate Professor Vicki Taylor, Chief Executive

### Key achievements for 2013-14

- Sought Requests for Proposals to build and operate the Northern Beaches Hospital, with two respondents being Ramsay Health Care Limited and Healthscope Limited. The bids are being evaluated and a recommendation will be made to the NSW Government in late 2014.
- Implemented the Community Health and Outpatients Care Cerner Electronic Medical Record project across the District.
- Opened the \$12 million 26-bed inpatient Beachside Rehabilitation Unit at Mona Vale Hospital.
- Royal North Shore Hospital's Clinical Services Building is nearing completion and scheduled to take its first patients in December 2014.
- Officially opened the \$41 million Graythwaite Rehabilitation Centre, a purpose built 64-bed inpatient unit at Ryde Hospital, in September 2013.
- Introduced a formalised antimicrobial stewardship program, including a locally developed computer-based approval system which is being made available for use by other local health districts.
- Achieved full accreditation for North Shore Ryde Health Service and the Mental Health Drug and Alcohol Service from the Australian Council of Healthcare Standards under the newly implemented National Safety and Quality Standards.
- Launched our first *Aboriginal Health Services Plan 2013-2016*, designed to assist health service providers and managers better meet the needs of Aboriginal patients and clients.
- Commenced building works on Hornsby Ku-ring-gai Hospital's \$120 million STAR building which will provide surgery, theatres, anaesthetics and recovery services.

## South Eastern Sydney Local Health District



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Business hours: 9.00am – 5.00pm, Monday to Friday  
Chief Executive: Gerry Marr

### Local government areas

Botany Bay, Hurstville, Kogarah, Randwick, Rockdale, Sutherland Shire, Sydney (part)\*, Waverley, Woollahra, Lord Howe Island<sup>^</sup>

\*Sydney Local Government Area split between Sydney Local Health District and South Eastern Sydney Local Health District.  
<sup>^</sup>Lord Howe Island part of Unincorporated NSW included with South Eastern Sydney Local Health District

### Public hospitals

Gower Wilson – Multipurpose Service (Lord Howe Island), Prince of Wales Hospital and Health Services, St George Hospital and Health Services, Royal Hospital for Women, Sydney/Sydney Eye Hospital and Health Services, Sutherland 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 services

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/ AIDS and related programs – Alexandria, Darlinghurst, Surry Hills (Albion Street Centre) paediatric disability – Kogarah Sexual Health, Youth, drug & alcohol – Darlinghurst (Kirkeaton Road Clinic); drug & alcohol – Surry Hills (Langton Centre)

## Demographic summary

The South Eastern Sydney Local Health District geographic area consists of ten local government areas which are divided into the Northern Sector (and Lord Howe Island) and the Southern Sector:

Northern sector local government areas: Sydney (part–Sydney East and Sydney Inner Statistical Local Areas), Woollahra, Waverley, Randwick, Botany Bay and Lord Howe Island.

Southern sector local government areas: Rockdale, Kogarah, Hurstville and Sutherland.

The estimated resident population of the District in 2011 was 878,500 and is projected to increase to 997,960 (13.5 per cent) by 2021. This represents a lower average annual growth rate than the NSW average from 2011–2021 (1.35 compared to 1.5 per cent in NSW). Population density has been calculated with a total for South Eastern Sydney being 1736 residents per square kilometres.

In 2011, 7367 residents were Aboriginal and/or Torres Strait Islanders, equating to 1.0 per cent of the total South Eastern Sydney population. In addition, 331,438 residents were born overseas, equating to around 40 per cent of the total District population.

## Year in review

The South Eastern Sydney Local Health District has embarked on a three year journey aimed at improving the health of our population, while delivering safe and effective healthcare in a person-centred manner.

In May 2014, the Chief Executive released *A Road Map to the delivery of Excellence, 2014–2017*. Underpinned by NSW Ministry of Health mandates and the District's Board priorities, the Road Map outlines key strategies to promote healthcare excellence across our system and details the new and accelerated focus on a number of priority areas for action. Our specific objectives are organised in accordance with the Triple Aim of healthcare: improving the quality of care; improving the health of the population; and reduced cost per capita.

Over the past 12 months, South Eastern Sydney has pursued relationships with the community that empower patients to better manage their own healthcare. Integrated care is now a primary focus, evidenced by initiatives such as the

implementation of a large clinical redesign project focussing on better integrated care for people with diabetes. This successful project has created a primary care-based system that allows for identification, care, education and enhancement of self-management skills for people with diabetes living in our community.

The District is committed to Closing the Gap in Aboriginal health needs. This year, we entered into a partnership arrangement with Yarr'n Aboriginal Employment Services to grow our Aboriginal workforce and to introduce strategies to better support our existing Aboriginal employees. As a demonstration of the success of the partnership, South Eastern Sydney has employed Aboriginal dental consultants in its oral health service to better meet the needs of the Aboriginal community.

Our hospital-based services are also working hard. In the past 12 months, the District had 208,977 emergency department presentations, an increase of 2.58 per cent to last financial year. There were also 155,086 separations, an increase of 4.35 per cent from the previous financial year. Despite demand increases, quality care was delivered safely with all hospitals gaining accreditation with the Australian Commission Safety and Quality National Health Service Standards.

Over the coming year, the District will build on its achievements and concentrate on the Journey to Excellence by further developing efficient systems that improve the business, in order to focus on the primary goal of patient-centred care.

Gerry Marr, Chief Executive

## Key achievements for 2013–14

- Established the Journey to Excellence, comprising the Program Management Office and Innovation and Improvement Hub, which will implement the Road Map to Excellence and oversee District-wide projects which improve patient care, increase efficiencies, inspire innovation and remove duplication and waste from the system.
- Committed \$3 million for 10 new innovations in integrated care initiatives which look at new cross-sector models of care.
- Continued a major program of District capital works including: a \$39 million new emergency department at St George Hospital with further funding announced in 2014–15 for an expanded Intensive Care Unit and additional clinical areas; planning for Sutherland Hospital redevelopment including an expansion of the emergency department and up to 60 additional inpatient beds; opening of the Sutherland Hospital \$10 million car park and continued construction of the \$79 million integrated cancer care centre at the Randwick Hospitals Campus.
- Opened the Mental Health Service Older Persons' Unit at St George Hospital, a 16-bed unit providing a highly specialised model of care for patients over 65 years. The Mental Health Intensive Care Unit at Prince of Wales Hospital also opened, providing 12 beds for the most complex mental health patients.
- Implemented the Mental Health Employment Collocation Program, a partnership between the District Mental Health Service, the consumer and the disability employment services. The Program was rolled out across three sites (Caringbah, Kogarah and Bondi Junction). Of the 81 clients in the program, 29 received employment, and 52 are actively participating in job seeking or study.



- Royal Hospital for Women's Newborn Care Centre led a statewide initiative to gain consensus on the medications used in a Neonatal Intensive Care Unit to reduce medication incidents and provide better outcomes for babies.
- Held the inaugural South Eastern Sydney Local Health District HIV Testing Week to increase knowledge and understanding of contemporary testing procedures and to promote increased testing regimes within priority populations. The first of its kind in Australia, this was a collaborative approach by the AIDS Council of NSW, The Albion Centre, Kirketon Road Centre (Clinic 180), Sydney Sexual Health Centre, Short Street Sexual Health Centre and St Vincent's Hospital – Immunology B Ambulatory Care and HIV/AIDS and Related Programs Unit.
- Established the Prince of Wales Hospital Emergency Department Review Clinic to fast track patients with low risk conditions to improve access. A total of 64 per cent of patients were seen within recommended times with 81 per cent of clinic patients discharged after seeing an Extended Practice Nurse.
- The Southcare Geriatric Flying Squad won the 2013 NSW Ministry for Health Innovation Award. The service aims to improve acute and palliative care services in aged care facilities and simultaneously reduce ambulance travel, emergency department presentations and hospital admissions.
- Developed the South Eastern Sydney Primary Health Care Partnership Framework, endorsed by the District, South Eastern Sydney Medicare Local, Eastern Sydney Medicare Local, University of NSW and other health organisations in the region. The Framework agreement represents a formal commitment by the partner organisations to work together to improve the health and wellbeing of the people of South East Sydney and describes the principles and values that will guide shared activity.

## Southern NSW Local Health District



Peppertree Lodge  
 Queanbeyan Hospital Campus  
 Cnr Erin and Collett Streets  
 Queanbeyan NSW 2620

Telephone: 6213 8668  
 Facsimile: 6213 8444  
 Website: [www.snswhd.health.nsw.gov.au](http://www.snswhd.health.nsw.gov.au)  
 Business hours: 8.30am – 5.00pm, Monday to Friday  
 Chief Executive: Dr Max Alexander

### Local government areas

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

### Public hospitals

Batemans Bay, Bega, Cooma, Crookwell, Goulburn (Bourke St and Kenmore), Moruya, Pambula, Queanbeyan, Yass

### Community health centres

Batemans Bay, Bega, Bombala, Braidwood, Cooma, Crookwell, Delegate, Eden, Goulburn, Gunning (please note: Gunning is managed via a management committee and provides its own community nursing services following HACC funding changes. Goulburn Community Health Centre provides outreach to Gunning of some Community Health services while Queanbeyan provides an outreach service to the community centre one day per week), Jerrabomberra, Jindabyne, Moruya, Narooma, Pambula, Queanbeyan, Yass

### Child and family health centres

Karabar

### Oral health clinics

Cooma, Goulburn, Moruya, Pambula, Queanbeyan, Yass

### Demographic summary

The Southern NSW Local Health District occupies 44,534 square kilometres in the south-eastern corner of NSW and is made up of ten local government areas.

The estimated resident population of the District at 30 June 2012 was 198,353, a 5.9 per cent increase since 2007. The biggest growth was seen in Queanbeyan (2500 more people), the fastest growth was in Palerang and Yass Valley (14 per cent, NSW average was 6.8 per cent). The average population density of the District is 4.5 persons per square kilometre, ranging from 0.6 persons per square kilometre in Bombala local government area to 233 per square kilometre in Queanbeyan.

Southern NSW's population is projected to grow to around 209,000 by 2016, 220,000 by 2021 and 230,000 by 2026. The ageing population has a significant impact on demand for health services and on the health workforce. While the older population continues to grow rapidly, there is negligible growth expected in the younger age groups. As a result, over the next 15 years, the ratio of older residents (65+ years) to working age people (15-64 years) is predicted to increase from 2.7 to 4.2 older people for every ten residents of working age. This change will be even more pronounced in coastal areas with older populations. The ratio of children (0-14 years) to workers will remain steady at 1:3.

In the 2011 Census, 5668 residents identified as Aboriginal and/or Torres Strait Islander, representing 2.9 per cent of the total population (a 15 per cent increase since 2006 Census). The Aboriginal population is young. Nearly half (48 per cent) of the population is aged 0-19 years, compared to 25 per cent of the non-Aboriginal population. Aboriginal people also have shorter life expectancies and only 7 per cent of the population is aged over 60 years, compared to 25 per cent of the non-Aboriginal population.

## Year in review

Southern NSW Local Health District has performed well both in terms of patient care and budgetary spend.

Of our emergency department patients, 82 per cent were discharged in four hours or less, against a target of 83 per cent. Performance targets for all triage categories were met.

In addition, the District met or exceeded National Elective Surgery Targets in all three categories achieving 100 per cent for Category 1, 99 per cent for Category 2 and 99 per cent for Category 3 against targets of 100 per cent, 93 per cent and 95 per cent respectively. At the same time, overspending is being brought under control with 2013-14 showing a significant reduction in unfavourability. After the six-monthly review, the NSW Ministry of Health has changed the District performance level to level zero, the best possible rating. Effective financial controls are an essential component of the District's organisational health going forward.

This was achieved through savings in many parts of the service including reducing travel-related costs, lower workers compensation premiums, adopting new models of care, less reliance on locums and agency staff and a reduced burden of overtime and untaken leave. There have also been some voluntary redundancies.

An extensive program of capital works has been delivered throughout the year with significant new facilities and upgrades occurring at our Goulburn (operating theatre suites, mental health facilities, emergency department upgrades, a new sub-acute building and new ward storage and ensuites), Moruya (new sub-acute building) and Cooma facilities (a new renal oncology building), while design and planning is occurring at Yass and Jindabyne to deliver new HealthOne Services from 2015.

In what is being described as the biggest construction project occurring in South Eastern NSW, the new South East Regional Hospital is under construction in Bega at a cost of \$187.1 million. This new facility is expected to be operational by mid-2016, after which the current Bega Hospital will close and the role of nearby Pambula Hospital will be adjusted. South East Regional Hospital will have more patient beds than the current Bega and Pambula Hospitals combined.

Significant planning is also underway for a new Goulburn Health Service and Braidwood Multipurpose Service is being undertaken in collaboration with Health Infrastructure following funding from the State Government.

I would like to take this opportunity to thank all the dedicated staff across the District, the Board members and volunteers for their tireless work in the interests of their community.

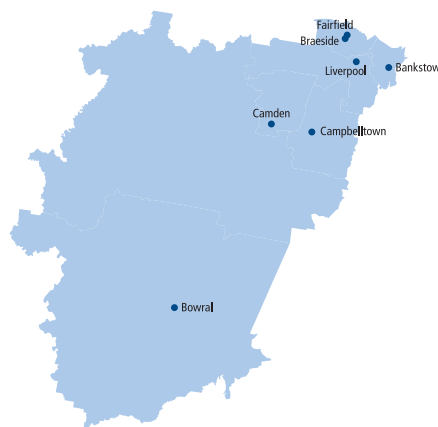
Dr Max Alexander, Chief Executive

### Key achievements for 2013-14

- Gained strong results in the NSW Adult Admitted Patient Survey. The survey showed 94 per cent of patients in our public hospitals rated their overall experience as either 'very good' or 'good' (compared to 91 per cent statewide), and 93 per cent reported they were 'always' treated with respect and dignity (compared to 85 per cent statewide). The survey also showed 93 per cent of our patients believe clinicians explained things in a way they could understand either 'all' or 'most of the time' (compared to 90 per cent statewide).

- Made substantial improvement since 2011 in staff engagement and workplace culture based on results of the 2013 YourSay survey. More than 1450 (59 per cent) employees responded to the survey compared to 998 (43 per cent) in 2011. The survey indicated that 85 per cent of staff are proud to be part of their workplace, a 21 per cent increase on the previous survey. This result is 15 per cent higher than the average for the remainder of NSW Health employees. The results also showed that 76 per cent of staff agree that they are valued in the workplace and 70 per cent of staff are happy with the District's workplace culture, increasing 27 per cent and 41 per cent respectively compared to the previous survey.
- Improved workers compensation with significant reduction in the number of open workers compensation claims and a reduction in premiums has been achieved since the establishment of the District Injury Management and Well Being Unit in March 2013. Open claims have decreased from 129 to 71 which equates to a reduction of 45 per cent. The Hindsight adjustment deficit has reduced from \$1,236,120 in 2012-13 to \$214,617 for 2013-14. The Deposit Premium improved from -\$345,212 in 2012-13 to -\$56,164 for 2013-14.
- Performed well in the first accreditation against the ten new National Standards for Safety and Quality in Healthcare and the additional five EQIP National standards in May 2013. The District performed exceptionally well across all 15 standards including receiving 11 rare 'Met with Merit' ratings. Only six out of a total of 367 criteria received recommendations for improvement and action was taken to address and close these recommendations. Formal notification of the accreditation status was provided by Australian Council on Healthcare Standards in September 2014.

## South Western Sydney Local Health District



Liverpool Hospital Eastern Campus  
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Website: [www.swslhd.nsw.gov.au](http://www.swslhd.nsw.gov.au)  
Business hours: 8.30am – 5.00pm, Monday to Friday  
Chief Executive: Amanda Larkin

### Local government areas

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

## Public hospitals

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

## Community health centres

Bankstown, Bigge Park Centre, Bowral, Cabramatta, Campbelltown (Executive Unit/Triple I), Fairfield, Hoxton Park, Ingleburn, Liverpool, Miller – Budyari, Miller – The Hub, Moorebank, Narellan, Prairiewood (Fairfield Hospital), Rosemeadow, Wollondilly, The Corner Youth Health Service (Bankstown), Traxside Youth Health Service (Campbelltown), Fairfield Liverpool Youth Health Team

## Child and family health services

Bargo, Bonnyrigg Heights, Bowral, Bringelly, Cabramatta, Camden, Campbelltown, Carramar, Chester Hill, Claymore, Edensor Park, Fairfield, Fairfield Heights, Georges Hall, Greenacre, Greenway Park, Hilltop, Hinchinbrook, Holsworthy, Hoxton Park, Ingleburn, Liverpool, Macquarie Fields, Macarthur Square, Miller, Mittagong, Moorebank, Moss Vale, Mt Pritchard, Narellan, Padstow, Panania, Penrose, Prairiewood, Robertson, Robert Townsend, Rosemeadow, The Oaks, Thirlmere, Wattle Grove, Warragamba, Yagoona

## Oral health clinics

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

## 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

## Other services

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

## Demographic summary

South Western Sydney Local Health District is one of the most ethnically diverse and populous local health districts in NSW. In 2011, there was an estimated 875,763 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 1.06 million people by 2021. In the decade 2011-2021, the population is expected to increase by almost 18,800 people each year.

South Western Sydney includes seven local government areas, including Bankstown, Fairfield, Liverpool, Campbelltown, Camden, Wollondilly and Wingecarribee. It covers a land area of 6243 square kilometres.

It is a vibrant, culturally diverse region with around 36 per cent of the population born overseas and 48 per cent of the population speaking a language other than English at home. This is the most notable in Fairfield, where more than 74 per cent of the population speak a language other than English at home.

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

There is high natural population growth in the District, with approximately 13,000 births per year, representing more than 13 per cent of all births in NSW. The District contains areas with some of the highest fertility rates in the State, with most local government areas 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).

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

There are approximately 69,000 people over the age of 70 years (7.8 per cent of the population). In the decade to 2021, the number of people aged over 70 years is expected to increase by 55 per cent.

## Year in review

Much has been achieved over the past 12 months to plan for the future delivery and development of services to meet the health needs of one of the fastest growing and most ethnically diverse populations of NSW. The District launched its 10 year strategic plan and five year corporate plan which outlined the strategic priority areas for the future delivery of healthcare services and much has already been achieved.

The \$134 million redevelopment of Stage 1 of Campbelltown Hospital continues to progress well. Planning for Stage 2 has already begun and will include imaging services and further expansion of the acute hospital, including the emergency department, theatres, inpatient beds and expanded cancer services.

Planning has also commenced on the redevelopment of Bankstown-Lidcombe Hospital to include the expansion of acute service zones, ambulatory care, cancer services, mental health accommodation and operating theatres.

I am also really pleased to report that the District was nominated for six NSW Health Innovation Awards. This is an incredible achievement which demonstrates the dedication of staff to improving the health outcomes for patients and their families.

The District is committed to developing its workforce and providing excellent teaching facilities. This year the \$8.4 million Clinical Skills and Simulation Centre and the \$5 million Ngara Education Centre were opened on the Liverpool Campus, providing state-of-the-art simulation education experiences. A \$9 million clinical school is also planned for Campbelltown Hospital in partnership with the University of Western Sydney.

Finally, the District continues to perform well financially and met its financial obligations in 2013-14 and reported a result that was favourable.

I would like to thank the staff, volunteers, community and consumer representatives who have all worked hard to make these fantastic achievements possible.

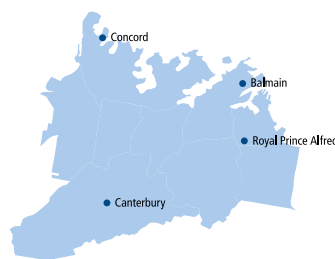
Amanda Larkin, Chief Executive

## Key achievements for 2013–14

- Successfully gained accreditation for Fairfield, Campbelltown and Liverpool Hospitals. The Australian Council on Healthcare Standards EQUiP surveyors were particularly complimentary about the positive patient-focused culture and teamwork and community and consumer engagement. This was a fantastic result and a testament to the hard work and dedication of District staff.
- Made improvements on the number of patients spending less than 4 hours in emergency departments by almost nine per cent.
- Opened the Ngara Education Centre and Clinical Skills and Simulation Centre, state-of-the-art training facilities for health staff on the Liverpool Hospital Eastern Campus.
- A rate of 85 per cent of staff who have completed the online Respecting the Difference Aboriginal cultural awareness training.
- Achieved immunisation rates of 84 per cent of one year old Aboriginal and Torres Strait Islander children who were fully immunised and more than 93 per cent fully immunised at four years
- Coordinated the implementation of the Palliative Care Home Support Packages Program (PEACH) across five local health districts, enabling palliative care patients to die in the comfort of their own home.\*
- Appointed Aboriginal Liaison Officers at Bowral & District, Fairfield and Bankstown-Lidcombe Hospitals with Aboriginal patients in all hospitals now having access to this service.
- Continued construction works at Campbelltown Hospital as part of the \$134 million redevelopment. Additional funding was received to commence planning of Campbelltown Hospital Stage 2 and Bankstown-Lidcombe Hospital Stage 2.
- Signed an important partnership agreement with the Tharawal Aboriginal Medical Service signalling a new commitment to working together.
- Implemented a 24/7 theatre service at Bankstown-Lidcombe Hospital, enabling patients to receive timely surgical intervention and decrease surgery cancellation due to limited theatre access.
- Completed the new outpatient clinic at Bowral and District Hospital in conjunction with the University of Wollongong.
- Recognised three Camden and Campbelltown Hospital nurses who received NSW Health Nursing and Midwifery Awards for Best Midwife, Best Registered Nurse and Best Nurse Assistant.
- Improved access to hand therapy by 57 per cent and reduced surgery cancellations by 75 per cent through relocation of the District Hand Service from Liverpool to Fairfield. This move also saw a 316 per cent increase in the number of operations supervised by senior medical staff.
- Opened a new state-of-the-art Endoscopy Centre at Liverpool Hospital, providing the capacity to double the number of procedures currently performed in preparation for the growing population.
- Gained accreditation at Bankstown Hospital as a 24/7 Acute Stroke Thrombolysis Centre.

\*(Erratum: incorrect program name – resolved)

## Sydney Local Health District



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Business hours: 8.30am – 5.00pm, Monday to Friday  
Chief Executive: Dr Teresa Anderson

### Local government areas

Ashfield, Burwood, Canada Bay, Canterbury, City of Sydney, Leichhardt, Marrickville, Strathfield

### Public hospitals

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

### Community health centres

Camperdown, Canterbury, Croydon, Marrickville, Redfern

Our Community Health Centres provide a range of services across our clinical networks and streams, including Community Health, Mental Health, Oral Health, Drug Health, Sexual Health and Aboriginal Health Services

### Child and family health services

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

Community Oral Health Clinics are provided at Canterbury, Concord, Croydon, Marrickville, Sydney Dental Hospital, RPA. Through the Aboriginal Oral Health Hub and Spoke Program, the Aboriginal Oral Health Clinic based at Sydney Dental Hospital provides services to Aboriginal people in metropolitan areas as well as outreach services to rural and remote Aboriginal communities in partnership with Aboriginal Medical Services and Aboriginal Community Controlled Health Services

## Affiliated health organisations

Tresillian Family Care Centres

## Other services

Aboriginal Health, Aged, Chronic Care and Rehabilitation Services, Allied Health, BreastScreen Services (RPA, Canterbury and the mobile van), Centre for Education and Workforce Development, Chris O'Brien Lifehouse at RPA, Concord Cancer Centre, Community Nursing Services, Croydon Health Centre, Drug Health, Health Care Interpreter Team, Heterosexual HIV Service, Mental Health Services, Nursing and Midwifery Services, Oral Health, Planning, Population Health, Sexual Health Outreach Clinics, Sydney Local Health District Research, Sydney Research (16 founding members including SLHD, The University of Sydney and affiliated Medical Research Institutes), Sydney South West Pathology Services (NSW Pathology), Yaralla Estate, Youth Health Outreach Clinics

## Demographic summary

Sydney Local Health District is located in the centre and inner west of Sydney, covering the local government areas of City of Sydney (part), Leichhardt, Marrickville, Canterbury, Canada Bay, Ashfield, Burwood and Strathfield, covering 126 square kilometres.

The District provides healthcare to more than 580,000 residents of the inner west of Sydney, as well to as a large population of people outside of the District who require the tertiary and quaternary healthcare services, such as trauma care, intensive care and transplantation surgery. By 2021, the District's population is expected to reach 642,000. According to Census data, 9041 babies were born to Sydney mothers in 2011, representing 9.1 per cent of all babies born in NSW.

Sydney Local Health District is characterised by socioeconomic diversity with pockets of extreme advantage and disadvantage. In 2011, there were an estimated 4496 people living with homelessness in Sydney. This constituted 16 per cent of homelessness in NSW. Forty six per cent of homeless people in the District were living in boarding houses.

The traditional owners of the land on which the District stands are the Gadigal and Wangal people of the Eora Nation. At the time of the 2011 Census, there were 4875 people who identified as either Aboriginal or Torres Strait Islander living in Sydney.

Across the District, 43 per cent of residents speak a language other than English at home, almost twice the level of NSW as a whole (22 per cent). The proportion and numbers of people speaking another language ranged from 87,793 people: third highest proportion in the State (64 per cent) in Canterbury, to 7892 people (15 per cent) in Leichhardt local government area. Across the whole District, 7.7 per cent of the population was

born overseas, in predominantly non-English speaking countries, describe themselves as not speaking English well or not at all. The main languages spoken were Mandarin (28,712 people), Arabic (26,665 people), Greek (24,654 people) and Cantonese (22,881 people).

At the same time 23,264 people with disability in Sydney Local Health District required assistance with daily living. An estimated 106,960 people with disability live in the District and around 45,000 people identify as being unpaid carers.

## Year in review

The vision of the Sydney Local Health District is to achieve excellence in healthcare for all. Across the District more than 150,000 people attended our emergency departments, 24,000 operations were performed in our hospitals and more than 6900 babies were born at Royal Prince Alfred and Canterbury Hospitals. The District has now maintained outstanding surgical performance at level zero for 40 months and came in on budget for 2013-14.

The District finalised the transition of shared services with South Western Sydney Local Health District to Sydney. In November 2013, selected non-admitted cancer services were transitioned from RPA to the new Chris O'Brien Lifehouse on the RPA Campus, the first private, public partnership of its type for the treatment of cancer patients in NSW, building on the excellent cancer services provided by RPA.

Innovation and research continue to drive best practice for Sydney Local Health District. This year saw the development of the Innovations Group and annual Innovation and Research Symposium. The District's second annual symposium in May 2014 brought together more than 500 delegates, 30 distinguished speakers and health professionals from across the District and beyond to share their stories and provide opportunities for cross-service collaboration.

The District established its Health Equity Unit and Population Health Observatory. The STARS program was introduced to deliver effective data to our clinicians and service managers to help drive continual service improvement.

More than 15 research entities, the District and the University of Sydney come together to form Sydney Research, one of eight research hubs across the state. Sydney Research has already been successful in driving improvements in healthcare, for example, developing strategies to improve the physical wellbeing of people living with a mental illness.

This year the District embraced new media tools to improve access for our community to our health services and health information. We have launched the Sydney Local Health District Facebook and YouTube channels, established a new Community Advisory Council and continued to build on our event calendar. We are also refreshing our websites to help provide communities with better access to information about our services.

In 2014-15, the new Missenden Mental Health Unit will open and our Patient and Family Centred Care program will continue to be developed. Celebrations are planned for the centenary of early childhood services and 110 years of Sydney Dental Hospital. A new Disability Action Plan and Information Communication Technology Plan will also help shape our services in 2014-15.

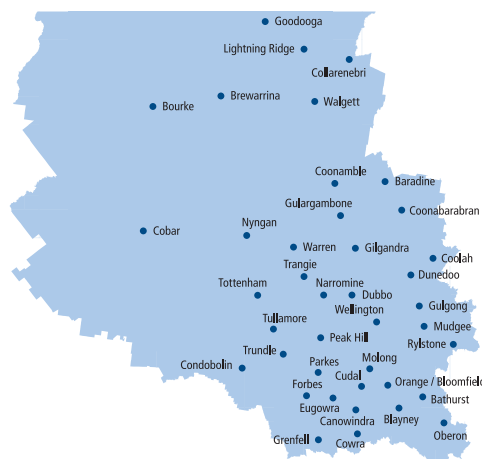
By working together, we continue to grow and improve our health services to ensure a health system we are proud of today and for generations to come.

Dr Teresa Anderson, Chief Executive

### Key achievements for 2013–14

- Launched the Sydney Innovation and Research Symposium, showcasing the remarkable and ground-breaking clinical work and research being conducted in our District every day. The Symposium featured keynote addresses from the University of Sydney's Dr Michael Spence and Australian of the Year Sir Gustav Nossal. Over 500 delegates witnessed more than 30 presentations from our leading researchers and clinicians, creating opportunities for cross-service collaboration.
- Launched the STARS program, a data mining platform providing access for clinicians and managers to enable better business practices and more effective collaboration across the organisation.
- RPA emergency department made significant improvements to its model of care and patient flow processes. The introduction of the Team-Based Care model has had a considerable impact on the National Emergency Access Target performance at RPA. The average overall length of stay has reduced by 30 minutes for all emergency department patients.
- Opened two new centres of excellence for Concord Hospital. The Survivorship Centre for recovery after cancer and the new Concord Palliative Care Centre. The Palliative Care Centre is a \$9 million, 20 bed unit featuring spectacular views, private gardens and courtyards and open family entertainment areas. It provides support and symptom management for patients and their families during the final stages of illness.
- Expanded Hospital in The Home to Concord and Canterbury Hospitals and communities.
- Invested in new mobile devices for all Sydney District Nursing staff to enable point-of-care electronic medical record access and supported data sharing with acute hospitals and services.
- Developed, accredited and implemented the first ever Graduate Diploma of Essential Surgical Skills a collaboration between The Centre for Education and Workforce Development and the Sydney South West Surgical Skills Network.
- Celebrated the 20 year anniversary of the Community Visitors Scheme in March 2014. The Scheme has 240 volunteers visiting 360 residents throughout Sydney and provides bi-lingual and multi-lingual volunteers to regularly visit residents with similar cultural backgrounds in aged care homes.

## Western NSW Local Health District



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Business hours: 8.30am – 5.00pm, Monday to Friday  
Chief Executive: 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, MPS, Condobolin, Cowra, Dubbo, Lachlan (incorporating Forbes and Parkes Health Services), Molong, Mudgee, Narromine, Orange Health Service Bloomfield Campus incorporating Bloomfield Mental Health Service, Peak Hill, Wellington

Multipurpose Health Services: Baradine, Blayney, Bourke, Brewarrina, Collarenebri, Coolah, Coonamble, Dunedoo, Eugowra, Gilgandra, Grenfell, Gulargambone, Gulgong, Lightning Ridge, Nyngan, Oberon, Rylstone, Tottenham, Trangie, Trundle, Tullamore, Walgett and Warren

### 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, 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, Rylstone, Tottenham, Trangie, Trundle, Tullamore, Walgett, Warren, Wellington

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

Aboriginal Maternal and Infant Health Strategy 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 Community Dental Clinic, Condobolin Child Dental Clinic, Cowra Child Dental Clinic, Dubbo Community Dental Clinic, Forbes Child Dental Clinic, Mudgee Community Dental Clinic, Orange Community Dental Clinic, and Parkes Child Dental Clinic. Visiting public Oral Health Clinics and other oral health services arrangements provided in the District occur at the following: Cobar Child Dental Clinic at Cobar Health Service, Coonabarabran Child Dental Clinic at Community Health, Cowra Hospital Dental Clinic (Adult Assessments), Dunedoo MPS Dental Clinic (Private Practitioner use), Gilgandra Multipurpose Service Dental Clinic (visiting public service and Private Practitioner use), Gulgong MPS Dental Clinic, Lightning Ridge Multipurpose Service Dental Clinic (Service provided by Royal Flying Doctor Service and Private Practitioner use), Goodooga Dental Room at Goodooga Primary Care Centre (Service provided by Royal Flying Doctor Service), Collarenebri Dental Room at Collarenebri Multipurpose Service (Service provided by Royal Flying Doctor Service), Nyngan Child Dental Clinic (provided at Nyngan Public School), Oberon Child Dental Service (provided at Oberon Shire Dental Clinic), Rylstone Dental Clinic at HealthOne Rylstone (visiting public service and private practitioner use), Tottenham Multipurpose Service Dental Clinic, Trundle Dental Clinic (fixed Dental Van) at Trundle Central School, Wanaaring Dental Clinic (Service provided by Royal Flying Doctor Service), Warren Child Dental Clinic (provided at Warren Shire Medical Centre), Wellington Health Service Dental Clinic

Services are also provided through local partnerships at the following clinics which are not operated by WNSW LHD: Bourke Aboriginal Health Service Dental Clinic, Walgett Aboriginal Medical Service Dental Clinic, Coonamble Aboriginal Medical Service Dental Clinic, Brewarrina Shire Dental Clinic

## Affiliated health organisations

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

## Other Services

Aboriginal health, BreastScreen, child protection, chronic care, community nursing, drug and alcohol, mental health, sexual health, violence, abuse, neglect and sexual assault, Brain Injury Rehabilitation Program, Aged Care Assessment Team, women's health

## Demographic summary

The Western NSW Local Health District serves a population of approximately 270,775 people (2011 estimated resident population). The District covers a geographical area of 249,804 square kilometres, including 23 local government areas and has a widely dispersed population and a higher proportion of Aboriginal people (11.1 per cent) than most other local health districts. Seven of its local government areas are classified as 'remote' or 'very remote' by the Area Remote Index of Australia Plus classification. Most of the population is concentrated in large cities and towns in the Bathurst Regional, Cabonne, Orange, Dubbo, Mid Western Regional, Parks, Forbes and Cowra. A small increase (8 per cent) in the overall population is projected to 2026. 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.

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

## Year in review

During 2013-14, Western NSW Local Health District saw a range of improvements in access and treatment indicators. This included an above-target increase in patients treated in a community setting, and better than targeted decreases in avoidable admissions and re-admissions. Significant improvements were made in our emergency departments, with all triage category timeframes met. All National Elective Surgery Targets were either met or within acceptable tolerances. We experienced a 31 per cent decrease in complaints in the second half of the year and a 45 per cent decrease in blood stream infections.

A significant improvement to the District's financial position for 2013-14 was announced, with Western NSW almost coming in on budget.

In September 2013, the District launched its *Strategic Health Services Plan 2013-16*. Incorporating the findings of the Health Needs Assessment, the Plan provides the direction and framework for operations over the next three years and identifies five priority areas: coherent system of care; supporting high performance primary care; close the Aboriginal health

gap; improving patient experience; and living within our means. Implementation of the Plan is on track.

The significant capital investment into Western NSW Local Health District provided many highlights during the year. The \$91.3 million Stage One and Two Dubbo Hospital Redevelopment, jointly funded by the NSW Government (\$84.2 million) and the Commonwealth (\$7.1 million) commenced. A new clinical services building is scheduled for completion in late 2015, with refurbishment works to follow. Planning is currently underway for Stages Three and Four which will expand inpatient and ambulatory care services. This planning is scheduled to be completed at the end of 2014. As part of the Lachlan Health Service project, the design development of the new \$72.5 million Parkes Hospital commenced and is almost complete. Early works of the \$40.9 million refurbishment of Forbes Hospital is about to commence. The Lachlan Health Service capital works project is scheduled for completion in late 2016.

Construction of the new \$7 million Gulgong Multipurpose Service was completed and facility commissioning commenced, offering residential aged care, primary and community care, and emergency care services. Construction also commenced on the new \$12 million Peak Hill Multipurpose Service.

In October 2013, the NSW Health Minister visited the District to view progress on all major capital works projects.

Thanks to the committed staff and volunteers of the District, Western NSW continues to provide high quality services.

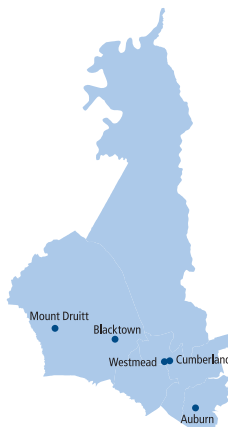
Scott McLachlan, Chief Executive

### Key achievements for 2013–14

- Launched *Living Well Together* internally as a new approach to how the District cares for patients, focusing on consistency, accountability and sustainability in service delivery and patient care. *Living Well Together* provides staff with the tools and techniques to deliver a planned, consistent and disciplined approach to conducting business and caring for patients, ultimately improving patient safety and outcomes.
- Selected as a demonstrator site for implementation of the NSW Health Minister's integrated care strategy which aims to provide seamless care to people in an integrated way, from care in the community to acute care in hospital.
- Won three awards at the annual NSW Health Innovation Awards, including Collaborative Leader of the Year (Dr Gabriel Shannon), NSW Staff Member of the Year (Wendy Robinson), NSW Health Minister Award for Innovation for In Safe Hands – Structure Interdisciplinary Bedside Rounds.
- Reduced the incidence of trachoma from six per cent to zero per cent in a rural community as part of a NSW Health pilot project. Trachoma is the leading cause of infectious blindness in the world which is preventable by early detection and treatment. The Trachoma Screening Project conducted in 10 rural and remote communities in NSW identified a focus for this important work.
- Commissioned and completed a review into the District's mental health drug and alcohol services. The Review Report recommended the District moves to a more contemporary way of caring for people with mental illness by decreasing acute and non-acute inpatient services for adults and non-acute inpatient services for older people and increasing community and residential services.
- Developed and endorsed an *Aboriginal Workforce Plan*, focusing on six key areas including increasing the representation of Aboriginal people employed to 9.4 per cent.

- Conducted a Rural Staffing Review to ensure staffing levels are aligned to each facility's activity, reflecting more reliable and equitable staffing arrangements.
- Held the inaugural Health Council Forum where more than 80 community representatives from 30 of the 37 Health Councils met to discuss health issues and challenges in their communities.

## Western Sydney Local Health District



Cnr Hawkesbury and Darcy roads, Westmead  
PO Box 574  
Wentworthville NSW 2145

Telephone: 9845 5555  
Facsimile: 9845 9901  
Website: [www.wslhd.health.nsw.gov.au](http://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 Hospital, Blacktown Hospital, Mount Druitt Hospital, Cumberland Hospital (Mental Health Services), Westmead Hospital

### Community health centres

Auburn Aged Day Services, Auburn Community Health Centre, Balcombe Heights Aged Day Services, Blacktown Community Health Centre, Blacktown/Mount Druitt Sexual Assault Service, Child Protection Counselling Service, Carinya Aged and Ethnic Day Service, Copperfield Cottage Aged Day Service, Crestwood Aged Day Service, Doonside Community Health Centre, HealthOne Rouse Hill, Hevington House Dementia Day Service, High Street Youth Health Service, Hills Physical Disabilities Team, Merrylands Community Health Centre, Mount Druitt Community Health Centre, Parramatta Community Health Centre, Rosewood Cottage Aged Day Service, Tallowood Dementia Day Service, The Hills Community Health Centre, Western Area Adolescent Team, Westmead Sexual Assault Service

Auburn Community Drug Health Counselling, Blacktown Community Drug Health Counselling, Blacktown Opioid Treatment Unit (Drug Health), Centre for Addiction Medicine Cumberland, Centre for Addiction Medicine Mount Druitt, Doonside Community Drug Health Counselling, Fleet Street



Clinic, Merrylands Community Drug Health Counselling, Parramatta Community Drug Health Counselling, The Hills Community Drug Health Counselling

## Child and family health services

Auburn Early Childhood Centre, Baulkham Hills Early Childhood Centre, Blackett Public School, Blacktown Early Childhood Centre, Castle Hill Early Childhood Centre, Dean Park (William Dean) Public School, Dundas Early Childhood Centre, Epping Early Childhood Centre, Ermington Early Childhood Centre, Glendenning Public School, Granville Early Childhood Centre, Greystanes Early Childhood Centre, Guildford Early Childhood Centre, Hassall Grove Public School, Holy Family Centre, Jasper Road Public School, Kellyville Public School, Lalor Park Early Childhood Centre, Lidcombe Early Childhood Centre, Marayong Early Childhood Centre, Minchinbury Public School, North Rocks Public School, Old Toongabbie Early Childhood Centre, Parramatta North Public School, Plumpton Public School, Quakers Hill East Public School, Regents Park Early Childhood Centre, Riverstone Early Childhood Centre, Ropes Crossing Community Resource Hub, Rouse Hill Public School, Seven Hills Early Childhood Centre, Sherwood Ridge Public School, Tregear Public School, Wentworthville Early Childhood Centre, Winston Hills Public School

## Oral health clinics

Blacktown Dental Clinic, Mount Druitt Dental Clinic, Westmead Centre for Oral Health

## Other services

Aboriginal Health Unit, Centre for Population Health, Education Centre Against Violence (ECAV), Forensic Medical Unit (for victims of domestic violence), Health Care Interpreter Service, Multicultural Health, New Street Adolescent Service, NSW Education Program on Female Genital Mutilation (FGM), Pre Trial Diversion Program, Westmead Breast Cancer Institute (BCI), Westmead BCI Treatment & Assessment Clinics, Westmead BCI Administration

BreastScreen NSW Sydney West clinics: Auburn BCI Sunflower Clinic, Blacktown BCI Sunflower Clinic, Castle Hill BCI Sunflower Clinic, Mount Druitt BCI Sunflower Clinic, Parramatta BCI Sunflower Clinic, Women's Health at Work

## Demographic summary

Western Sydney Local Health District is responsible for providing and managing all public healthcare within five local government areas, incorporating 120 suburbs.

Our cutting-edge services provide a broad range of needs-specific healthcare to more than 900,000 local residents, as well as statewide specialty services interstate and internationally operating out of more than 100 sites including four hospitals, and an extensive network of community health centres.

The District provides healthcare services to one of Australia's fastest growing urban populations with a rich tapestry of culture, people, traditions and beliefs, and a growth rate nearly twice that of most of the rest of NSW. A total of 43 per cent of the District's population was born overseas.

Approximately 11,500 or 1.4 per cent of our population self-identified as being Aboriginal, with the majority (8000) living in the Blacktown local government area. A total of 45 per cent

of residents speak a language other than English at home with the largest proportion from Auburn at 79.5 per cent. Arabic, Cantonese, Mandarin, Hindi, Tagalog are the most commonly spoken languages other than English.

Our population is younger than the State average with 7.6 per cent being pre-school age (0-4 years) compared to 6.6 per cent. Four of the five local government areas have higher total fertility rates than the State average.

## Year in review

This year has seen tremendous growth and development of the Western Sydney Local Health District. From large-scale infrastructure enhancements to the implementation of innovative models of care, the District has continued its steady progression into one of NSW's leading local health districts.

The NSW Government allocated \$6 million in planning funding for the redevelopment of the Westmead Hospital precinct. Once complete, it will be the largest integrated health, research, education and training precinct in the world and a key area of the NSW Government's policy to transform western Sydney into a global growth corridor and economic stimulus for NSW and beyond.

Building has also continued at Blacktown and Mount Druitt Hospitals, with Stage 1 of the \$324 million redevelopment in full swing and many projects already completed. The newest addition to the Hospital is the Melaleuca Mental Health Unit that offers innovative models of care, based on feedback from patients and staff. Before 2031, the District will be the most populous local health district in NSW, and these pivotal infrastructure enhancements, coupled with effective models of care, will ensure we are better able to provide health services for the people of western Sydney.

This year saw greater collaboration and strengthening of key strategic partnerships, both within our local government areas and across the State. Our continued work with WentWest Medicare Local has seen the District become one of three demonstrator sites under the NSW integrated care strategy, while the opening of Westmead's Millennium Institute this year is sure to sustain and encourage the ground breaking work regularly conducted by our medical research partners.

Danny O'Connor, Chief Executive

## Key achievements for 2013-14

- Reduced the overall District deficit by \$4.5 million, from the previous year, despite clinical activity increasing by eight per cent. The District has also focussed on improving its financial transparency implementing improved costing systems and providing greater financial reporting and training throughout the business.
- Received the Harry Collins Award at the 2013 NSW Health Innovation Awards for the MRSA control in a NICU population program. The Program aims to reduce or eradicate healthcare-associated Methicillin Resistant Staphylococcus Aureus colonisation in Neonatal Intensive Care Unit population and ultimately hospital-wide, reducing the risk to patients of potentially serious infection.
- Built a new multistorey car park as part of the Stage 1 Expansion of Blacktown Hospital; a sub-acute mental health unit (Melaleuca); refurbished the current hospital building and continued work on the new Clinical Services Building that is expected to open in early 2016. Refurbished the Mount Druitt

Hospital main entrance; expanded the Oral Health Unit; built a new Emergency Department Urgent Care Centre and a sub-acute rehabilitation unit.

- Achieved agreed National Elective Surgery Targets through work of the District's Surgical Stream Taskforce. In 2013-14 elective surgery performance improved, with changes resulting in more certainty and improved timeliness of access to elective surgery.
- Collaborated with WentWest Western Sydney Medicare Local on the District's Diabetes Prevention and Management Initiative, focussing on whole of district care for people with diabetes to address the prevalence of this chronic disease. Western Sydney is a diabetes hot-spot with four of our five local government areas experiencing prevalence rates above the NSW and national rates.
- Participated in the Transition to Professional Practice Metropolitan Rural Exchange for Nursing and Midwifery for the first time in 2014. As part of the Exchange, two Griffith Base and Wagga Base hospital Registered Nurses' gained

valuable skills and experience at Blacktown and Westmead hospitals which are readily transferrable to regional facilities.

- Partnered with the NSW Ministry of Health and NSW Ambulance on the Mental Health Acute Assessment Team pilot with a multidisciplinary team dispatched to specific mental health-related Triple Zero calls.
- Recognised as a finalist in the NSW Premier Partnership Awards for the bstreetsmart program which aims to reduce the incidence of road trauma among our youth. This award recognises outstanding partnerships between public sector teams and business, non-government, and/or academic/ training organisations to deliver results against at least one goal in the NSW 2021 plan.
- Over the past year, the Research and Education Network has supported 338 research projects through ethics and governance approvals. The Research Office has streamlined ethics and governance processes, and increased information, communication and training, following the publication of the Research Governance Review Report 2013.

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## Affiliated organisations

### St Vincent's Health Network

390 Victoria Street  
Darlinghurst NSW 2010

Telephone: 8382 1111  
Facsimile: 9332 4142  
Website: [www.stvincents.com.au](http://www.stvincents.com.au)  
Business hours: 9.00am – 5.00pm, Monday to Friday  
Chief Executive: Associate Professor Anthony Schembri

The St Vincent's Health Network provides public health services at three Sydney facilities, including St Vincent's Hospital and the Sacred Heart Health Service at Darlinghurst, and St Joseph's Hospital at Auburn

#### Year in review

This year marks several major milestones for St Vincent's including the 175 year Anniversary of the arrival of the first Sisters of Charity in Australia. The 30 year anniversary of the establishment of the St Vincent's National Heart Lung Transplant Unit and the 30 year anniversary of the opening of Australia's first HIV/AIDS ward. This year also saw the celebration of the 50 year Anniversary of the St Vincent's Pain Service, the first such service in the country.

St Vincent's Hospital Sydney and Sacred Heart Health Service underwent the Australian Council of Healthcare Standards EquiPNational periodic review in April 2014. Both facilities performed extremely well with no high priority recommendations made and both health services maintaining their accredited status. Similarly, St Joseph's Hospital underwent the organisation-wide survey for the EquiPNational standards in June. As with St Vincent's Hospital and Sacred Heart Health Service, there were no high priority recommendations identified and all core actions were satisfactorily met at St Joseph's with accreditation status maintained.

St Vincent's Health Network strives to ensure the highest levels of patient satisfaction in delivering care. It was reassuring to note

that St Vincent's Hospital Sydney was rated in the top 10 of all the public and private hospitals across Australia, in Australia's largest not-for-profit health fund 2013 patient survey of hospital experiences of more than 11,000 of its members from across Australia. Of these top 10 hospitals, St Vincent's is the only public hospital in Australia to have ranked in the top 10 for patient recommendation for care with a ranking of 9.2 out of 10.

The past year has witnessed a significant improvement in the performance of the Network in improved patient access and financial operations.

In relation to timely access to care, National Elective Surgery Targets for Category 1, Category 2 and Category 3 patients, there were no patients waiting beyond their clinical wait time as at 30 June 2014. The Network also met the agreed NSW Ministry of Health trajectory for National Emergency Access Target. Achieving these targets remains a priority for the Network in the coming year.

The initiatives implemented to improve timely access to care included extending the 'fast track' protocol for non-admitted patients by up to four hours per day, as well as the extension of the emergency medical unit inclusion criteria to include patients on the chest pain pathway. The Whole of Hospital Program for National Emergency Access Target continues to see improvement throughout the Network with the individual work-streams on track.

The emergency department three day timeline study which commenced in May is already showing a number of opportunities for the Emergency Medical Unit. Other strategies underway to further improve performance include the Back of Hospital Project to create capacity for emergency department patients within the hospital and the Patient Flow Project which is currently reviewing the work practices of the bed managers to increase efficiency.

The last financial year saw St Vincent's Health Network adopt several initiatives to ensure financial sustainability and resulted in a break-even financial result for the financial year. Additional

patient revenue, savings in pharmacy and blood usage and reductions in agency/casual nursing use and overtime have been particularly successful strategies.

This year the Network established a Clinical Council which incorporates senior clinical staff (medical, nursing, allied health), professorial appointments, medical staff council representatives, executive and clinical program medical and nursing leads. The Clinical Council continues to consider a number of high priority matters including improving access performance, post-acute and inpatient rehabilitation, infection prevention and quality performance, palliative care services and hospital efficiency both financial and operational. The involvement of consumer representatives continues with peer-elected staff also contributing to the Council's deliberations.

St Vincent's Health Network is currently working with the NSW Ministry of Health to progress a new longer term agreement for ongoing service provision and funding.

A personal note of thanks to staff, Board members, volunteers and donors for their support in providing excellence in care for the community.

Associate Professor Anthony Schembri, Chief Executive

### ***Key achievements for 2013–14***

- Cleared the HIV virus in two patients after bone marrow transplants – a world first for these doctors.
- Welcomed \$5.5 million Federal funding over four years with the Garvan Institute to a National Prostate Cancer Research Centre at The Kinghorn Cancer Centre.
- Carried out the first 'heart-in-a-box' transplant in the Southern Hemisphere.
- Worked with Government to help drive legislation change reducing alcohol violence around the Sydney central business district.