2011-2012
A YEAR IN REVIEW
## CONTENTS

<table>
<thead>
<tr>
<th>Letter to the Minister</th>
<th>02</th>
</tr>
</thead>
<tbody>
<tr>
<td>Message from the Chair</td>
<td>03</td>
</tr>
<tr>
<td>Chief Executive’s Year in Review</td>
<td>04</td>
</tr>
<tr>
<td>Vision and Values</td>
<td>06</td>
</tr>
<tr>
<td>Our Profile</td>
<td>08</td>
</tr>
<tr>
<td>Organisational Chart</td>
<td>11</td>
</tr>
<tr>
<td>Together, Achieving Better Health</td>
<td>12</td>
</tr>
<tr>
<td>Our Hospitals</td>
<td>14</td>
</tr>
<tr>
<td>Nepean Hospital</td>
<td>14</td>
</tr>
<tr>
<td>Blue Mountains Hospital</td>
<td>16</td>
</tr>
<tr>
<td>Lithgow Integrated Health Service</td>
<td>18</td>
</tr>
<tr>
<td>Portland Tabulam Health Centre</td>
<td>20</td>
</tr>
<tr>
<td>Springwood Hospital</td>
<td>21</td>
</tr>
<tr>
<td>Hawkesbury District Health Service</td>
<td>22</td>
</tr>
<tr>
<td>Our Community Health and Services</td>
<td>24</td>
</tr>
<tr>
<td>Aboriginal Health</td>
<td>24</td>
</tr>
<tr>
<td>Allied Health</td>
<td>25</td>
</tr>
<tr>
<td>Drug and Alcohol</td>
<td>26</td>
</tr>
<tr>
<td>Mental Health</td>
<td>27</td>
</tr>
<tr>
<td>Multicultural Health</td>
<td>28</td>
</tr>
<tr>
<td>Oral Health</td>
<td>29</td>
</tr>
<tr>
<td>Population Health</td>
<td>30</td>
</tr>
<tr>
<td>Primary Care and Community Health</td>
<td>32</td>
</tr>
<tr>
<td>Research</td>
<td>34</td>
</tr>
<tr>
<td>Our Board</td>
<td>36</td>
</tr>
<tr>
<td>Our Staff</td>
<td>40</td>
</tr>
<tr>
<td>Operations</td>
<td>41</td>
</tr>
<tr>
<td>Nursing and Midwifery</td>
<td>42</td>
</tr>
<tr>
<td>Finance, Business and Information</td>
<td>43</td>
</tr>
<tr>
<td>Workforce, People and Culture</td>
<td>44</td>
</tr>
<tr>
<td>Clinical Governance</td>
<td>45</td>
</tr>
<tr>
<td>Allied Health</td>
<td>46</td>
</tr>
<tr>
<td>Media and Communications</td>
<td>47</td>
</tr>
<tr>
<td>Staff Profile</td>
<td>48</td>
</tr>
<tr>
<td>Equal Employment Opportunity</td>
<td>49</td>
</tr>
<tr>
<td>Work, Health and Safety</td>
<td>50</td>
</tr>
<tr>
<td>Safety Office Service</td>
<td>51</td>
</tr>
<tr>
<td>Volunteers</td>
<td>52</td>
</tr>
<tr>
<td>Nepean Hospital</td>
<td>52</td>
</tr>
<tr>
<td>Blue Mountains Hospital</td>
<td>53</td>
</tr>
<tr>
<td>Lithgow Hospital</td>
<td>53</td>
</tr>
<tr>
<td>Educational Development</td>
<td>54</td>
</tr>
<tr>
<td>Organisational Development</td>
<td>54</td>
</tr>
<tr>
<td>Clinical Innovation, Design and Development</td>
<td>55</td>
</tr>
<tr>
<td>Our Community</td>
<td>56</td>
</tr>
<tr>
<td>Government Information Public Access</td>
<td>57</td>
</tr>
<tr>
<td>Privacy Management</td>
<td>62</td>
</tr>
<tr>
<td>Abbreviations</td>
<td>65</td>
</tr>
</tbody>
</table>

Nepean Blue Mountains Local Health District
2011-2012 Year in Review
Dear Minister,

I am pleased to provide a copy of the Nepean Blue Mountains Local Health District Year In Review 2011 – 2012.

This publication provides information about the activities of the Nepean Blue Mountains Local Health District during 2011-12. It is pleasing to note a number of improvements in performance, particularly in Emergency Department triage times and off stretcher time, elective surgery and endoscopy performance with the District as a whole achieving Triple Zero at the end of the year.

The opening of East Block has added much needed additional capacity to the District, which enabled the great elective result and will enable us to deliver increasing volumes over the coming years to both reduce overall waiting times and keep pace with our increasing population growth.

The District has a particular focus on safety and will enhance the embryonic Safety Office Service, which commenced during 2011-12 to assist in achieving our aim of being the safest hospitals in the state.

In commending our Year in Review 2011-12 to you, I acknowledge the work of our staff who, every day, deliver great service to our population and continually strive to improve our services.

Yours sincerely,

Patrick Cregan
Chair,
Nepean Blue Mountains Local Health District Board
It is with great pride that I present the Nepean Blue Mountains Local Health District results and achievements for 2011-2012. This Year in Review highlights just some of the outstanding work and initiatives delivered by staff across the Nepean Blue Mountains Local Health District. 2011-2012 has been a year of milestones across the organisation. From construction developments to new program initiatives and the introduction of the Medicare Local, Nepean Blue Mountains Local Health District continues to improve its performance in quality patient care and population health measures. It is because of our dedicated staff who strive to provide the very best in health service delivery that this is possible. This year Nepean Blue Mountains Local Health District established a number of exciting initiatives and services, which have provided innovative solutions to identified community and patient needs. New programs such as the Outreach Chemotherapy Service at Lithgow Hospital and the Multidisciplinary Orthopaedic Clinic improve service to our population. Our health services have recorded some outstanding results throughout the year. We had improved results for our Emergency Departments overall with marked reduction in waiting times for patients at Nepean Hospital. Elective results were also improved with no patients waiting outside their waiting list category for surgery and endoscopy procedures at the end of the year. Portland Tabulum Health Centre achieved the remarkable feat of a perfect result for their Aged-Care Standards review audit, gaining three years of accreditation with no recommendations for further improvement. It was also a milestone year at Nepean Hospital with the completion of Stage 3 of the redevelopment works, East Block. The newly constructed building includes six new operating theatres, two surgical wards and enhancements to the Intensive Care Unit and Chapel.

The opening of new and upgraded facilities is a significant achievement for all involved. Many wonderful achievements by our staff across the District were recognised at the Nepean Blue Mountains Local Health District Quality Awards. The Quality Awards are a new and excellent initiative to showcase and recognise the exceptional work, dedication and enthusiasm of our staff. Three projects have now gone on to be finalists at the 2012 NSW Health Awards. This is an achievement that all staff across the District can be proud of.

In partnership with the Nepean Blue Mountains Medicare Local, we have established a framework to support Consumer Engagement across the District. This is just one of a number of projects that we are progressing in conjunction with our Medicare Local. We see our partnership with them as essential to ensure that we can together provide the best possible health services to our population.

I wish to acknowledge the Nepean Blue Mountains Local Health District Board for their continued support in this growing and dynamic environment. I offer my sincerest congratulations to the staff and management of Nepean Blue Mountains Local Health District for their efforts in delivering quality service to the Local Health District.

Kay Hyman
Chief Executive,
Nepean Blue Mountains Local Health District

This Year in Review highlights just some of the outstanding work and initiatives delivered by staff across the Nepean Blue Mountains Local Health District. 2011-2012 has been a year of milestones across the organisation. From construction developments to new program initiatives and the introduction of the Medicare Local, Nepean Blue Mountains Local Health District continues to improve its performance in quality patient care and population health measures. It is because of our dedicated staff who strive to provide the very best in health service delivery that this is possible. This year Nepean Blue Mountains Local Health District established a number of exciting initiatives and services, which have provided innovative solutions to identified community and patient needs. New programs such as the Outreach Chemotherapy Service at Lithgow Hospital and the Multidisciplinary Orthopaedic Clinic improve service to our population. Our health services have recorded some outstanding results throughout the year. We had improved results for our Emergency Departments overall with marked reduction in waiting times for patients at Nepean Hospital. Elective results were also improved with no patients waiting outside their waiting list category for surgery and endoscopy procedures at the end of the year. Portland Tabulum Health Centre achieved the remarkable feat of a perfect result for their Aged-Care Standards review audit, gaining three years of accreditation with no recommendations for further improvement. It was also a milestone year at Nepean Hospital with the completion of Stage 3 of the redevelopment works, East Block. The newly constructed building includes six new operating theatres, two surgical wards and enhancements to the Intensive Care Unit and Chapel.

The opening of new and upgraded facilities is a significant achievement for all involved. Many wonderful achievements by our staff across the District were recognised at the Nepean Blue Mountains Local Health District Quality Awards. The Quality Awards are a new and excellent initiative to showcase and recognise the exceptional work, dedication and enthusiasm of our staff. Three projects have now gone on to be finalists at the 2012 NSW Health Awards. This is an achievement that all staff across the District can be proud of.

In partnership with the Nepean Blue Mountains Medicare Local, we have established a framework to support Consumer Engagement across the District. This is just one of a number of projects that we are progressing in conjunction with our Medicare Local. We see our partnership with them as essential to ensure that we can together provide the best possible health services to our population.

I wish to acknowledge the Nepean Blue Mountains Local Health District Board for their continued support in this growing and dynamic environment. I offer my sincerest congratulations to the staff and management of Nepean Blue Mountains Local Health District for their efforts in delivering quality service to the Local Health District.

Kay Hyman
Chief Executive,
Nepean Blue Mountains Local Health District

South Block lecture theatre was abuzz with excitement as more than 150 staff members watched on while the very first NBMLHD Quality Awards were presented. The event, which recognised the quality improvement initiatives and contributions of staff across the LHD, was the first of its kind for NBMLHD and provided an opportunity for staff to share their successful initiatives and achievements with colleagues. Clinical Governance Director Debbie Wyburd said the awards not only recognised and celebrated work that has already been undertaken but promote the pursuit of excellence through innovation.

“The offering of quality healthcare begins with our staff - that’s why it’s so important to recognise the fantastic work they do every day.”

The judges had the difficult task of evaluating a total of 43 quality improvement initiative abstracts to award nine teams with highly commended certificates and plaques for their impressive efforts and four teams with the top three places. Nepean Emergency Department’s Improving the Quality and Safety of Our Triage Practice and Lithgow Hospital Operating Theatre’s Saving the List both came in at equal third.

Second place was awarded to the Patient Controlled Fluid Allowance project – an initiative of Wendy Bayliss, Angela De Koster and the Nepean Cardiology nursing team which has seen the implementation of an innovative new fluid balance system for heart failure patients.

But it was Chris Baird, Helen Hodges and Clarke Scott who took out the coveted first-place trophy for Sharing, Learning and Respecting Through Partnerships - building on previous work conducted in partnership with the Blue Mountains GP Division this program was designed to deliver culturally appropriate health services through the establishment of key affiliations and governance structures with local Aboriginal communities.

Christine Baird, Acting General Manager of Community Health, said the winning initiative came about in direct response to the requests of the local community.

“The Blue Mountains Aboriginal Community was struggling to get services to outreach to the area and it had been many years since we’d heard the community’s views on where we should be concentrating our efforts.” Chris explained.

“Being recognised like this reminds us that what we do is important in the big picture of health within the NBMLHD and motivates us to work even harder to deliver the best possible services for our clients.”

Nepean Blue Mountains Local Health District Chief Executive Kay Hyman said all of the nominees were to be commended for their impressive commitment to improving current and future healthcare services.
**VISION, VALUES AND GOALS**

**VISION**
**TOGETHER, ACHIEVING BETTER HEALTH**

Nepean Blue Mountains Local Health District will drive innovation and excellence in health service delivery that provides safe, equitable, high quality, accessible, timely and efficient services that are responsive to the needs of patients and the community.

**VALUES**

<table>
<thead>
<tr>
<th>CORE</th>
<th>SAFE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collaboration</td>
<td>Safety</td>
</tr>
<tr>
<td>Openness</td>
<td>Agility</td>
</tr>
<tr>
<td>Respect</td>
<td>Fairness</td>
</tr>
<tr>
<td>Empowerment</td>
<td>Excellence</td>
</tr>
</tbody>
</table>

**ORGANISATIONAL GOALS FOR NEPEAN BLUE MOUNTAINS LOCAL HEALTH DISTRICT**

- **Live within our Means (service & financial performance)**
- **Enhance the Patient Experience (Clinical Quality, Access & Safety)**
- **Improve Population Health (Inequalities & Localities)**

The NSW Health values of CORE and the Nepean Blue Mountains Local Health District values of SAFE underpin all planning processes and health service delivery.

**THE CORE VALUES ARE:**
- Collaboration
- Openness
- Respect
- Empowerment

**COLLABORATION**

Accepting that everyone from the Minister to the patient, from the ward orderly to the Director-General, from the most skilful surgeon, the most inspiring researcher, the most caring nurse to the most dedicated record keeper, from the Hospital General Manager to the flat-out paramedic, from the public to the private sector, that we are all part of one team in one health system.

**OPENNESS**

Ensuring that facts are on the table and allowed to speak for themselves, no matter how embarrassing or uncomfortable they may sometimes be. Our processes must be transparent. People have a right to know how and why decisions are made, and who is making them. We also need to be up front about what it costs to deliver world-best health care.

**RESPECT**

Insisting that everyone engaged in providing health care has a valued role; that there is no single source of wisdom and that listening is as important as talking.

**RESPECT**

Within a respectful health care system, we are able to give real meaning to the concept of accountability to our patients.

**EMPOWERMENT**

Enabling patients to take as much control as they desire of decisions with regard to their own health care in collaboration with care providers. Ensuring that decisions are based on clear information about what works best, side effects and where and when treatment is available. Acknowledging that for empowerment to work, there must be trust on all sides and at all levels, from the Minister, the Department, hospital administrators and care providers – doctors, nurses, allied health professionals, tradespeople, contractors, carers and volunteers.

**THE SAFE VALUES ARE:**
- Safety
- Agility
- Fairness
- Excellence

**SAFETY**

Committed to providing superior performance in a proactive framework and building a strong employee culture where safety is everyone’s responsibility.

**AGILITY AND RESPONSIVENESS**

Innovative healthcare provision needs to be agile and responsive to the views and concerns of the community, supported by information about the characteristics of the population, research and emerging healthcare practices.

**FAIRNESS AND EQUITY**

We are committed to the provision of fair and equal access to healthcare for all of our community, including the development and delivery of programs to redress inequalities in minority and other disadvantaged population groups including refugees, Aboriginal and Torres Strait Islanders and Culturally and Linguistically Diverse families.

**EXCELLENCE**

Striving to be at the forefront of healthcare innovation involves pursuing excellence in everything we do.

**ORGANISATIONAL GOALS**

The three organisational goals of the Nepean Blue Mountains Local Health District are:
- Improving population health (inequalities and localities)
- Enhancing the patient experience (clinical quality, access and safety)
- Living within our means (service and financial performance).

It should be noted that no one goal is more important than another and all three must be practised simultaneously.
The estimated resident population of the Nepean Blue Mountains Local Health District in 2011 was 345,564, which includes an Aboriginal community (2.6%) (refer to Table 1). The Darug, Gundungarra and Wiradjuri people are the acknowledged traditional owners of the land covered by the Nepean Blue Mountains Local Health District. The number of people identifying as indigenous in the Census has been increasing in recent years and estimated to be 8,825 in 2011, although this is widely regarded as an underestimate. The largest indigenous community resides in Penrith. The indigenous population is younger than the wider Nepean Blue Mountains Local Health District community, with 55.6% aged less than 25 years.

The largest proportions of pre-school aged children (less than 5 years) in 2011 were in the Penrith (7.9%) and Hawkesbury LGAs (7.5%). At the other end of the spectrum, the LGAs of Lithgow (11.8%) and Blue Mountains (9.7%) had the highest proportions of older residents aged 70 years and over. In the period 2011 to 2021, the proportion of the population aged less than 10 years is expected to remain steady (from 14.1% to 14.2%), while the proportion of older residents will increase (from 7% to 10%).

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

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

The largest proportions of pre-school aged children (less than 5 years) in 2011 were in the Penrith (7.9%) and Hawkesbury LGAs (7.5%). At the other end of the spectrum, the LGAs of Lithgow (11.8%) and Blue Mountains (9.7%) had the highest proportions of older residents aged 70 years and over. In the period 2011 to 2021, the proportion of the population aged less than 10 years is expected to remain steady (from 14.1% to 14.2%), while the proportion of older residents will increase (from 7% to 10%).

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

Table 1: Demographics of Residents in Nepean Blue Mountains Local Health District

<table>
<thead>
<tr>
<th>LGA</th>
<th>2011 Total Population</th>
<th>2011 Census % 5-70%</th>
<th>2006 Census % 5-70% of Total Census Population</th>
<th>% IRSID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blue Mountains</td>
<td>77,517</td>
<td>62</td>
<td>1.6</td>
<td>4.8</td>
</tr>
<tr>
<td>Hawkesbury</td>
<td>64,826</td>
<td>7.5</td>
<td>7.3</td>
<td>2.3</td>
</tr>
<tr>
<td>Lithgow</td>
<td>20,625</td>
<td>5.7</td>
<td>11.8</td>
<td>3.4</td>
</tr>
<tr>
<td>Penrith</td>
<td>182,596</td>
<td>7.9</td>
<td>5.9</td>
<td>2.9</td>
</tr>
<tr>
<td>NBMHLHD</td>
<td>345,564</td>
<td>7.3</td>
<td>7.4</td>
<td>2.6</td>
</tr>
</tbody>
</table>

Source: NSW Health Population Projection Series 1, 2009 (HOIST), Centre for Epidemiology and Research, NSW Department of Health and CDATA 2001, 2006. Compiled by Epidemiology, SWAHS, April 2011

1. People speaking a language other than English
2. Index of Relative Socio-economic Disadvantage

On Census night in 2006, almost 1 in 10 of the population in Nepean Blue Mountains Local Health District reported being born overseas. The most frequently reported countries of birth were UK, New Zealand, Germany, Netherlands, Philippines, India, Malta and USA.

Life expectancy at birth in the LGAs ranged from 76.2 to 78.6 for men and 81.7 to 82.8 for women. The increasing populations of older people foreshadow new and unique challenges in health care planning, service delivery and access to specialised care.

Based on the Socio-Economic Indexes for Area (SEIFA) 2006, Index of Socio-economic Disadvantage, Nepean Blue Mountains Local Health District had LGAs at both ends of the spectrum. Among the most disadvantaged areas in NSW, scoring below the 1,000 average, was Lithgow (937), characterised by low income and educational attainment, and high levels of unemployment. At the opposite end scoring over 1,000, which suggests less disadvantage, were the LGAs of the Blue Mountains (1,051), Hawkesbury (1,033) and Penrith (1006).

The age-standardised death rates for Nepean Blue Mountains Local Health District residents for the five-year period 2003 to 2007 were comparable to the state average for males (782.0 and 750.1 per 100,000 respectively) and females (537.3 and 501.7 per 100,000 respectively). The major causes of death were circulatory diseases, cancers, respiratory diseases, injury and poisoning. A similar pattern existed for premature deaths among residents aged less than 75 years.

Although the age-standardised death rate was slightly higher among men in Nepean Blue Mountains Local Health District compared to NSW (317.8 and 311.8 per 100,000 respectively), the difference was not significant. However, the age-standardised death rate among women in Nepean Blue Mountains Local Health District was significantly higher than the NSW average (198.7 and 180.7 per 100,000 respectively).
SERVICES IN THE NEPANE BLUE MOUNTAINS LOCAL HEALTH DISTRICT

The main hospitals in Nepean Blue Mountains Local Health District are Nepean Hospital, Blue Mountains District ANZAC Memorial Hospital, Springwood Hospital, Lithgow Hospital and Portland Tabulam Health Centre (as shown in Figure 4). Hawkesbury Hospital (for public patients) is operated under contract with Hawkesbury District Health Service, as part of Catholic Health Care. Community Health Centres are located throughout the locality. The Nepean Blue Mountains Local Health District consists of both urban and semi-rural areas, covering almost 9,179 square kilometres.

FIGURE 4. HOSPITALS AND COMMUNITY HEALTH CENTRES IN NEPANE BLUE MOUNTAINS LOCAL HEALTH DISTRICT


Nepean Blue Mountains Local Health District
2011-2012 Year in Review
TOGETHER, ACHIEVING BETTER HEALTH

HIGHLIGHTS

Nepean Blue Mountains Local Health District has had several achievements and successes since its inception in 2010-2011. The highlights are outlined below.

ESTABLISHED GOVERNANCE STRUCTURES
• Established the Nepean Blue Mountains Local Health District with functioning Board, Chief Executive and Tier 2 structure in place.
• Established new governance arrangements, including key committees, for Nepean Blue Mountains Local Health District.

OPENED NEW SERVICES
• Opened Nepean Hospital Stage 3 Development including new operating theatres, surgical wards, Ambulatory Procedures Centre, enhancements to the Intensive Care Unit and Chapel.
• Implemented the Multidisciplinary Orthopaedic Clinic, as part of a pilot statewide initiative, to improve the management of patients whilst on the waiting list for joint replacement surgery at Nepean Hospital.
• From July 2011, established the Translational Cancer Research Centre (TCRC) to bring outcomes of clinical trials and research to patient treatment sooner. The TCRC is a joint initiative of senior cancer clinicians across NBMLHD and WSLHD with funding support from the Cancer Institute and the University of Sydney.
• Implemented the new PET CT service, improving management of oncology patients, and SPECT CT service, improving nuclear medicine service for patients at Nepean Hospital.
• Established the Multidisciplinary Mobile Rehabilitation Team at Nepean Hospital to maintain and potentially improve patient function and reduce length of stay.
• Developed and enhanced the Adolescent Diabetes Transitional Clinic at Nepean Hospital, which has reduced emergency presentations and hospital related costs of approximately of $1 million over 3 years.

ACHIEVED AND IMPROVED PERFORMANCE
• Winner of the Premier’s Award for Innovation in Public Service Delivery for the Women in Custody joint project with Justice Health and Corrections.
• Achieved ‘000’ for surgery waiting time categories 1, 2 and 3 patients by end June 2011 and sustained this result through 2011/12.
• Improved off-stretcher time now greater than 90% and improved triage response times at Nepean Hospital.
• Designed the Waiting Room Acute Care (WRAC) assessment area in the Emergency Department, Nepean Hospital with the aim to see patients quickly and provide definitive plans. The overall goals are to achieve triage KPIs, improve ambulance off-load times and provide junior medical staff with support.
• Maintained good performance on Emergency Department access block for mental health patients at Nepean Hospital at 18% with a Ministry of Health target maximum of 20%.
• Evaluated the 2011 Influenza Prevention Program that showed 1,532 patients at high risk of influenza were vaccinated at 61 clinics. The program was successful in reaching younger patients with chronic illness (66%), pregnant women (12%) and Aboriginal people (2.5%). The mean age of vaccine recipients was 41 years.
• Participated in the Live Life Well@School Program at 64 local Primary Schools through the Healthy Weight Program and 96 schools in the Crunch and Sip Program.
• Improved the salary packaging rate to 67%, which is a 10% increase on previous performance.
• Initiated the use of high sensitivity troponin measurements, reducing the number of inpatient stress tests required by 40% at Nepean Hospital.

Nepean Blue Mountains Local Health District 2011-2012 Year in Review
Nepean Hospital is a major tertiary referral hospital for the NBMLHD and beyond that provides high-level inpatient and outpatient services for people of all ages. Inpatient services generally have the capacity to manage high complexity patients who require specialist care. Services provided include emergency, critical care, acute medicine, planned and emergency surgery, maternity, neonatal, paediatric medicine and minor surgery, mental health, aged care and rehabilitation services, drug and alcohol, and a broad range of specialist outpatient clinics and services.

**Key Achievements During 2011/12**

- Nepean Hospital Stage 3 Development including 6 new operating theatres, 2 new surgical wards, Ambulatory Procedures Centre, and enhancements to the Intensive Care Unit and Chapel. This included the establishment of a Special Imaging Suite.
- Substantially improved Emergency Department performance including ambulance off-stretcher time and triage response times during a period of increased patient presentations through leadership in medical and nursing initiatives to improve the timeliness of ED responses and the quality of emergency care.
- Achieved ‘000’ for surgery waiting time categories 1, 2 and 3 patients by end June 2011. ‘000’ was sustained throughout 2011/12.
- Implemented the Multidisciplinary Orthopaedic Clinic, as part of a pilot statewide initiative, to improve the management of patients whilst on the waiting list for joint replacement surgery.
- Established the Multidisciplinary Mobile Rehabilitation Team to maintain and improve patient function and reduce length of stay.
- Developed and enhanced the Adolescent Diabetes Transitional Clinic, which has reduced emergency presentations, reducing hospital related costs of approximately $1 million over 3 years.
- Initiated pathways to care through the Care of Diabetes in Elective Surgery (CODES) Program.
- Initiated the use of high sensitivity troponin measurements, reducing the number of inpatient stress tests required by 40%.
- Winner of the Premier’s Award for Innovation in Public Service Delivery for the Women in Custody joint project with Justice Health and Corrections.
- Implemented the Ortho-Geriatric Rehabilitation Service to improve the quality of care to aged care patients with orthopaedic injuries requiring rehabilitation.
- Winner of a NSW Health Award for the Nepean Hospital Fractures and Falls Clinic, providing world-class care for patients with high risk of falls-related injury.
- Designed the Waiting Room Acute Care (WRAC) assessment area in the Emergency Department with the aim to see patients quickly and provide definitive plans. The overall goals are to achieve triage KPIs, improve ambulance off-load times and provide junior medical staff with support.
- Designed the Ortho-Geriatric Rehabilitation Service to improve the quality of care to aged care patients with orthopaedic injuries requiring rehabilitation.
- Winner of a NSW Health Award for the Nepean Hospital Fractures and Falls Clinic, providing world-class care for patients with high risk of falls-related injury.

**OUR HOSPITALS**

**Nepean Hospital**

Somerset Street, Kingswood
Ph: (02) 4734 2000
KEVIN HEDGE, GENERAL MANAGER

**Can’t Catch This Salmon**

Nepean Hospital physiotherapist Sarah Salmon represented Australia in the 400m sprint, 400m hurdles and 400m relay at the Oceanic Athletic Championships in June. It was an extremely successful meet for Sarah who collected gold, silver and bronze medals.

“Our team won the 4x400m relay; I came second in the 400m hurdles and third in the 400m flat-ground sprint,” said Sarah.

Sarah’s achievements haven’t come without a lot of hard work – she has been running, jumping and leaping her way around the track competitively for the past 10 years. In the lead up to the championships, the ambitious 25-year-old juggled full-time work with her intensive, six-day-a-week training program.

Sarah acknowledged the support of her workmates in helping her prepare for the meet, “The physio department staff were really encouraging. It was great to have the extra support at work.”

Nepean Hospital physiotherapist Sarah Salmon competing at the Oceanic Athletic Championships.
Blue Mountains District ANZAC Memorial Hospital provides a range of general inpatient services including emergency, general medicine and surgery, low-level high dependency unit, obstetrics and gynaecology, paediatrics, and geriatric, rehabilitation and palliative care services, on-site pathology, medical imaging and pharmacy, as well as a wide range of allied health services such as occupational therapy, physiotherapy, speech pathology, nutrition and dietetics and social work. Outpatient clinics and services operating at the hospital include hydrotherapy, physiotherapy, dental, antenatal, psychiatry, drug and alcohol and sexual health.

**Key Achievements During 2011/12**
- Excellent performance in the surgery waiting times with ‘000’ rating maintained.
- Achieved National Emergency Access Targets (NEAT) of >70% of Emergency Department patients discharged or admitted from Emergency within 4 hours.
- Financial favourability at end of June 2012.
- Reduction in workers’ compensation number and cost of claims.
- Implemented the cogeneration plant at Blue Mountains District ANZAC Memorial Hospital, resulting in a reduction in heating and hot water costs.
- Facility redesign including the placement of the security office in main entry and the nurses’ desk in the Rehabilitation and Therapy area.
- Multidisciplinary education sessions held focusing on positive culture training for all corporate staff and managers.
- Formed peer selected Staff Advisory Committee and Reconciliation Committee and held the Reconciliation Afternoon Tea for staff and public.
- Support and donations from numerous groups including Leura Gardens Festival, Leura Katoomba Wentworth Falls Hospital Auxiliary, Rotary, Volunteers and Hospital Fete.
- Submitted 10 Quality projects to Nepean Blue Mountains Local Health District Quality Awards.
- Blue Mountains District ANZAC Memorial Hospital was the pilot site for e-discharge summary project, which commenced October 2011.
- Introduced the Essentials of Care program in Nursing.
- Introduced the caseload midwifery model of care.
- Employed Health and Security Assistants.
- Increased the number of student placements in Nursing, Medical and Allied Health, and increased the numbers of new graduate positions in Nursing and Physiotherapy.
- Patient satisfaction was high and 95 appreciations were received.
- 24 patient journey interviews were conducted.
- All complaints were managed within accepted timeframes.

**Blue Mountains Hospital Goes Green and Saves**
Blue Mountains District ANZAC Memorial Hospital (BMDAMH) has saved an estimated $72,000 on electricity costs over the past eight months thanks to a micro-cogeneration plant implemented in 2011 in a bid to cut costs and reduce carbon emissions.

The micro-cogeneration plant harnesses thermal energy to heat everything from the patient hydrotherapy pool to domestic hot water and sterilisers for staff use, with the energy generated supplying close to 60 per cent of the site’s total energy requirements.

Peter Simshauser, District Engineer for Springwood and BMDAMH says the hospital will see a further reduction in electricity costs and carbon emissions as use of energy generated from the micro-cogeneration plant continues to be implemented across the site.

“The heating capacity of the hospital has significantly increased since the implementation of the plant,” Peter commented.

“In addition, BMDAMH has also upgraded its boiler and medical-air plants as well as installing a 5kW solar photovoltaic system which converts sunlight into energy through solar panels on the roof of the buildings and will see further financial and environmental benefits as a result.”

Blue Mountains District ANZAC Memorial Hospital

Cnr Woodlands Road and Great Western Highway, Katoomba
Ph: (02) 4784 6500
ANDREA WILLIAMS, GENERAL MANAGER

Blue Mountains District ANZAC Memorial Hospital (BMDAMH) has saved an estimated $72,000 on electricity costs over the past eight months thanks to a micro-cogeneration plant implemented in 2011 in a bid to cut costs and reduce carbon emissions.

The micro-cogeneration plant harnesses thermal energy to heat everything from the patient hydrotherapy pool to domestic hot water and sterilisers for staff use, with the energy generated supplying close to 60 per cent of the site’s total energy requirements.

Peter Simshauser, District Engineer for Springwood and BMDAMH says the hospital will see a further reduction in electricity costs and carbon emissions as use of energy generated from the micro-cogeneration plant continues to be implemented across the site.

“The heating capacity of the hospital has significantly increased since the implementation of the plant,” Peter commented.

In addition, BMDAMH has also upgraded its boiler and medical-air plants as well as installing a 5kW solar photovoltaic system which converts sunlight into energy through solar panels on the roof of the buildings and will see further financial and environmental benefits as a result.
Lithgow Integrated Health Service is a multi-facility campus comprising Lithgow Hospital, Lithgow Community Health Centre, a small private hospital and a residential aged-care facility. Lithgow Hospital was commissioned in 1999 and provides 24 hour emergency service, paediatrics, maternity, low-risk surgery and general medicine, with on call medical services. Inpatient services are delivered under a Visiting Medical Officer/ General Practitioner model of care with the capacity to manage lower complexity patients who do not require subspecialty care.

**KEy ACHIEVEmENTS DURiNG 2011/12**

- All services were provided within the financial and FTE resources allocated for the year.
- Reduced Day of Surgery Cancellations using the Clinical Practice methodology, with a patient focus. The Operating Theatre team reduced cancellation rates from 2.5% to 0.9%. This project won Third Prize in the NBMLHD Quality Awards.
- Established the Outreach Chemotherapy Service from Nepean Cancer Care Centre at Lithgow Hospital. In the first nine months, there were 368 occasions of service provided. This project was recognised in the NBMLHD Quality awards with a Highly Commended Award.
- Established Specialist Diabetes/ Endocrine and Diabetes Educator Services at Lithgow Hospital. This involved onsite training and support of the Diabetes Educator, provided by the Nepean Diabetes Clinical Nurse Consultant.
- Achieved ‘000’ for surgery waiting time categories 1, 2 and 3 patients, and maintained this result through 2011/12.
- Patients were treated and left the emergency department within National Emergency Access Targets (NEAT) timeframes. Lithgow Hospital continues at 13% above the target despite a 2% increase in patient presentations.
- Involvement of the multidisciplinary team in discharge planning has seen the unplanned readmission rate reduced from 8% to 7% when compared to the previous year.
- Local staff attended external education to become qualified clinical coders, allowing Lithgow Hospital to achieve 100% of medical records being coded within the Ministry of Health benchmark.
- Lithgow Hospital strengthened its role in educating the future health workforce with programs for midwives and enhanced relationships with Notre Dame University providing training opportunities for medical students and undergraduate nursing students.
- The Physiotherapy model of care pioneered an expanded role for Therapy assistants allowing the physiotherapist to provide the more specialised aspects of care. Following appropriate training and assessment, therapy assistants are able to perform crucial general tasks such as removal of casts, and the mobilisation of patients.

**WORTH HIS WEIGHT IN GOLD**

It may not be a well-known fact, but a staff member at Lithgow Hospital is a champion weightlifter! Dietitian Peter Ticehurst began weightlifting less than a year ago and now he’s the reigning Australian and Oceania Masters Olympic Champion.

Peter developed an interest in the sport after he turned 50 and began to incorporate weightlifting into his regular gym routine. Under the guidance of weightlifting coaches, Peter walked away from the Australian and Oceania Masters Olympic Weightlifting Championships in June with two gold medals in the 85kg class. Peter was just 2kg off his goal of 100kg lift when he achieved lifts of 98kg during the competition – an 8kg improvement on his personal best.

Peter is now deciding whether or not he will compete in the World Masters in Turin, Italy next year. He attributes his success to eating well and a regular exercise routine.
PORTLAND TABULAM HEALTH CENTRE

20 Green Street, Portland
Ph: (02) 6359 2666
JILL MARJORAM, GENERAL MANAGER

Opened in December 2006, Portland Tabulam Health Centre is a multipurpose facility that combined the services from Portland Hospital and the Tabulam Cottages Aged Care Hostel on the one site. Portland Tabulam Health Centre now provides four subacute care beds, low-level residential aged care with bedding in place for 22 residents, a co-located GP practice and a comprehensive range of community and primary care services. The primary care services include Chronic and Complex community care, Women’s and Children’s Health.

KEY ACHIEVEMENTS DURING 2011/12
• Achieved 3 year accreditation, following survey in June 2012 by Aged Care Standards and Accreditation Agency Ltd. Portland Tabulam Health Centre met all 44 standards.
• Portland Tabulam Health Centre has been actively involved with local schools in work experience placements for nursing, catering and other support positions.
• Portland Tabulam Health Centre has hosted a variety of social events to improve the interaction between the residents and their families, community and friends. e.g. Christmas in July, Volunteers Appreciation Day, Mothers’ Day Lunch.
• Improved access to Allied Health services for residents with regular visits by physiotherapy outreach from Lithgow Hospital and a podiatrist.
• Staff attended training with TAFE to improve knowledge of the assessment of residents to improve accuracy of Aged Care Funding Index (ACFI). Subsequent audits by Medicare have identified improvement in accuracy, thus funding is more secure and matches resident acuity.

SPRINGWOOD HOSPITAL

7 Huntley Grange Road, Springwood
Ph: (02) 4751 0300
ANDREA WILLIAMS, GENERAL MANAGER

Springwood Hospital provides a range of services for low-risk medical and surgical patients including geriatric, rehabilitation and palliative care patients and provides a defined range of surgical services for low-risk patients. Transitional care type patients are also cared for at the facility. Allied Health is available to both inpatients and outpatients. Springwood Hospital’s primary catchment is the sector of the Blue Mountains Local Government Area in which it is located, although surgical patients come from a broader catchment.

KEY ACHIEVEMENTS DURING 2011/12
• All patients had surgery within the time allocated by their surgeon.
• Reduced patient falls with new strategies implemented which include concave mattresses and beds with lighting underneath. The Falls Project was submitted to the NBMLHD Quality Awards.
• Implemented the Essentials of Care in nursing which supports principles of respect, compassion and teamwork.
• Patient satisfaction with Springwood Hospital was high.
• Provided enhanced nurse education case conferencing and in-service DETECT training.
• Received generous support from individuals, community groups and Springwood Hospital Auxiliary who have donated various pieces of equipment to enhance clinical care including 2 Port-a-Suction machines, 2 Euro Chairs, 2 vital signs monitors, 2 Braun thermometers, 2 handheld pulse oximeters, flat scales, 10 high low beds, 23 mattresses and a procedure lamp.
• Key performance indicators were all within benchmark including excellent performance in complaint management, coding and medical records, and infections rates.
• Representation on new Staff Advisory Committee and Aboriginal Reconciliation Committees.
• Increased opportunities for Springwood Hospital staff to work at Blue Mountains District ANZAC Memorial Hospital for clinical and management development.

Nepean Blue Mountains Local Health District
2011-2012 Year in Review
A successful public-private partnership with the NSW Government, Hawkesbury District Health Service (HDHS) provides public and private healthcare services in Sydney’s north-west. HDHS comprises of a 127-bed facility in Windsor, offering 24-hour emergency care, medical, surgical, maternity, neonatal, paediatric, palliative, intensive and coronary in-patient care, as well as diagnostics services and a wide range of community and Allied Health services.

**KEY ACHIEVEMENTS DURING 2011/12**

- Zero overdue waiting list achieved for 30, 90 and 365 day categories.
- Surgeons, operating theatre staff, surgical support and administration teams provided exceptional care during a sustained period of high demand.
- Emergency presentations remained higher than average throughout the year with a 15% or greater increase on average presentations for 8 months of the year. The higher than usual bed block coincided with additional numbers of presentations to Emergency resulting in an increase to NSW Health targets for off stretcher time. Bed block issues are being addressed with communication enhancement, periodic condition reviews and additional staff.
- Service enhancement with the establishment of a Mobile Rehabilitation Team program to reduce patient deterioration whilst awaiting a bed in a rehabilitation specific facility.
- Safe Start Model of Care was declared winner of the Catholic Health Care Limited’s Health Care Gold Dove Project of the Year Award.
- Multidisciplinary committee formed to improve food services and nutrition at Hawkesbury District Health Service (HDHS). Strategies such as a comprehensive gap analysis, menu changes for cooked onsite meals, staffing increase and pilot program for malnutrition screening have been put in place to ensure HDHS exceeds nutritional requirements for inpatients.
- Reviewed Clinical Governance performance throughout this year indicating a continuation of good patient outcomes.
- Preparation for the Australian Council of Healthcare Standards full accreditation survey is underway, as is the gap analysis for implementation of new national clinical standards, due to be introduced in 2013. A full accreditation survey is scheduled for November 2012.

**HAWKESBURY DISTRICT HEALTH SERVICE**

Cnr Day & Macquarie Streets, Windsor
Ph: (02) 4560 5555
PETER BLANCHARD, GENERAL MANAGER

NBMLHD was always at the top of Ravneet Thandi’s list when it came to choosing where to complete her clinical rotations after finishing her degree in nursing last year. The reason behind this, the registered nurse explained, is the wide scope of opportunities on offer to new graduates within the District.

“I chose NBMLHD because I was really keen on doing mental health and also wanted to be able to experience two clinical rotations – the next hospital in close proximity to me just offers one,” Miss Thandi explained of her preference.

“I’ve been at Hawkesbury Community Mental Health for nearly five months now and I love it. It’s given me the opportunity to work autonomously, improve my decision-making skills and offered me a broader perspective on nursing, too – I’m not only taking on the role of a nurse for these patients, sometimes I take on the role of social worker, other times I have to take on the role of a counsellor or someone who’s just there to listen.”

After clocking up close to five months as a nurse and case manager at Hawkesbury Community Mental Health, Ravneet is looking forward to moving on to her next rotation, General Nursing.

“I’ve learned so much during my time here and I can only hope that my next rotation will be as good as this one,” Miss Thandi said.

“I’m really thankful to both the Hawkesbury Community Mental Health team and the local health district for giving me the opportunity to start out here. It has been the best experience of my career so far.”

*Hawkesbury Community Mental Health nurse, Ravneet Thandi*
ABORIGINAL HEALTH

There is a large Aboriginal population in the Nepean Blue Mountains Local Health District. The Aboriginal Health Unit's primary function is to work across the districts and other departments in Nepean Blue Mountains Local Health Networks to improve access for Aboriginal People to health services.

KEY ACHIEVEMENTS DURING 2011/12

- Keeping Koori Kids Smoke Free local social marketing campaign aims to reduce the number of Koori kids exposed to passive smoking. Resources have been developed to engage the community and sell the message at local gatherings and events. Supporting strategies have encompassed a Smoke Free Register that encourages Aboriginal families in the NBMLHD to make a smoke free home pledge. To date over 100 families have registered. Workforce development has also occurred with over 70 staff trained in culturally appropriate strategies to assist Aboriginal community members to quit.

- Hepatitis C Prevention partnership project with the Aboriginal Health and Medical Research Council, (AHMRC) "Where’s the shame Love your Liver” was conducted in November 2011, as part of a statewide campaign. The campaign used community engagement including education, hip hop and media strategies to raise awareness of hepatitis C.

- Regular attendance of the Aboriginal hepatitits C Access Coordinator at Needle and Syringe Program services and Aboriginal agencies has resulted in an increased awareness of hepatitis C amongst Aboriginal clients, and a number of clients beginning hepatitis C treatment.

- Recently published sexual health resource ‘Sexual Health & Us Mob’ has been widely distributed with requests for the resource to be reproduced within other LHDs. This resource was developed in consultation with local Aboriginal services and community members.

- The statewide Aboriginal Sexual and Reproductive Health Campaign ‘It’s Your Choice, Have A Voice’ Rights, Respect, Responsibilities” was conducted in partnership with the Aboriginal Health and Medical Research Council and the Aboriginal Medical Service Western Sydney. This innovative project targeted young people in schools and youth services and was implemented by ‘Indigenous Hip Hop Productions’. The project focused on respect and aimed to give positive messages about sexual rights and responsibilities, choices and the consequences of these and the impact of alcohol and other drugs in relation to sexual health.

ALLIED HEALTH

Allied Health services in the Nepean Blue Mountains Local Health District comprises clinicians from a range of disciplines including Physiotherapy, Social Work, Dietetics, Psychology, Speech Pathology, Occupational Therapy, Podiatry, and Pharmacy.

Allied Health clinicians work with medical and nursing staff as part of the multidisciplinary team in supporting all clinical specialties. Allied health clinicians provide a range of clinical services, both diagnostic and therapeutic and work across inpatient, ambulatory, and community settings. Allied Health provides direct patient services at acute facilities and community health centres throughout the Nepean Blue Mountains Local Health District.

KEY ACHIEVEMENTS DURING 2011/12

- Established the Multidisciplinary Orthopaedic Clinic.

- Created roles for Dietitian Assistants to screen for malnutrition in patients in acute hospitals.

- Established the District Social Worker Educator Positions in partnership with the University of Western Sydney.

- Established the District Social Worker Educator Positions in partnership with the University of Western Sydney.

- Created the new model of care for foot wound management.

- Provided a role for Physiotherapy in the Falls and Fracture Clinic.

- Reduced waiting times by 50% for the Outpatient Rehabilitation Physiotherapy through clinical redesign.

- Conducted the Speech Pathology Oral Hygiene Research project in collaboration with Acute Aged Care Services, the University of Sydney and Centre for Research and Ageing, Concord Hospital.

- Implemented the cross professional education program on Modified Barium Swallow involving Speech Pathology and Imaging services.

- Reduced waiting times for Discharge Prescriptions in Pharmacy as a result of the implementation of electronic discharge tracking system.

- Introduced the electronic drug locator system in the Clinical Pharmacy at Nepean Hospital.
The Drug and Alcohol Service provides care in the management of alcohol and drug problems for individuals, families and community organisations in NBMLHD. The District’s priorities are to provide equitable services to all members of the community including marginalised groups, and provide access to all levels of service from population based strategies designed to prevent substance abuse in the first instance, to outpatient individual and group programs and inpatient detoxification services to help those with severe dependence issues. The Service provides inpatients and outpatient detoxification treatment, opioid treatment services, hepatitis C screening and treatment, alcohol clinic, specialist psychology services, community counselling, Magistrates Early Referral Into Treatment (MERIT) Program, Adult Drug Court, adolescent services, pharmacy liaison, drug use in pregnancy services, child and family health services and population health services.

**KEY ACHIEVEMENTS DURING 2011/12**

- Provided services to 3,445 patients and provided 102,783 occasions of service, representing 0.6% increase from previous year.
- Provided services to 516 Aboriginal and Torres Strait Islander patients, constituting 15.0% of all patients.
- Provided services to 206 CALD patients, constituting 6.0% of all patients.
- Provided services to 289 young people (aged less than 21 years), constituting 7.7% of all patients.
- Recruited the Drug and Alcohol Aboriginal Liaison Officer who contributed to an increase in Aboriginal patient access to the service for inpatient admission during this period.
- Health Promotion Team engaged with 700 community members to provide information about the effects of substance use and how and where to access local services.
- Initiated the Youth Drug and Alcohol Service Teen SMART Recovery Group program.
- Facilitated and adapted the Triple P Parenting program for families with substance use issues with Community Drug and Alcohol services in partnership with Primary Care and Community Health (PC&CH).
- Reestablished the Blue Mountains Community Drug Action Team through the Community Drug and Alcohol service in partnership with Health Promotion staff.
- Gateway Opioid Treatment Clinic Flu Vaccination project resulted in the immunisation of 71% of patients.
- Initiated and participated in a range of research projects including a retrospective study on preventable co-morbidities in the drug and alcohol using population and their current and future health costs, and Emergency Department drug and alcohol study on related presentations that will provide information to respond to liquor licence applications.
- Implemented the Youth Off The Streets Dunlea Program to enhance health outcomes for young people with co-existing substance use issues and mental health concerns.
- Presented at the Oceania Tobacco Conference on working effectively with the community and social services sector to promote tobacco control activities.
- Conducted clinical redesign of the inpatient detoxification ward at Nepean Hospital that resulted in a more streamlined process for admission to the ward, reduction in aggressive incidents, structured group programs, multidisciplinary intake model and development of key performance indicators.
MULTICULTURAL HEALTH

Approximately 10% of the population of the NBMLHD are born overseas. A total of 49,302 people speak a language other than English, which equates to 14.6% of the total NBMLHD population. The Multicultural Health Unit provides strategic direction, consultancy, workforce development, project development and liaison with respect to health care for culturally and linguistically diverse (CALD) communities in NBMLHD. NBMLHD is committed to Multicultural Policies and Services Program.

KEY ACHIEVEMENTS DURING 2011/12
- Key Multicultural Health calendar events were celebrated across the NBMLHD. Celebrations included Harmony Day, Refugee Week and Multicultural Health Week.
- Worked in partnership with the community sector to create Diversity in Practise Resource Kit for early childhood services.
- Established the new South Sudanese Mother and Baby Clinic as a joint initiative with Multicultural Health, St Marys Community Health Centre and Mamre House. The clinic provides check-ups for children who were missing their development checks and aims to provide an understanding of the role of Community Health staff in the postnatal and early childhood years. This project won a commendation in the NBMLHD Quality Health Awards.
- Rolled out cultural competency training across the NBMLHD for:
  - Frontline staff at the Blue Mountains District ANZAC Memorial Hospital in Maternity, Emergency, Rehabilitation and General Surgery wards.
  - Community Health staff focusing on raising awareness of Postnatal Depression and the factors affecting CALD mothers.
  - Palliative Care volunteers.
  - Aged Care staff as part of the Integrated Monitoring Framework review.
  - Worked closely with CALD communities to address identified health needs with a particular emphasis on:
    - Those in rural and remote areas through the provision of targeted health education and promotion on health topics such as dementia awareness, safe and wise use of medicines, managing and reducing stress, heart care, depression and mental health, diabetes prevention and nutrition.
    - Ongoing Women’s Health and health promotion information to refugee communities including the South Sudanese Women group.

ORAL HEALTH

Oral Health services are provided to the eligible population in the Nepean Blue Mountains Local Health District. Services are located at Nepean Hospital and other centres throughout the District.

KEY ACHIEVEMENTS DURING 2011/12
- Increased the clinical output and service delivery to meet increased demands and to target at risk populations. Oral Health has been able to provide a 10.8% increase in the Dental Occasions of Services (dental appointments) in 2011/12 compared to 2010/11. The increase in the Dental Occasions of Services has been matched with a 13.5% increase in the Dental Weighted Occasions of Services (a measure that quantifies the actual dental services/treatment provision).
- Successfully met oral health waiting time benchmarks for adult patients with concurrent medical conditions requiring dental care as well as the waiting time benchmarks for most child waiting lists.
- Provided a dedicated dental service for the Aboriginal and Torres Strait Islander population in the Blue Mountains and Lithgow. The dedicated service is delivered by the Dental Clinic at Blue Mountains District ANZAC Memorial Hospital and was established after consultation with the Local Aboriginal Community and in collaboration with the Centre for Oral Health Strategy, NSW.
- Construction of the new Nepean Centre for Oral Health began in 2011. With 32 chairs, the new centre is the third largest public dental facility in NSW. The entire project is expected to be completed by October 2012. The first stage of the building was handed over to NBMLHD on 28 June 2012.
- Coordinated with the project management team to deliver the Nepean Centre for Oral Health. The dental team has been developing the framework for the expanded dental services expected to be delivered from the new centre, including the:
  - Recruitment of new dental teams and dental technicians.
  - Provision of clinical placement for undergraduate dental students (Sydney University).
  - Coordination for the clinical placement for postgraduate dental students, Graduate Diploma of Oral Surgery (Sydney University).
  - Planning for a multi-centre oral health study funded by the National Health and Medical Research Council (NHMRC) to be conducted at Nepean Hospital.
The Centre for Population Health is responsible for developing and managing a range of health promotion and health protection programs that include multi-disciplinary partnerships aimed at building individual, community and organisational capacity to improve and sustain health. The Centre for Population Health is a shared service across both the Nepean Blue Mountains and Western Sydney Local Health Districts.

**KEY ACHIEVEMENTS DURING 2011/12**

- Delivered the Healthy Children's Initiative involving 59 local primary schools participating in the Live Life Well@School and 40 in the Crunch & Sip Program.
- 45 local childcare staff have participated in Munch & Move Workshops for children 0-5 years and their families; five Go4Fun programs run with 30 participants graduating.
- Conducted the Workplace Health Promotion Survey with 70 Lithgow businesses to gauge the prevalence of workplace health promotion activities, extent and nature of activities, support required, barriers and attitudes.
- Signed the MOU with the University of Western Sydney in 2012 resulting in executive endorsement of a smoke-free designated smoking area campuses policy, banning the sale of tobacco products on campus and multiple other projects including 'Online Wellness Project', a health promotion website targeting students and staff.
- Promoted the Get Healthy Information & Coaching Service to over 80,000 TAFE and 40,000 UWS staff and students, with Get Healthy at UWS referring over 1,000 people to the service.
- Delivered the 'Stepping On' program targeting older people 65+ who have fallen or are at high risk of a fall.
- Established Reconciliation Committees which strengthened relationships between Aboriginal and non-Aboriginal communities in three hospitals, with the Aboriginal flag flying for the first time at Blue Mountains District ANZAC Memorial Hospital.
- Promoted the Keep Koori Kids Smoke Free with over 100 registrations.
- Conducted Intervention training with 30 staff from Mental Health under the Smoke Free Mental Health Policy.
- Developed two Tobacco Control e-Learning Modules including the Brief Intervention Module and Nicotine Replacement Therapy (NRT) for Nurses, with 240 staff completing training.
- Influenza Prevention Program provided free influenza vaccination for high-risk patients at 91 clinics in Nepean and Blue Mountains District ANZAC Memorial Hospitals vaccinating 1,371 patients and 422 staff.
- Organised healthy tents at National Aborigines and Islanders Day Observance Committee (NAIDOC) events. An additional 85 Aboriginal people were vaccinated at NAIDOC events and over 200 people attended health promotion/health check services.
- School Vaccination Program achieved 70% coverage for completion of human papilloma virus 3-dose course and 76% uptake of diphtheria-tetanus-pertussis vaccine in Year 7.
- Developed the drinking water management plan for Lithgow in conjunction with Lithgow City Council and State Water.

**POPULATION HEALTH**

- Delivered health guidelines for exposure to blue green algae toxins in Penrith Lakes.
- Worked with TAFE and Tattooists Association to develop a new course in infection control for tattooists.
- 16 retailers were successfully prosecuted for various breaches against the Public Health (Tobacco) legislation during the year. Of the 16 retailers prosecuted, 11 were for the sale of cigarettes to minors, and 5 were for breaches of the packaging or display provisions of the Act.
- 33 smoke-free environment complaints were received and 45 inspections were conducted. 8 warning letters were issued to non-complying premises.

**NBMLHD KICKS BUTTS**

With smoking topping the list as the leading cause of death and the greatest contributor to disease among indigenous people in western Sydney, World No Tobacco Day on May 31 marked the perfect time for NBMLHD staff to take action.

A campaign to reduce smoke exposure in young indigenous people saw students from Willmot Primary School and celebrity Luke Carroll, two-time Australian Film Industry Award nominee and Aboriginal Health Ambassador, join forces to create a strong message about keeping Koori kids smoke-free with message-emblazoned posters plastered on local buses.

The Keep Koori Kids Smoke Free campaign is aimed at Aboriginal families and provides information about the harmful health effects of exposing kids to Environmental Tobacco Smoke (ETS), a combination of smoke exhaled by a smoker and the smoke that comes from the end of a burning cigarette, cigar or pipe.

NBMLHD Senior Population Health Officer Alejandra Martinez explained that children who are exposed to ETS become passive or involuntary smokers.

“This can increase the likelihood of a child having asthma, copd, pneumonia or respiratory illness and even, Sudden Infant Death Syndrome (SIDS),” Ms Martinez explained.

“Through this campaign we hope to bring the message home and reduce Koori kids’ exposure to ETS. Kids who are not exposed to passive smoking are more likely to be healthy and able to participate in sport, taking fewer days off school due to illness.”
Primary Care and Community Health (PC&CH) provides a range of community based services, early intervention, clinical care coordination, maintenance and rehabilitative support services through the various facilities across the district. PC&CH has three streams:

1. Child and Family Health, which focuses on disease prevention, health promotion, early detection, intervention and treatment of health problems in a multidisciplinary context

2. Complex, Aged and Chronic Care (CACC) which focuses on people who have multiple risk factors for chronic disease

3. Integrated Violence Prevention & Response Services (IVPRS) provide a co-ordinated approach to violence prevention and a clinical response across the LHD for sexual assault, child protection, domestic and family violence and victims of crime.

**KEY ACHIEVEMENTS DURING 2011/12**

- Worked in conjunction with NBM Medicare Local to provide services such as therapeutic groups, partnership programs and shared initiatives such as ‘Healthy for Life’ and ‘Moving On’ (Aboriginal specific) program.
- Complex, Aged and Chronic Care services worked with local tertiary facilities to minimise readmission of clients to hospitals, improve and maintain client functioning in the home and promote self-management of chronic illness in line with NSW Ministry of Health Directives.
- Hospital Community Information card pilot project

PC&CH has an annual campaign to Promote, Protect and Support Breastfeeding through the International Baby-Friendly Health Initiative 7 Point Plan for Community Health. This project was presented at the Australian Breastfeeding Association bi-annual conference in Canberra during October 2011.

**WORLD BREASTFEEDING WEEK AT SPRINGWOOD**

World Breastfeeding Week is celebrated in more than 170 countries during the first week of August and Springwood Aged Day Care Centre was the venue for this year’s NBMLHD and Hawkesbury Community Health event.

For the third year in a row the ‘Protect Promote and Support Breastfeeding Project Working Group’ (a joint initiative of NBMLHD and Western Sydney Local Health District Community Health Services and the Australian Breastfeeding Association) marked the week with a celebratory morning tea and photo competition display along with more than 50 attendees including special guest and State Member for the Blue Mountains, Roza Sage.

Attendees browsed through the staff photo competition display which included more than 50 different photos of mums, dads, babies and families highlighting this year’s World Breastfeeding Week theme ‘The road to lifelong health begins with breastfeeding’ and incorporating the International Baby-Friendly Health Initiative 7 Point Plan for Community Health.

Clinical Nurse Consultant, Child and Family Health Noeleen Horswell said the event achieved its aim of highlighting the significance of breastfeeding.

“No breastfeeding is an international population health measure that affects everyone,” Noeleen explained.

Child and Family Health Nurse Decalie Brown claimed first place in the competition with a photo of a mother and baby sharing a quiet moment together by the beach, while fellow Child and Family Health Nurse Lee Doepel’s photo of her daughter breastfeeding her granddaughter in public came in second place.
Effective health care requires good clinical care, education and research. Research continues to grow within our LHD with significant increases in publications, research grants and research student numbers in medicine, nursing and allied health over the last year.

**KEY ACHIEVEMENTS AND SUPPORT THAT HAVE LED TO THE INCREASE IN PUBLICATIONS AND RESEARCH**

- Opening of the Nepean Clinical School Building with its educationally orientated clinics and co-located clinical research areas. The building and facilities are run in partnership between the University of Sydney and NBMLHD.
- Growth of the University of Notre Dame Clinical Schools at Hawkesbury and Lithgow Hospitals.
- Reformation of the Research Ethics and Ethics Governance structures within NBMLHD.
- Nepean Clinical School becoming its own centre within the University of Sydney for postgraduate research education with Professor Ralph Nanan becoming our first postgraduate coordinator.
- Continued financial support from the community through our local research foundations; the Nepean Medical Research Foundation (NMRF) and the Australian Women’s and Children’s Research Foundation (OZWAC).

**RESEARCH OUTPUTS FOR 2011-12 INCLUDED:**

- Over $1.6 million of NHMRC and other nationally competitive research grants.
- Over $1.9 million of local research grants from NMRF and OZWAC.
- Nepean Hospital departments involved in over 20 drug-sponsored clinical trials.
- 57 ethics applications received.
- 84 peer reviewed research publications in 2011.
- 31 postgraduate students (PhDs and Masters) and 14 visiting scholars.
- Nepean Hospital researchers received a number of awards at national and international conferences in the areas of geriatrics, gastroenterology, paediatrics, obstetrics, gynaecology and critical care.

The above research outputs have already led to significant benefits to clinical services in many areas such as the Falls and Fractures Clinic, Nepean Centre for Perinatal Care and Intensive Care. The Research and Education Subcommittee of the NBMLHD Board has been established to help coordinate education and research in our LHD and further the relationships with the many universities and education providers we work with.

For the future of research in our area, the LHD is working with the Penrhyn Business Alliance and all levels of government on a proposed research building to help further enhance research and provide effective health care.

**FRIENDLY BACTERIA SAVING TINY LIVES**

Cutting edge research by Dr Girish Deshpande has led the way to introduce routine probiotic supplementation for premature babies at the Neonatal Intensive Care Unit in Nepean Hospital.

Dr Deshpande said probiotic supplementation has been shown to halve the risk of death and developing necrotising enterocolitis - a serious condition of the gut - in premature babies.

“Nepean Hospital is one of the first hospitals in Australia to offer routine probiotic supplementation for premature babies,” said Dr Deshpande, staff neonatologist at Nepean Hospital. Dr Deshpande said that accessing a probiotic product which was safe and suitable for use in premature babies proved to be a big challenge.

“After an exhausting search for almost a year, our clinical pharmacist Jing Xiao managed to source a suitable probiotic product from overseas, which is now offered for premature babies admitted at the Nepean Neonatal Intensive Care Unit,” Dr Deshpande said.

Dr Girish Deshpande with Professor Sanjay Patole and a group of researchers from the University of Western Australia were the first to document the potential of probiotics to save the lives of thousands of premature babies worldwide. They were also the first to develop evidence based guidelines for the use of probiotics in premature babies. These guidelines were recently published in the prestigious journal of BMC Medicine.

In March the Department of Neonatal Intensive Care at Nepean Hospital conducted a workshop in Sydney to present these developments in the field of probiotics. The workshop was attended by representatives of 19 neonatal units in Australia and New Zealand.

“The feedback has indicated immense interest in the introduction of probiotics in many neonatal units,” Dr Deshpande.
The Nepean Blue Mountains Local Health District Board is chaired by Associate Professor Patrick Cregan and Board Members bring a wealth of experience and local knowledge to the management of our LHD.

**ASSOCIATE PROFESSOR PATRICK CREGAN (CHAIR)**

Patrick Cregan is a specialist General Surgeon with a particular interest in endocrine, bariatric and endoscopic surgery, and laparoscopic surgery. Associate Professor Cregan was the Program Director of Surgery, Clinical Director of Surgery and Anaesthetics Network, Western Cluster, Sydney West Area Health Service, and Head of the Breast and Endocrine Unit at Nepean Hospital prior to being appointed chair. Associate Professor Cregan is a Member of the Board of Directors of the NSW Cancer Institute and NSW Cancer Council. He is a former member of the Board of Directors of the NSW Institute of Medical Education and Training (IMET). He was appointed as the inaugural chair of the NSW Surgery Taskforce in 2004 and served in this role until 2010. Patrick remains a member of the taskforce.

**ANDREW KEEGAN**

Andrew Keegan is Adjunct Associate Professor at the Sydney Medical School, University of Sydney, and has been a consultant gastroenterologist with a private practice in Penrith since 1988. He is also a visiting medical officer at Nepean Hospital. Andrew graduated from the University of Sydney with BSc (Med) in 1978, MBBS in 1980 and PhD in 1994. His PhD was in alcohol-related liver disease and he is a past President of AMAR (NSW). Andrew is currently a member of two NSW Government Taskforces, which are looking at health reform in NSW – Transparency and Reporting, and Health Workforce. He is a Fellow of the Australasian College of Physicians, the American Gastroenterological Association and the Australian Medical Association. He is also the Convenor of the Midwestern NSW GUT Club – an educational forum for a group of gastroenterologists and surgeons.

**CLARKE SCOTT**

Clarke Scott is the CEO of the National Aboriginal and Torres Strait Islander Health Worker Association (NATSHWA) and has more than 20 year’s experience as an Aboriginal Liaison Officer, working in the Blue Mountains, Lithgow and Penrith regions.

A Wiradjuri man and Penrith resident, Clarke has had a key role in translating and applying Aboriginal and Torres Strait Islander health policy into community contexts and his vision for effective Aboriginal health is the formation of successful relationships and ongoing community consultation. Clarke has had a key role in a number of innovative local community initiatives, consulting closely with Aboriginal communities, health services and GPs including the Blue Mountains Aboriginal and Torres Strait Islander Health Coalition and Aboriginal Men’s and Boys’ Cultural Mentoring Camp and Teaching and Learning Circles – the later winning a NSW Health Award for Innovation.

**GARY SMITH**

Gary Smith’s career has been extensive in the management of health care facilities and the provision of health services, predominantly in the General Practice arena. Gary is a past National and State President of the Australian Association of Practice Managers (AAPM). He is considered the ‘guru’ of practice management in Australia by his peers.

Gary takes a keen interest and involvement in health reform in Australia. He provides advice to the Commonwealth Government on the management of health reform as a member of various working and task groups. Gary is currently a clinical lead with the National eHealth Transition Authority advising them on the role-out of the Commonwealth Governments eHealth agenda in Australia. He also holds Board positions with UNE Partnerships (a commercial arm of University of New England delivering education and training), Australian General Practice Accreditation Ltd and is Chair of Quality in Practice.

**GREGORY ALCHIN**

Greg was previously a member of the Wentworth Area Health Service Board in the late eighties and nineties. He is a director of several family businesses with interests in real estate, property development and the hospitality industry. He was instrumental in the development of the Nepean Private Hospital on Barber Avenue and the Hospital Specialist Clinic on Derby Street, Kingswood.

Greg was the inaugural Chairman of the Australian Women and Children Research Foundation (OZWAC). He also has an interest in mental illness and the disability sector and is currently a Board member of the Australian Foundation for Disability (AFFORD). Greg is also the Chairman of the Penrith Business Alliance – Health and Education Precinct Development Committee and is very passionate about growing and enhancing the Health and Education sector in the Penrith Region.

**JAMES BRANLEY**

James Branley has worked in the public health system since 1987. He is currently the head of the Medical Division at Nepean Hospital. James is a microbiologist and infectious diseases physician who also heads the Department of Microbiology and Infectious Diseases at the hospital. He is actively involved in teaching and supporting medical students, postgraduate specialist trainees and infection control nurses. James has for many years assisted Blue Mountains District ANZAC Memorial Hospital as a general physician.

James holds the rank of Wing Commander with the RAAF specialist reserve. He has been awarded the Australian Active Service Medal for service in East Timor and the Humanitarian Overseas Service Medal for disaster relief after the 2004 tsunami.
JENNIFER REATH
Jennifer is Foundation Chair of the Department of General Practice at the University of Western Sydney. She has been a General Practitioner in Western Sydney for over 20 years mostly at the Aboriginal Medical Service Western Sydney (previously Daruk AMS). Professor Reath’s previous experience was in General Practice vocational education. She is currently a Director of GP Synergy and Deputy Chair of the RACGP National Aboriginal and Torres Strait Islander Health Faculty.

Professor Reath aims to connect the LHD with Primary Health Care Providers and to work across both sectors to improve health outcomes in the west of Sydney.

JOSEPH GRASSI
Within three years of graduating and practicing as a solicitor in Sydney’s CBD Joe joined leading Penrith solicitors Lamrocks in 1979 and within just six months was invited to become a partner. His many roles have included being a member of the former Sydney West Area Health Service Research and Ethics Committee as well as member of the AustLaw executive committee and Director of Sydney West Personnel Pty. Ltd.

Joe is currently Vice-President of the Penrith Valley Chamber of Commerce Inc. where he also serves as a member on its development committee. He has been an Accredited Specialist in Property Law since 1995, a Notary Public since 2004 and he has served as a member of the Property Law Committee of the Law Society of New South Wales for a number of years. When Lamrocks incorporated in 2006, Joe became a director and headed the company’s Property, Commercial and Revenue Law Division. In 2000, Joe completed a Master of Laws degree at the University of Western Sydney to enhance his legal knowledge. Joe established his own legal firm in 2008.

MICHAEL PEEK
Michael has worked in the public health system for over 25 years. At present, he is Associate Dean of Sydney Medical School Nepean, which is one of the five clinical schools of the University of Sydney. Michael is an Obstetrician who specialises in maternal fetal medicine. He treats women with medical disorders in pregnancy and fetal problems. He leads an active research and education group in these areas. Under Professor Peek’s guidance, Sydney Medical School Nepean has grown to educate over 200 medical students each year, a large increase in research outputs and has gained new infrastructure.

TANYA GADIEL
Tanya Gadiel is the CEO of Community Services at Parramatta Mission, an organisation that provides accommodation and food services for disadvantaged people across Western Sydney. Tanya grew up in regional New South Wales and obtained a Bachelor of Arts/Bachelor of Laws degree from the University of New England Armidale. She was elected to the New South Wales Parliament in 2003 serving as the Member for Parramatta until she retired from the role in 2011. During this time, she held the position of Deputy Speaker, Parliamentary Secretary for Police and Parliamentary Secretary assisting the Premier on Veterans Affairs. She was also a member of the Parliamentary Committee on the Health Care Complaints Commission.

Jennifer is Foundation Chair of the Department of General Practice at the University of Western Sydney. She has been a General Practitioner in Western Sydney for over 20 years mostly at the Aboriginal Medical Service Western Sydney (previously Daruk AMS). Professor Reath’s previous experience was in General Practice vocational education. She is currently a Director of GP Synergy and Deputy Chair of the RACGP National Aboriginal and Torres Strait Islander Health Faculty.

Professor Reath aims to connect the LHD with Primary Health Care Providers and to work across both sectors to improve health outcomes in the west of Sydney.

Within three years of graduating and practicing as a solicitor in Sydney’s CBD Joe joined leading Penrith solicitors Lamrocks in 1979 and within just six months was invited to become a partner. His many roles have included being a member of the former Sydney West Area Health Service Research and Ethics Committee as well as member of the AustLaw executive committee and Director of Sydney West Personnel Pty. Ltd.

Joe is currently Vice-President of the Penrith Valley Chamber of Commerce Inc. where he also serves as a member on its development committee. He has been an Accredited Specialist in Property Law since 1995, a Notary Public since 2004 and he has served as a member of the Property Law Committee of the Law Society of New South Wales for a number of years. When Lamrocks incorporated in 2006, Joe became a director and headed the company’s Property, Commercial and Revenue Law Division. In 2000, Joe completed a Master of Laws degree at the University of Western Sydney to enhance his legal knowledge. Joe established his own legal firm in 2008.

Michael has worked in the public health system for over 25 years. At present, he is Associate Dean of Sydney Medical School Nepean, which is one of the five clinical schools of the University of Sydney. Michael is an Obstetrician who specialises in maternal fetal medicine. He treats women with medical disorders in pregnancy and fetal problems. He leads an active research and education group in these areas. Under Professor Peek’s guidance, Sydney Medical School Nepean has grown to educate over 200 medical students each year, a large increase in research outputs and has gained new infrastructure.

Tanya Gadiel is the CEO of Community Services at Parramatta Mission, an organisation that provides accommodation and food services for disadvantaged people across Western Sydney. Tanya grew up in regional New South Wales and obtained a Bachelor of Arts/Bachelor of Laws degree from the University of New England Armidale. She was elected to the New South Wales Parliament in 2003 serving as the Member for Parramatta until she retired from the role in 2011. During this time, she held the position of Deputy Speaker, Parliamentary Secretary for Police and Parliamentary Secretary assisting the Premier on Veterans Affairs. She was also a member of the Parliamentary Committee on the Health Care Complaints Commission.
MARK SHEPHERD, DIRECTOR, OPERATIONS

The responsibilities of the Directorate of Operations are to plan, establish, manage, develop, monitor and report on all aspects of service delivery and performance provided by NBMLHD.

There are responsibilities also to support the integration of clinical service delivery across all networks and other directorates to ensure ongoing development of appropriate models of care, service integration in relation to needs of identified high-risk populations and in response to new policy or service initiatives.

KEY ACHIEVEMENTS DURING 2011/12

• Created the Clinical Redesign Unit and engaged KPMG to assist in the coordination and implementation of clinical redesign projects across the LHD.
• Subsequent to a review undertaken on the Primary Care and Community Health (PC&CH) Service, it was proposed that the service across the NBMLHD and WSLHD would be split. The temporary appointment of the Acting General Managers initiated the split of the service across the two LHDs, with the aim to implement recommendations from the review.
• An external review was commissioned to assess the administrative structure across the NBMLHD. A series of recommendations were made to promote a centralised professional administrative structure within the facilities.

• Defining organisational structures within the NBMLHD through the development of organisational charts for Facilities, Services and Divisions.
• Enhanced partnerships with the facilities within the NBMLHD to improve access to surgery. In particular Nepean Hospital working in partnership with Hawkesbury District Health Service to manage 392 overdue patients and achieve Triple Zero in all categories by 30 June 2012.
• Under the concept of LaunchPad, accountability frameworks were developed at the Facility, Divisional and Cost Centre manager level. These accountability frameworks articulated KPIs in relation to safety and quality, service delivery and finance and management. A Performance Framework was developed which created performance reports that reflected the accountability framework with the expectations that these reports would be completed monthly.
• Recruited to key senior positions within the LHD including the Director, Drug and Alcohol; Director, Mental Health and Director, Oral Health.
NURSING AND MIDWIFERY

CLAIR RAMSDEN, DIRECTOR, NURSING AND MIDWIFERY

The Directorate of Nursing and Midwifery ensures workforce planning and effective people management strategies are in place that attract, recruit, develop and retain quality nursing and midwifery staff to provide excellent patient care to the community served by the LHD.

The role of the Directorate is to provide effective leadership to the nursing and midwifery professions across the LHD. The Director ensures the development and implementation of the clinical scope of practice for both nurses and midwives. This is supported by appropriate standards and professional development strategies.

The Directorate is also responsible for developing and implementing a framework for continuous improvement in the quality of service and practice, safeguarding high standards of care, encouraging excellence in clinical care through promotion of clinical governance and support effective patient flow, appropriate utilisation of hospital care settings and development of ambulatory and community based health services.

KEY ACHIEVEMENTS FOR 2011/12

- Nursing and Midwifery Strategic Business Plan 2012-2015 and Mission Statement endorsed by the Board and launched at each facility by the District Director of Nursing and Midwifery.
- 28 wards/units are engaged in the implementation of the Essentials of Care Program equating to 80% of the overall number of wards/units.
- The LHD contributed one oral presentation and one poster presentation to the 2012 State Nursing and Midwifery Officer’s Second Annual Essentials of Care Showcase at Technology Park, Sydney. Three articles have been submitted for publication in the State’s Cultures that Care second edition.
- Nepean Hospital WSB has been selected as a finalist for the 2012 NSW Health Awards, Empowering Patients category, for their patient improvement project Patient Controlled Fluid Allowance. A research proposal which aims ‘to capture experiences of staff in developing their values statements’ has been submitted for ethics approval and will be undertaken in 2013.
- Increased intake of new nursing graduates from 47 in 2011 to 112 in 2012.
- Bachelor of Midwifery graduates intake increased from 3 in 2011 to 13 in 2012.
- Towards Normal Birth has an increase in the Case Load Midwifery model for 2012 at Blue Mountains District ANZAC Memorial Hospital from 3 to 6 full time Registered Midwives.
- 3 nurses from the local community gained a scholarship from the Minister of Health to undertake a re-entry program offered through the NSW College of Nursing. The nurses successfully completed the program and are now practicing within the LHD.
- 60 student enrolled nurses currently completing the Diploma of Nursing at Kingswood TAFE. These students occupy a range of commonwealth/state funded VET places and will graduate in several cohorts with the first cohort of 10 graduates due to complete the program in December 2012. These graduands are mostly local residents and will be targeted to fill relevant vacant nursing positions.
- Increased nursing positions funded through the NSW Ministry of Health.
- 31/2011/2013 conversion of Nursing Hours Per Patient Days wards has been fully implemented resulting in an extra 31.25 full time equivalents.
- In 2012, 5.0 full time equivalents Peri-Operative nurses.
- In 2012, 2.0 full time equivalents Clinical Nurse Educators inclusive of after hours.

FINANCE, BUSINESS AND INFORMATION

ANGELA EDWARDS, DIRECTOR, FINANCE, BUSINESS AND INFORMATION

The role of the Finance, Business and Information Directorate is to provide services that will support the overall planning, allocation, reporting and control of financial and information management resources within the District to enable NBMHLHD to fulfil its statutory functions, and to operate within its annual allocated budget and meet information compliance and reporting requirements.

The Directorate is responsible for budget monitoring and reporting, revenue performance, cash and creditor management, debt management, management of contracts and procurement activities and processes, and ensuring effective development, collection, storage, access, use, audit and disposal of clinical business information to support business processes.

The Directorate is also responsible for developing and providing digital innovation solutions to support strategic goals through Web Development, Application Dashboard Development and Business Information Development and the provision of salary packaging and fleet management services.

KEY ACHIEVEMENTS DURING 2011/12

- Developed and implemented Finance, Business and Information organisational structure; designed to provide support services to the NBMHLHD.
- Commenced NBMHLHD Revenue Strategy Implementation.
- Dissolved the Health Reform Transition Organisation – Western and separated structures from former Sydney West Area Health Service.
- Introduced in-house hosted Salary Packaging Service providing services to NBMHLHD and WSLHD.
- Prepared for the introduction of Activity Based Funding.
- Developed an online business information reporting platform to improve managers’ access to performance reports.
- Worked in partnership with other Directorates and the Chief Executive to develop the LaunchPad initiative.
- Annual Financial Statements prepared and new internet and intranet developed.
- Developed and introduced new Salary Packaging marketing tools including information portal.
- Developed Bed Clearing Status, APC and MedCom applications.
- Ongoing excellence in clinical coding and coding timeliness.
- Implemented Financial and Information Management education and training.
- Introduced the online Government Information (Public Access) Act (GIPA) training.
- Commenced development of central database for improved management of NBMHLHD contracts.
- Compiled with the processing of formal access applications under the GIPA Act 2009.
- Compiled with the conduct of privacy complaints investigations as required under privacy legislation.
- Developed and implemented Business Information Systems Assessment tools for digital record keeping.
- Ongoing patient data monitoring and reconciliation activities to improve the quality and integrity of data.
WORKFORCE, PEOPLE AND CULTURE

BRIAN BEATTY, DIRECTOR, WORKFORCE PEOPLE AND CULTURE

The Director Workforce, People and Culture is responsible for providing high level advice, strategy and assistance in all areas of human resources, industrial relations, recruitment and selection, performance management, operational risk management (including management and liability), work health and safety, fire safety, workers’ compensation, equal employment opportunity. This includes application, evaluation and where appropriate, development of HR policy for the LHD.

KEY ACHIEVEMENTS FOR 2011/12

- Successfully transferred back to NBMLHD from Health Support Services general advertising and recruitment functions.
- Transferred Senior Medical and Dental Recruitment (SMADR) functions from WSLHD and completed the re-appointment of visiting medical officers (VMOs).
- 200 Cost Centre Managers attended the ‘LaunchPad’ training session and completed self assessment training needs analysis.
- Staff forums were conducted with senior Allied Health staff from NBMLHD Hospitals, Primary Care and Community Health Network, Drug and Alcohol and Mental Health Services. The data will inform a report which will feed into the Allied Health Workforce Plan.
- Allied Health careers information fact sheets developed.
- Conducted in-service training to local managers on the code of conduct, sick leave management and annual leave management.
- Re-established local staff consultation forums with the industrial bodies.
- Workplace cultural change – a series of workshops with managers and staff have been undertaken across the LHD addressing crucial conversations, facilitated discussions and building a positive workplace culture.
- Transformational Leadership Program and Clinical Leadership Programs conducted.
- The annual Flu Vaccination Program continues throughout the LHD.
- Maintained a hosted service with WSLHD in the provision of staff health related services such as immunisation, Employee Health Assessment and Employee Assistance Programs.

CLINICAL GOVERNANCE

DEBBIE WYBURD, DIRECTOR, CLINICAL GOVERNANCE

The role of Clinical Governance is to promote and support patient safety and quality of services. The Clinical Governance team works collaboratively with other staff to analyse, maintain and improve patient safety and quality systems across the District. Clinical Governance provides support for effective identification, investigation, management, monitoring and reporting of clinical safety risks and adverse patient events. Another important function of Clinical Governance is to oversee incident reporting, complaints handling systems and concerns/complaints regarding clinicians. The Clinical Governance team works collaboratively with and supports clinical staff to ensure rigorous review and audit of patient outcomes with effective uptake of safety initiatives. Clinical Governance provides support and facilitation for quality improvement activities to improve the services that are provided to patients, families and the community.

KEY ACHIEVEMENTS DURING 2011/12

- Two projects from NBMLHD were selected as finalists in the 2011 NSW Health Awards with the ‘Care and Management of Pregnant Women in Custody’ project not only winning their category but also taking out the Premier’s Award.
- Clinical Governance hosted the inaugural NBMLHD Quality Awards to celebrate quality and safety initiatives across the District. Nine projects have been submitted for the 2012 NSW Health Awards with three projects selected as finalists in the categories of Empowering Patients, Excellence in the Provision of Mental Health Services and Collaboration – Working as a Team.

- A strong partnership with the Nepean Blue Mountains Medicare Local has been forged to develop a joint Consumer Engagement strategy. This has resulted in the formation of a Health Consumer Group and a framework to support consumer engagement across the LGAs of Penrith, Blue Mountains, Hawkesbury and Lithgow. One of the first tasks was to gain an understanding of issues that concern Health Consumers across the continuum of care from Primary Care to Acute Care and return to living in local community. Focus groups are being held to listen to consumers and working groups will be formed to address concerns and provide ongoing dialogue with the Medicare Local and NBMLHD.

- The formalisation of a clinical incident investigation process for Severity Assessment Code (SAC) 2 incidents via the introduction of a Non-SAC1 review process. Incidents given a SAC of 2 provide a wealth of information, the introduction of a Non-SAC1 review process will assist General Managers, Department Heads and Service Directors to conduct in-depth investigations and introduce preventative measures to avoid critical incidents.
- NBMLHD has shown a steady improvement in hand hygiene compliance and participation in this crucial patient safety initiative. NBMLHD hand hygiene compliance rate in June 2012 was 83% compared to the NSW average of 78.9%.
ALLIED HEALTH

BRETT WILLIAMS, DIRECTOR, ALLIED HEALTH

The Director Allied Health NBMLHD is a member of the Executive Team and responsible for the professional leadership and strategic direction on all matters pertaining to the development, effectiveness, efficiency and continuous improvement of Allied Health services and Allied Health professions across the Local Health District. The role provides professional governance and accountability for Allied Health professionals and functions as the principal reference point for advice on strategic policy and direction issues pertaining to Allied Health.

KEY ACHIEVEMENTS DURING 2011/12

- Introduced a District New Graduate Program for Allied Health Staff.
- Developed a clinical handover tool for acute Allied Health services.
- Created a District Professional Governance Structure.
- Established credentialing processes for Allied Health staff.
- Created the Allied Health casual pool.
- Developed several strategic workforce documents including Allied Health workforce profile and report on retention of senior Allied Health professionals.
- Recruited to District Lead Clinician Positions in Physiotherapy, Nutrition and Dietetics, Psychology, Speech Pathology, Social Work and Pharmacy.

MEDIA AND COMMUNICATIONS

JOANNE MCPHILLIPS, A/DIRECTOR*, MEDIA AND COMMUNICATIONS

The role of Media and Communications is to coordinate community engagement strategies, plan and lead the promotion of health services, manage and monitor media exposure and produce effective and engaging staff communications.

In line with this, Media and Communications is also responsible for assisting departments/services with all media enquiries within our hospitals and community health centres. This includes patient condition updates, radio and TV interviews, liaising with newspapers, media monitoring and producing the Year In Review. We also manage major service events such as launches, promotions and functions.

Media and Communications works collaboratively to improve community relations by strengthening existing and developing new strong partnerships with media and the community to improve understanding of health services and issues among the local population.

Media and Communications is committed to promoting and encouraging attitudes and practices that generate a positive reputation for our health service in the local community and among the people who work in healthcare.

Multimedia also falls under the umbrella of Media and Communications. The service role and scope of Multimedia is to support clinical care, staff education, patient education, research and corporate communication through graphic art and design consultation, photography, video production, audio visual technology solution design, advice and installation project management.

Since the establishment of the current Media and Communications department in October 2011 a number of key achievements have been gained.

KEY ACHIEVEMENTS

- Developed new departmental structure and internal processes.
- Developed a revised departmental communications strategy endorsed by the NBMLHD Board.
- Developed a District wide staff newsletter, NBM News.
- Organised Nepean Hospital East Block Open Day, with over 300 people from the community attending.
- Organised the official opening of Nepean Hospital East Block.
- Obtained positive metropolitan media coverage across different units and services of NBMLHD.
- Managed and maintained the new NBMLHD intranet landing page.

* The appointed Director of Media and Communications, Caroline Noonan, is currently on maternity leave.
### STAFF PROFILE

<table>
<thead>
<tr>
<th>FTES 2012/13 - NBMLHD</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1040/NBMLHD</td>
<td>Reporting Entity</td>
</tr>
<tr>
<td>1041/NBMLHD</td>
<td>Blue Mountains Hospital</td>
</tr>
<tr>
<td>1042/NBMLHD</td>
<td>Governor Philip Hospital</td>
</tr>
<tr>
<td>1043/NBMLHD</td>
<td>Lithgow Hospital</td>
</tr>
<tr>
<td>1044/NBMLHD</td>
<td>Nepean Hospital</td>
</tr>
<tr>
<td>1045/NBMLHD</td>
<td>Springwood Hospital</td>
</tr>
<tr>
<td>1046/NBMLHD</td>
<td>Portland-Tabulam</td>
</tr>
<tr>
<td>1047/NBMLHD</td>
<td>Drug &amp; Alcohol</td>
</tr>
<tr>
<td>1048/NBMLHD</td>
<td>Mental Health</td>
</tr>
<tr>
<td>1049/NBMLHD</td>
<td>Primary &amp; Community Health</td>
</tr>
<tr>
<td>1050/NBMLHD</td>
<td>Research</td>
</tr>
<tr>
<td>1051/NBMLHD</td>
<td>Special Purpose and Trust</td>
</tr>
<tr>
<td>1052/NBMLHD</td>
<td>Trust Other</td>
</tr>
<tr>
<td><strong>GRAND TOTAL</strong></td>
<td></td>
</tr>
</tbody>
</table>

### EQUAL EMPLOYMENT OPPORTUNITY

#### 5 PARLIAMENT ANNUAL REPORT TABLES

**Sa Trends in The Representation of EEO Groups**

<table>
<thead>
<tr>
<th>EEO Group</th>
<th>Benchmark/ Target</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>50%</td>
<td>N/A</td>
<td>78.0%</td>
<td>77.0%</td>
</tr>
<tr>
<td>Aboriginal People and Torres Strait Islander</td>
<td>2.6%</td>
<td>N/A</td>
<td>0.9%</td>
<td>1.2%</td>
</tr>
<tr>
<td>People whose First Language Spoken as a Child was not English</td>
<td>19.0%</td>
<td>N/A</td>
<td>17.1%</td>
<td>17.5%</td>
</tr>
<tr>
<td>People with a Disability</td>
<td>N/A</td>
<td>N/A</td>
<td>3.8%</td>
<td>3.1%</td>
</tr>
<tr>
<td>People with a Disability Requiring Work-Related Adjustment</td>
<td>1.5%</td>
<td>N/A</td>
<td>0.5%</td>
<td>0.4%</td>
</tr>
</tbody>
</table>

*Note 1: A Distribution Index of 100 indicates that the centre of the distribution of the EEO group across salary levels is equivalent to that of other staff. Values less than 100 meant that the EEO group tends to be more concentrated at lower salary levels than is the case for other staff. The more pronounced this tendency is, the lower the index will be. In some cases, the index may be more than 100, indicating that the EEO group is less concentrated at lower salary level.*

*Note 2: The Distribution Index is not calculated where EEO group or non-EEO group numbers are less than 20.*

#### 6 REPRESENTATION OF EEO GROUPS - GRAPHS

<table>
<thead>
<tr>
<th>EEO Group</th>
<th>Benchmark/ Target</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>50%</td>
<td>N/A</td>
<td>78.0%</td>
<td>77.0%</td>
</tr>
</tbody>
</table>
WORK, HEALTH AND SAFETY

WORK, HEALTH AND SAFETY (WHS) RESPONSIBILITIES INCLUDE:

- Management and coordination of all lines of insurable risk across the LHD including workers’ compensation and rehabilitation, property, miscellaneous, medical negligence and other areas of litigation.
- Provision of WHS advice and support to the LHD to ensure legislation is met and systems are in place for the dissemination of workplace health and safety and injury management information.
- Oversee the compliance and review of WHS system audits including EQuiP and WHS and the Injury Management Profile.
- Report on performance against public sector strategy actions.
- Development of policies and procedures in relation to return to work programs and workers’ compensation claims management for all staff.
- Provision of support for injured workers across the LHD with a view to ensuring a timely and durable return to work.
- Identification and management of priority issues through the development and monitoring of action plans, programs and projects.
- Coordination of Enterprise Risk Management across the LHD.

KEY ACHIEVEMENTS DURING 2011/12

- Completed ‘Preventing & Managing Psychological Injuries in the Workplace’ Project Plan. Key deliverables of the project include:
  - Develop and implement a training program for managers and supervisors.
  - Implement management strategies to effectively manage and reduce psychological injuries.
  - Improve complaints management system.
- There was an initial reduction of workers’ compensation premium calculation in December 2011. The deficit was $2,109,061 and was reduced to $1,866,238.
- Quarterly claims review meetings with Employers Mutual Life (EML) are now scheduled monthly to ensure premium impacting claims are addressed and actions progressed on a more regular basis.
- A review of longstanding claims with potential for termination is being conducted in consultation with the General Manager at Nepean Hospital.

STAFF PROFILE

Safety Office Service Leader, Paul Summers

SAFETY OFFICE SERVICE

Safety is the foundation on which we can build quality. Without a safety culture in the organisation, our attempts to enhance quality will not result in effective change or service enhancement. To ensure that we address safety in all areas of the NBMHLD a Safety Programme is being introduced. This builds on ‘Broken Windows and Patient Safety’ authored by NBMHLD Chair, Associate Professor Patrick Cregan.

- The service commenced in Nepean Hospital. Once refined and operating effectively it will be implemented at other NBMHLD facilities.
- A senior staff member has been appointed as the leader of the Service and integrated into the Clinical Governance Team. Staff throughout the NBMHLD will have the opportunity to spend some time attached to the service.
- Every service, clinical and non-clinical, will identify the 3-5 issues that are crucial to safe service delivery.
- Safety Office staff regularly but randomly visit all areas of the facility to check compliance with the identified key issues.
- Data will be recorded and fed back to the services in an easy to see and comprehend visual form. This is also intended for public display.
- Patients will be asked their opinions with regard to safe practice. Their comments will be factored into feedback to services as appropriate.
- Results will, in time, form part of the service KPIs and be monitored as part of ongoing performance review.

The Safety Office Service above all will provide practical solutions and assistance to make Nepean Hospital and the greater NBMHLD an organisation that has, at its core, a foundation built on safety, which encompasses the needs and requirements of patients and our staff.

CORE VALUES OF THE SAFETY SERVICE:

- Consumer Focused: The Safety Office will respond appropriately to concerns raised by staff, patients, carers and visitors.
- Driven By Information: The Safety Office will explore solutions to issues and problems following a risk management framework and best practice philosophy.
- Organised for Safety: The Safety Office will take action to prevent or minimise harm for staff, patients, carers and visitors.
NEPEAN HOSPITAL VOLUNTEERS

There are currently 138 Hospital Volunteers working within Nepean Hospital and 10 within Archives. The Nepean Hospital Volunteers Association provides invaluable unpaid support to Nepean Hospital, contributing their time and effort to various projects including but not limited to:

- Volunteers Guide Desk – Guiding visitors and outpatients to clinics, wards and departments.
- Volunteers Gift Shop – Providing an inexpensive shopping outlet for patients, visitors and staff. The Gift Shop recently celebrated their 10th year at Nepean Hospital.
- Raising money to purchase clinical and facility products including the Tranquillity Garden, Shade Cloth Structures for the Staff Childcare Centre, and an Ultrasound Machine for the Emergency Department.
- Administrative Support – Assisting in collating administrative items such as Patient Information Packs, photocopying, and laminating.

NEPEAN HOSPITAL ARCHIVE VOLUNTEERS

The Nepean Hospital Archive Volunteers are dedicated to preserving the history of the hospital and are often called upon to provide historical information and create visual displays about the evolution of Nepean Hospital. There are 10 volunteers currently working in Archives.

PENRITH AUXILIARY

The Hospital Auxiliary holds stalls with many gifts and handmade products such as cakes, pastries and quilts to raise money for Nepean Hospital. There are currently 25 Auxiliary Volunteers.

NEPEAN BLUE MOUNTAINS CARDIAC SUPPORT GROUP

The Nepean Blue Mountains Cardiac Support Group donate their money and time to improve cardiac services at Nepean Hospital and have purchased many items including Bladder Scan Units, CPAP Machines and Cardiac Failure Books and literature for education. There are currently 25 Auxiliary Volunteers.

PALLIATIVE CARE VOLUNTEERS

The Palliative Care Volunteers provide support and companionship to inpatients and their relatives, which extends to the community where some visit clients in their homes and offer respite for carers. There are currently 34 Palliative Care Volunteers.

NEPEAN THERAPY DOG CLUB

Nepean Therapy Dog Club allows patients to spend time with specially trained dogs and their handlers. This provides companionship and emotional support to patients. There are currently 2 dogs and 2 handlers.

BLUE MOUNTAINS AND SPRINGWOOD HOSPITAL VOLUNTEERS

- Blue Mountains District ANZAC Memorial Hospital has 18 pink ladies who volunteer their time to visit patients, distribute reading material, and tend to flowers and other duties.
- The Katoomba Wentworth Falls Auxiliary has 30 members. They organise the fete, garage sale and quilt show each year and run the Auxiliary shop, which has raised in excess of $20,000 in the last 12 months.
- The Rotary Garden and the garden in the Mental Health Unit at Blue Mountains District ANZAC Memorial Hospital are both maintained by volunteers.
- Springwood Hospital Auxiliary has approximately 30 members. Fundraising events include the annual fete, golf day, trivia night, book fair and catering. The Auxiliary donated funds to buy various pieces of equipment including beds and mattresses. Springwood Hospital also receives fundraising assistance from other groups and individuals.

LITHGOW AND PORTLAND HOSPITAL VOLUNTEERS

- Lithgow Hospital Auxiliary has over 60 members who run the coffee shop and deliver papers and flowers to patients on wards.
- Portland volunteer services include the Hospital Auxiliary, Tabulam Committee, Hospital Trolley, bingo calling, resident advocate and entertainment.
ORGANISATIONAL DEVELOPMENT

Workforce Organisation and Development provide support through blended learning opportunities to enable the sustainable development of job mastery for all staff within the NBMLHD.

- Access and flexibility: make it easier to engage with us, no wrong door for learning.
- Cost effectiveness: improve the productivity and self efficacy of our staff.
- Outcomes focused: match learning opportunities to the NBMLHD Strategic Framework.
- Sustainability: program philosophy ‘Build once, use many’.
- Strategic accreditation: Registered Training Organisation as a competitive advantage.
- Working with others: build networks through engagement and sharing.

Enable the development of leadership at all levels of the organisation through the Clinical Leadership and Transformational Leadership Programs.

KEY ACHIEVEMENTS

- Transformational Leadership Program for 8 Finance Directorate Tier 3s and 5 other Tier 3s drawn from other Directorates commenced.
- SSP Funding confirmed by Department of Education and Communities for the following Nationally Recognised full qualifications: Diploma of Management (25 places); Certificate IV in Frontline Management (20 places); Certificate IV in Training and Assessment (20 places). Part qualifications also funded included: Enterprise Trainer and Assessor Skills Sets (40 places); Certificate IV Workplace Supervisor Skills Sets (30 places).

CLINICAL INNOVATION, DESIGN AND DEVELOPMENT

- A revised clinical orientation program for nurses and midwives commenced in January 2012. Clinical orientation is 1.5 days duration for RNs, ENs and RMs and 4 days duration for first year graduate nurses and midwives.
- The extended orientation provides additional information and skills checks designed to ensure staff are work ready when they transition to their ward or unit. Opportunities to practice and be assessed in medications calculations have been included with an overall performance improvement of calculations accuracy (100% mastery on first round) of 30% since January 2012.
- Planning and consultation for the development and delivery of the ‘LaunchPad’ initiative, including the development of online content to match the learning needs of Cost Centre managers within NBMLHD and arrangements for mentoring following program launch.
- The DETECT education program has also been included in orientation for first year RNs and RMs to ensure they respond effectively in their new work units to the needs of clinically deteriorating patients.
- Two Preceptor courses have also been conducted to ensure a skilled pool of existing staff are available to better assist in the assimilation of new staff members to their work unit.

Cost Centre Managers like Elaine Buggy have welcomed LaunchPad.

Blue Mountains District ANZAC Memorial Hospital celebrates International Nurses Day.
Nepean Blue Mountains Medicare Local

Whilst the Nepean Blue Mountains Medicare Local only formally commenced operations on 1 July 2012 we have worked with the Divisions of General Practice and the Medicare Local Establishment group during 2011-12. The Medicare Local covers the Nepean, Blue Mountains, Lithgow and Hawkesbury areas, sharing the same LGAs within the Nepean Blue Mountains Local Health District. The Medicare Local will build on the success of the Divisions of General Practice. Divisions of General Practice were set up to support general practitioners to improve the health of their patients. The Medicare Local will work closely with general practitioners and allied health in supporting primary care.

We have already established productive working relationships with the Medicare Local and have agreed on some shared priorities which include aged care, mental health (including Headspace), improving access to after-hours general practice care, child and family health initiatives, population health and planning, eHealth, and improving the information flow between our two organisations to facilitate improved services to our population.

An early success is our combined Consumer Engagement strategy which establishes combined Consumer forums in each of our LGAs.

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

Nepean Blue Mountains Local Health District (NBMLHD) undertakes regular reviews of its program for proactive release of government information to identify information held that may, in the public interest, be made publicly available. NBMLHD is currently developing its internet site to make such information readily available to the public.

During the period 1 July 2011 to 30 June 2012, NBMLHD received a total of 10 new formal access applications under the GIPA Act. In addition, one access application received in the previous financial year was carried forward for completion in 2011-12. Of the 11 access applications processed, two applications were still being processed at the end of the reporting period. In total, nine formal access applications were completed in this reporting period. In addition, two applications for information received were processed as informal release in agreement with the applicant.

During the reporting period, most GIPA applications received by NBMLHD (informal and formal) related to incidents/adverse events, staff work performance, and service provision. Of the nine formal access applications completed, nil were granted in full, four were granted in part, in one case NBMLHD refused to deal with the application as it was an internal review of a previous decision, and three applications were withdrawn by the applicant.

NBMLHD received seven formal access applications for personal information, two formal access applications from the media and one access application from a member of the public.

One formal access application required consultation with parties outside NBMLHD. In addition, NBMLHD dealt with five third party consultations from other agencies during the reporting period.

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

In relation to the access applications refused in part, public considerations against disclosure included responsible and effective government (two applications) and individual rights, judicial processes and natural justice (four applications).
Of the five formal access applications decided (excluding withdrawn applications), four (80 per cent) were decided within the statutory timeframe or extended time period agreed with the applicant. One application was not decided within the timeframe.

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

**TABLE A: NUMBER OF APPLICATIONS BY TYPE OF APPLICANT AND OUTCOME**

<table>
<thead>
<tr>
<th>Type of Application</th>
<th>Access granted in full</th>
<th>Access granted in part</th>
<th>Access refused in full</th>
<th>Information not held</th>
<th>Information already available</th>
<th>Refuse to deal with application</th>
<th>Refuse to confirm or deny whether information is held</th>
<th>Application withdrawn</th>
</tr>
</thead>
<tbody>
<tr>
<td>Media</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Members of Parliament</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Private Sector business</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not for Profit organisations or community groups</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Members of the public (application by legal representative)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Members of the public (other)</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**TABLE B: NUMBER OF APPLICATIONS BY TYPE OF APPLICATION AND OUTCOME**

<table>
<thead>
<tr>
<th>Type of Application</th>
<th>Access granted in full</th>
<th>Access granted in part</th>
<th>Access refused in full</th>
<th>Information not held</th>
<th>Information already available</th>
<th>Refuse to deal with application</th>
<th>Refuse to confirm or deny whether information is held</th>
<th>Application withdrawn</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal information applications*</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access application (other than personal information applications)</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**TABLE C: INVALID APPLICATIONS**

<table>
<thead>
<tr>
<th>Reason for Invalidity</th>
<th>Number of Applications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application does not comply with formal requirements (section 41 of the Act)</td>
<td>-</td>
</tr>
<tr>
<td>Application is for excluded information of the agency (section 43 of the Act)</td>
<td>-</td>
</tr>
<tr>
<td>Application contravenes restraint order (section 110 of the Act)</td>
<td>-</td>
</tr>
<tr>
<td>Total number of invalid applications received</td>
<td>-</td>
</tr>
<tr>
<td>Invalid applications that subsequently became invalid</td>
<td>-</td>
</tr>
</tbody>
</table>
### TABLE D: CONCLUSIVE PRESUMPTION OF OVERRIDING PUBLIC INTEREST AGAINST DISCLOSURE: MATTERS LISTED IN SCHEDULE 1 TO ACT

<table>
<thead>
<tr>
<th>Clause Description</th>
<th>Number of Times Consideration Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overriding secrecy laws</td>
<td>-</td>
</tr>
<tr>
<td>Cabinet information</td>
<td>-</td>
</tr>
<tr>
<td>Executive Council Information</td>
<td>-</td>
</tr>
<tr>
<td>Contempt</td>
<td>-</td>
</tr>
<tr>
<td>Legal professional privilege</td>
<td>-</td>
</tr>
<tr>
<td>Excluded information</td>
<td>-</td>
</tr>
<tr>
<td>Documents affecting law enforcement and public safety</td>
<td>-</td>
</tr>
<tr>
<td>Transport safety</td>
<td>-</td>
</tr>
<tr>
<td>Adoption</td>
<td>-</td>
</tr>
<tr>
<td>Care and protection of children</td>
<td>-</td>
</tr>
<tr>
<td>Ministerial code and conduct</td>
<td>-</td>
</tr>
<tr>
<td>Aboriginal and environmental heritage</td>
<td>-</td>
</tr>
</tbody>
</table>

### TABLE F: TIMELINES

<table>
<thead>
<tr>
<th>Type of Review</th>
<th>Number of Applications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decided within statutory timeframe (20 days plus extensions)</td>
<td>3</td>
</tr>
<tr>
<td>Decided after 35 days (by agreement with applicant)</td>
<td>1</td>
</tr>
<tr>
<td>Not decided within time (deemed refusal)</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>5</strong></td>
</tr>
</tbody>
</table>

### TABLE G: NUMBER OF APPLICATIONS REVIEWED UNDER PART 5 OF THE ACT (BY TYPE OF REVIEW AND OUTCOME)

<table>
<thead>
<tr>
<th>Type of Review</th>
<th>Decision Varied</th>
<th>Decision Upheld</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal review following recommendation under section 93 of Act</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review by ADT</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1</strong></td>
<td><strong>1</strong></td>
<td><strong>2</strong></td>
</tr>
</tbody>
</table>

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

### TABLE E: OTHER PUBLIC INTEREST CONSIDERATIONS AGAINST DISCLOSURE: MATTERS LISTED IN TABLE TO SECTION 14 OF ACT IN SCHEDULE 1 TO ACT

<table>
<thead>
<tr>
<th>Public Interest Consideration</th>
<th>Number of Occasions When Application Not Successful</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responsible and effective government</td>
<td>2</td>
</tr>
<tr>
<td>Law enforcement and security</td>
<td></td>
</tr>
<tr>
<td>Individual rights, judicial processes and natural justice</td>
<td>4</td>
</tr>
<tr>
<td>Business interests of agencies and other persons</td>
<td></td>
</tr>
<tr>
<td>Environment, culture, economy and general matters</td>
<td></td>
</tr>
<tr>
<td>Secrecy provisions</td>
<td></td>
</tr>
<tr>
<td>Exempt documents under interstate Freedom of Information legislation</td>
<td></td>
</tr>
</tbody>
</table>

### TABLE H: APPLICATIONS FOR REVIEW UNDER PART 5 OF THE ACT (BY TYPE OF APPLICANT)

<table>
<thead>
<tr>
<th>Type of Application</th>
<th>Number of Applications for Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applications by access applicants</td>
<td>2</td>
</tr>
<tr>
<td>Applications by person to whom information the subject of access relates</td>
<td>(see section 54 of the Act)</td>
</tr>
</tbody>
</table>
**Nepean Blue Mountains Local Health District 2011-2012 Year in Review**

**PRIVACY MANAGEMENT**

**LYNE PAINE, PRIVACY CONTACT OFFICER**

Nepean Blue Mountains Local Health District (NBMLHD) meets its privacy obligations through appropriate governance and the provision of privacy information, training and support to staff. Oversight for monitoring compliance with privacy legislation continues to be provided through the Privacy Contact Officer.

NBMLHD provides ongoing privacy information and support to its staff through:

- A Privacy Intranet website which provides all staff with access to:
  - NSW Privacy legislation.
  - Guidance for safeguarding personal information.
  - External resources including Privacy and Information Commissioners.
  - Details regarding availability of privacy training and education.


The availability of privacy posters and leaflets to patients/clients continues to be regularly audited and improvements to processes implemented.

The District Privacy Contact Officer and other key representatives attended privacy information and networking sessions during 2011-12 and in addition, participated in the NSW Health Privacy Contact Officers Network Group, which met twice in 2011-12 and had input into:

- Revision of the Privacy Manual.
- Compliance processes.
- Review of privacy leaflet.
- Review of the NSW Health Online Privacy Training Program.
- Conduct of privacy internal reviews and complaint handling.
- Seminar for overlap between information access and privacy rights.

The Privacy Contact Officer and delegates have continued to provide policy and compliance support/advice to health service staff, particularly in relation to electronic health records (eMR), and access to, and disclosure of personal health information.

Operational privacy issues and privacy complaints are addressed as required, either as informal complaints handled through existing complaints handling processes, or as formal complaints under privacy law via the Internal Review process. Actions have been undertaken by NBMLHD resultant from these complaints, including review of policies, procedures, staff counselling/disciplinary processes and training.

**PRIVACY INTERNAL REVIEW**

The Privacy and Personal Information Protection Act 1998 provides a formalised structure for managing privacy complaints relating to this Act and to the Health Records and Information Privacy Act 2002. This process is known as ‘Internal Review’.

During 2011-12, NBMLHD received seven new applications for Internal Review.

1. An internal review application was received in October 2011 alleging that a patient’s personal health information had been released to their GP without consent. The finding of the Internal Review confirmed that a breach of Health Privacy Principle 11 (Disclosure of health information) had not occurred.

2. An internal review application was received in December 2011 from a patient alleging that a staff member accessed their information in the Cerner eMR and disclosed personal health information to other staff members. The findings of the Internal Review confirmed that a breach of Health Privacy Principle 10 (Use of personal health information) had occurred.

3. An application for internal review was received in December 2011 from a patient alleging that a staff member accessed their information in the Cerner eMR and disclosed personal health information to other staff members. The findings of the Internal Review confirmed that a breach of Health Privacy Principle 11 (Disclosure of health information) had occurred.

4. An internal review application was received in February 2012 from a patient alleging that a staff member had disclosed the patient’s sensitive personal information to the patient’s ex-partner. The findings of the Internal Review confirmed that a breach of Health Privacy Principle 11 (Disclosure of health information) had occurred. The staff member involved in the breach was counselled, directed to complete privacy training, and a formal apology sent to the complainant.

7. An internal review application was received in July 2012 alleging a breach of Health Privacy Principle 11 (Disclosure of health information) by disclosing information on Facebook. This matter is still undergoing investigation and is due for completion in September 2012.

No privacy internal reviews were carried over from 2010-11.
PRIVACY MANAGEMENT

Where NBMLHD has identified an alleged breach of privacy via internal compliance monitoring systems, these matters are fully investigated and any resultant recommendations acted on.

During 2011-12, NBMLHD identified three alleged breaches of privacy via internal systems and processes. The nature of these matters and outcomes are as follows:

1. Allegation in February 2012 that a staff member had accessed patient information about a family member in a hospital database. The findings of the investigation confirmed a breach of HPP 10 (Disclosure of health information). The staff member involved in the breach was counselled and directed to complete privacy training.

2. Allegation in March 2012 that a staff member had accessed personal health information about their own child in the eMR. The findings of the investigation confirmed a breach of HPP 10 (Disclosure of health information). The staff member involved in the breach was counselled and directed to complete privacy training.

3. Allegation in March 2012 that a staff member had, at the request of a colleague, accessed personal health information about the colleague's family member in the eMR. The findings of the investigation confirmed a breach of HPP 10 (Disclosure of health information). The staff member involved in the breach was counselled and directed to complete privacy training.

FINANCIAL STATEMENTS

STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2012

| PARENT | CONSOLIDATION | | | |
|---|---|---|---|
| | Actual | Budget | Actual | Actual | Budget | Actual |
| | Unaudited | | Period | Period | Unaudited | Period |
| | | ended 30 | ended 30 | | | 30 |
| | | June 2011 | June 2011 | | | 2011 |
| $000 | $000 | $000 | $000 | $000 | $000 | $000 |
| ASSETS | | | | | |
| Current Assets | | | | | |
| Cash and Cash Equivalents | 26,644 | 42,624 | 25,214 | 26,644 | 42,624 | 25,214 |
| Receivables | 13,332 | 11,170 | 14,093 | 13,332 | 11,170 | 14,093 |
| Inventories | 3,325 | 3,358 | 3,454 | 3,325 | 3,358 | 3,454 |
| Total Current Assets | 43,301 | 57,152 | 42,761 | 43,301 | 57,152 | 42,761 |
| Non-Current Assets | | | | | |
| Receivables | 793 | 762 | 762 | 793 | 762 | 762 |
| Property, Plant and Equipment | 445,436 | 448,440 | 431,312 | 445,436 | 448,440 | 431,312 |
| Land and Buildings | 31,812 | 22,664 | 26,330 | 31,812 | 22,664 | 26,330 |
| Plant and Equipment | 3,326 | 2,291 | 2,291 | 3,326 | 2,291 | 2,291 |
| Total Non-Current Assets | 481,367 | 474,157 | 460,695 | 481,367 | 474,157 | 460,695 |
| Total Assets | 524,668 | 531,309 | 503,456 | 524,668 | 531,309 | 503,456 |
| LIABILITIES | | | | | |
| Current Liabilities | | | | | |
| Payables | 44,283 | 41,861 | 43,303 | 44,283 | 41,861 | 43,303 |
| Borrowings | 2,435 | 3,444 | 2,907 | 2,435 | 3,444 | 2,907 |
| Provisions | 51,562 | 46,571 | 43,206 | 51,562 | 46,571 | 43,206 |
| Total Current Liabilities | 99,044 | 92,679 | 90,219 | 99,044 | 92,679 | 90,219 |
| Non-Current Liabilities | | | | | |
| Total Non-Current Liabilities | 8,682 | 22,987 | 19,993 | 8,682 | 22,987 | 19,993 |
| Total Liabilities | 107,726 | 115,666 | 101,212 | 107,726 | 115,666 | 101,212 |
| Net Assets | 416,942 | 415,644 | 402,244 | 416,942 | 415,644 | 402,244 |
| EQUITY | | | | | |
| Reserves | 141 | 141 | 141 | 141 | 141 | 141 |
| Accumulated Funds | 416,801 | 415,644 | 402,244 | 416,801 | 415,644 | 402,244 |
| Total Equity | 416,942 | 415,644 | 402,244 | 416,942 | 415,644 | 402,244 |
FINANCIAL STATEMENTS

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2012

<table>
<thead>
<tr>
<th>Actual</th>
<th>Budget</th>
<th>Unaudited</th>
<th>Actual</th>
<th>Budget</th>
<th>Unaudited</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>2012</td>
<td>Actual</td>
<td>2012</td>
<td>2012</td>
<td>Actual</td>
</tr>
<tr>
<td>$000</td>
<td>$000</td>
<td>$000</td>
<td>$000</td>
<td>$000</td>
<td>$000</td>
</tr>
<tr>
<td>Expenses excluding losses</td>
<td>Expenses excluding losses</td>
<td>Expenses excluding losses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operating Expenses</td>
<td>Operating Expenses</td>
<td>Operating Expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-</td>
<td>-</td>
<td>-</td>
<td>340,185</td>
<td>344,751</td>
<td>157,679</td>
</tr>
<tr>
<td>Employee Related</td>
<td>Employee Related</td>
<td>Employee Related</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>340,185</td>
<td>344,751</td>
<td>157,679</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personnel Services</td>
<td>Personnel Services</td>
<td>Personnel Services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22,498</td>
<td>20,495</td>
<td>9,739</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visiting Medical Officers</td>
<td>Visiting Medical Officers</td>
<td>Visiting Medical Officers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22,498</td>
<td>20,495</td>
<td>9,739</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Operating Expenses</td>
<td>Other Operating Expenses</td>
<td>Other Operating Expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>192,980</td>
<td>179,462</td>
<td>102,942</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation and Amortisation</td>
<td>Depreciation and Amortisation</td>
<td>Depreciation and Amortisation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18,165</td>
<td>18,165</td>
<td>9,007</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grants and Subsidies</td>
<td>Grants and Subsidies</td>
<td>Grants and Subsidies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18,165</td>
<td>18,165</td>
<td>9,007</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Finance Costs</td>
<td>Finance Costs</td>
<td>Finance Costs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1,076</td>
<td>1,076</td>
<td>623</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-</td>
<td>-</td>
<td>-</td>
<td>3,360</td>
<td>3,360</td>
<td>-</td>
</tr>
<tr>
<td>Payments to Affiliated Health Organisations</td>
<td>Payments to Affiliated Health Organisations</td>
<td>Payments to Affiliated Health Organisations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3,360</td>
<td>3,360</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Expenses excluding losses</td>
<td>Total Expenses excluding losses</td>
<td>Total Expenses excluding losses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>578,416</td>
<td>568,511</td>
<td>280,218</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Revenue</td>
<td>Revenue</td>
<td>Revenue</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NSW Ministry of Health Recurrent Allocations</td>
<td>NSW Ministry of Health Recurrent Allocations</td>
<td>NSW Ministry of Health Recurrent Allocations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>46,065</td>
<td>44,512</td>
<td>37,789</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NSW Ministry of Health Capital Allocations</td>
<td>NSW Ministry of Health Capital Allocations</td>
<td>NSW Ministry of Health Capital Allocations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>46,065</td>
<td>44,512</td>
<td>37,789</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asset Sales Proceeds Transferred to the Ministry of Health</td>
<td>Asset Sales Proceeds Transferred to the Ministry of Health</td>
<td>Asset Sales Proceeds Transferred to the Ministry of Health</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acceptance by the Crown Entity of Employee Benefits</td>
<td>Acceptance by the Crown Entity of Employee Benefits</td>
<td>Acceptance by the Crown Entity of Employee Benefits</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18,307</td>
<td>19,466</td>
<td>7,504</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>46,844</td>
<td>46,844</td>
<td>22,358</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investment Revenue</td>
<td>Investment Revenue</td>
<td>Investment Revenue</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>737</td>
<td>737</td>
<td>669</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grants and Contributions</td>
<td>Grants and Contributions</td>
<td>Grants and Contributions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6,567</td>
<td>6,567</td>
<td>2,549</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Revenue</td>
<td>Other Revenue</td>
<td>Other Revenue</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3,567</td>
<td>3,567</td>
<td>705</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Revenue</td>
<td>Total Revenue</td>
<td>Total Revenue</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>599,303</td>
<td>591,037</td>
<td>299,197</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gain / (Loss) on Sale of Land and Buildings, Plant and Equipment</td>
<td>Gain / (Loss) on Sale of Land and Buildings, Plant and Equipment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6,124)</td>
<td>(6,124)</td>
<td>(6,124)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Gains / (Losses)</td>
<td>Other Gains / (Losses)</td>
<td>Other Gains / (Losses)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(8,213)</td>
<td>(8,213)</td>
<td>(8,213)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net Result</td>
<td>Net Result</td>
<td>Net Result</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12,404</td>
<td>13,400</td>
<td>13,669</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Comprehensive Income</td>
<td>Other Comprehensive Income</td>
<td>Other Comprehensive Income</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net Increase/(Decrease) in Property, Plant and Equipment</td>
<td>Net Increase/(Decrease) in Property, Plant and Equipment</td>
<td>Net Increase/(Decrease) in Property, Plant and Equipment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>141</td>
<td>141</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asset Revaluation Surplus</td>
<td>Asset Revaluation Surplus</td>
<td>Asset Revaluation Surplus</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>141</td>
<td>141</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Other Comprehensive Income for the year</td>
<td>Total Other Comprehensive Income for the year</td>
<td>Total Other Comprehensive Income for the year</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12,545</td>
<td>13,400</td>
<td>13,669</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL COMPREHENSIVE INCOME</td>
<td>TOTAL COMPREHENSIVE INCOME</td>
<td>TOTAL COMPREHENSIVE INCOME</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12,545</td>
<td>13,400</td>
<td>13,669</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2012

<table>
<thead>
<tr>
<th>Actual</th>
<th>Budget</th>
<th>Unaudited</th>
<th>Actual</th>
<th>Budget</th>
<th>Unaudited</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>2012</td>
<td>Actual</td>
<td>2012</td>
<td>2012</td>
<td>Actual</td>
</tr>
<tr>
<td>$000</td>
<td>$000</td>
<td>$000</td>
<td>$000</td>
<td>$000</td>
<td>$000</td>
</tr>
<tr>
<td>Cash Flows from operating activities</td>
<td>Cash Flows from operating activities</td>
<td>Cash Flows from operating activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payments</td>
<td>Payments</td>
<td>Payments</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee Related</td>
<td>Employee Related</td>
<td>Employee Related</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(330,819)</td>
<td>(349,793)</td>
<td>(157,679)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grants and Subsidies</td>
<td>Grants and Subsidies</td>
<td>Grants and Subsidies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3,965)</td>
<td>(3,107)</td>
<td>(251)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Finance Costs</td>
<td>Finance Costs</td>
<td>Finance Costs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(817)</td>
<td>(817)</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>Other</td>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(230,334)</td>
<td>(165,361)</td>
<td>(88,471)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Payments</td>
<td>Total Payments</td>
<td>Total Payments</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(566,035)</td>
<td>(515,154)</td>
<td>(246,057)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receipts</td>
<td>Receipts</td>
<td>Receipts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NSW Ministry of Health Recurrent Allocations</td>
<td>NSW Ministry of Health Recurrent Allocations</td>
<td>NSW Ministry of Health Recurrent Allocations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>477,225</td>
<td>476,401</td>
<td>227,634</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NSW Ministry of Health Capital Allocations</td>
<td>NSW Ministry of Health Capital Allocations</td>
<td>NSW Ministry of Health Capital Allocations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>46,065</td>
<td>44,512</td>
<td>37,789</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asset Sale Proceeds Transferred to the NSW Ministry of Health</td>
<td>Asset Sale Proceeds Transferred to the NSW Ministry of Health</td>
<td>Asset Sale Proceeds Transferred to the NSW Ministry of Health</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acceptance by the Crown Entity of Employee Benefits</td>
<td>Acceptance by the Crown Entity of Employee Benefits</td>
<td>Acceptance by the Crown Entity of Employee Benefits</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18,307</td>
<td>19,466</td>
<td>7,504</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>46,844</td>
<td>46,844</td>
<td>22,358</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investment Revenue</td>
<td>Investment Revenue</td>
<td>Investment Revenue</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>737</td>
<td>737</td>
<td>669</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grants and Contributions</td>
<td>Grants and Contributions</td>
<td>Grants and Contributions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6,558</td>
<td>6,558</td>
<td>2,549</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Revenue</td>
<td>Other Revenue</td>
<td>Other Revenue</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3,567</td>
<td>3,567</td>
<td>705</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Revenue</td>
<td>Total Revenue</td>
<td>Total Revenue</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>599,303</td>
<td>591,037</td>
<td>299,197</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gain / (Loss) on Sale of Land and Buildings, Plant and Equipment</td>
<td>Gain / (Loss) on Sale of Land and Buildings, Plant and Equipment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6,124)</td>
<td>(6,124)</td>
<td>(6,124)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Gains / (Losses)</td>
<td>Other Gains / (Losses)</td>
<td>Other Gains / (Losses)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(8,213)</td>
<td>(8,213)</td>
<td>(8,213)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net Result</td>
<td>Net Result</td>
<td>Net Result</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12,404</td>
<td>13,400</td>
<td>13,669</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Comprehensive Income</td>
<td>Other Comprehensive Income</td>
<td>Other Comprehensive Income</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net Increase/(Decrease) in Property, Plant and Equipment</td>
<td>Net Increase/(Decrease) in Property, Plant and Equipment</td>
<td>Net Increase/(Decrease) in Property, Plant and Equipment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>141</td>
<td>141</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asset Revaluation Surplus</td>
<td>Asset Revaluation Surplus</td>
<td>Asset Revaluation Surplus</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>141</td>
<td>141</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Other Comprehensive Income for the year</td>
<td>Total Other Comprehensive Income for the year</td>
<td>Total Other Comprehensive Income for the year</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12,545</td>
<td>13,400</td>
<td>13,669</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL COMPREHENSIVE INCOME</td>
<td>TOTAL COMPREHENSIVE INCOME</td>
<td>TOTAL COMPREHENSIVE INCOME</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12,545</td>
<td>13,400</td>
<td>13,669</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2011-2012
A YEAR IN REVIEW

NSW Health
Nepean Blue Mountains
Local Health District